

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		393463.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	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								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	464206.10	464206.10								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: To:

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

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

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
36. 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

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

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

FOR LINE NUMBER: PAGE 6 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr John D Coble

Mailing Address 1501 Sunset Hill

City State Zip Code
Rockwall TX 75087-3216

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.05

Date of Receipt
MM / DD / YYYY
03 / 01 / 2011

Transaction ID: 33014175

Amount of Each Receipt this Period
83.35

B. Full Name (Last, First, Middle Initial)
Dr Kevin Katz

Mailing Address 1205 Pin Oak Drive

City State Zip Code
Dickinson TX 77539-3320

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 490.92

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

Transaction ID: 33026794

Amount of Each Receipt this Period
163.64

C. Full Name (Last, First, Middle Initial)
Dr Kathleen E Powell

Mailing Address 9710 Copper Drive

City State Zip Code
Anchorage AK 99507-1226

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00

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

Transaction ID: 33026798

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **331.99**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Dennis A Swarner

Mailing Address Box 1669

City State Zip Code
Kenai AK 99611-7744

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 33028188

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1830 Rebel Ridge

City State Zip Code
Anchorage AK 99504-2900

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 33029805

Amount of Each Receipt this Period
85.00

C.

Full Name (Last, First, Middle Initial)
Dr Stanley Woo

Mailing Address 2501 Nicholson St

City State Zip Code
Houston TX 77008-2022

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 33029808

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **585.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Gregory Allen Browning

Mailing Address 1 Fairwood Lane

City State Zip Code
Ceredo WV 25507

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 33029810

Amount of Each Receipt this Period 75.00

B.

Full Name (Last, First, Middle Initial)
Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City State Zip Code
Lakewood NY 14750-1734

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt MM / DD / YYYY
03 / 06 / 2011

Transaction ID: 33030820

Amount of Each Receipt this Period 83.34

C.

Full Name (Last, First, Middle Initial)
Dr Joel Gregory Bailey

Mailing Address 311 Pond View Lane

City State Zip Code
Lexington SC 29072-2419

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33031005

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 408.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 66
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr James F Williams

Mailing Address 910 W Main Street

City State Zip Code
League City TX 77573-2024

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2011

Transaction ID: 33039427

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr D. Cory Rath

Mailing Address 10748 Sprucedale Ave

City State Zip Code
Las Vegas NV 89144-4401

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: 33041734

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address Po Box 302
106 Davis Hill Road

City State Zip Code
New London NH 03257-0302

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.00

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

Transaction ID: 33041751

Amount of Each Receipt this Period
166.00

SUBTOTAL of Receipts This Page (optional) ► **516.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr James R Hale

Mailing Address 5553 Sw Bluestem Pl

City State Zip Code
Corvallis OR 97333-1354

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2011

Transaction ID: 33041752

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr Jean S Heisman

Mailing Address 57 N Main St

City State Zip Code
Mullica Hill NJ 08062-9414

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2011

Transaction ID: 33041757

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Alison A Arrants

Mailing Address P O Box 2250

City State Zip Code
Rock Springs WY 82902-2250

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2011

Transaction ID: 33041772

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 66
(check only one)

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

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

A.

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

Mailing Address 46 Lambeth Walk

City State Zip Code
Fairview NC 28730-7721

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: 33041782

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr John W Heltsley

Mailing Address 405 Warwick Way

City State Zip Code
Hopkinsville KY 42240-1408

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2011

Transaction ID: 33042816

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr Mark J Cook

Mailing Address 5698 Mountain Road

City State Zip Code
Brighton MI 48116-9732

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2011

Transaction ID: 33042818

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Barbara L Horn

Mailing Address 61269 Coralburst Dr

City Washington State MI Zip Code 48094-1746

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 486.36

Date of Receipt 03 / 09 / 2011

Transaction ID: 33044047

Amount of Each Receipt this Period 168.18

B. Full Name (Last, First, Middle Initial)
Dr Steven S Hider

Mailing Address 8540 Alegre Ave

City Atascadero State CA Zip Code 93422-5000

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2011

Transaction ID: 33044122

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Sue A Feather

Mailing Address 144 Heatherview Dr

City East Peoria State IL Zip Code 61611-4889

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 07 / 2011

Transaction ID: 33044124

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 918.18

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 66
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr Richard A Kjome

Mailing Address N11268 Pineywood Drive

City Elcho State WI Zip Code 54428

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 07 / 2011

Transaction ID: 33044126

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Dr James P De Vleming

Mailing Address 670 Se Meadowvale

City Pullman State WA Zip Code 99163-2445

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2011

Transaction ID: 33044128

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr Annette L Hanian

Mailing Address 4717 E Berneil Drive

City Phoenix State AZ Zip Code 85028-5506

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2011

Transaction ID: 33044160

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 66
(check only one)

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

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

A.

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

Mailing Address 179 Wood Trace

City State Zip Code
Benton KY 42025-9400

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.01

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 33044534

Amount of Each Receipt this Period
166.67

B.

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

Mailing Address 2505 Rivermont Circle

City State Zip Code
Kingsport TN 37660-2392

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 33044535

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Dr Judy Lee

Mailing Address 6500 Hirabayashi Drive

City State Zip Code
San Jose CA 95120-4500

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2011

Transaction ID: 33044825

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Richard Tom

Mailing Address 6500 Hirabayashi Drive

City San Jose State CA Zip Code 95120-4500

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 03 / 09 / 2011
Transaction ID: 33044826
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City Sandusky State OH Zip Code 44870-6404

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 506.00

Date of Receipt 03 / 11 / 2011
Transaction ID: 33045273
Amount of Each Receipt this Period 166.00

C. Full Name (Last, First, Middle Initial)
Dr Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City Kent State WA Zip Code 98030-7004

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 03 / 12 / 2011
Transaction ID: 33052809
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 916.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 66
(check only one)

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

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

A.

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

Mailing Address 6436 Spotted Fawn Run

City State Zip Code
Littleton CO 80125-9055

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2011

Transaction ID: 33052810

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address 3 Schindler Drive

City State Zip Code
Succasunna NJ 07876-1183

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2011

Transaction ID: 33052814

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Dr Fred H Dubick

Mailing Address 4047 Meadow Lark Drive

City State Zip Code
Calabasas CA 91302-1844

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2011

Transaction ID: 33052815

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 66
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Dr Markus I Barth

Mailing Address 1346 Heller Drive

City State Zip Code
Yardley PA 19067-2714

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.01

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 33052833

Amount of Each Receipt this Period
66.67

B.

Full Name (Last, First, Middle Initial)
Dr Brian J Plattner

Mailing Address 917 S Market Street

City State Zip Code
Knoxville IL 61448-1299

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 33052835

Amount of Each Receipt this Period
85.00

C.

Full Name (Last, First, Middle Initial)
Dr Greg A Caldwell

Mailing Address 225 Terrace Drive

City State Zip Code
Lilly PA 15938-5819

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 33052836

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional) ► **318.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Philip Wayne Marler

Mailing Address 204 Pioneer Hills

City State Zip Code
Carthage MS 39051-9150

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 33053049

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Alan G Peaslee

Mailing Address 4507 Wellington Woods Dr

City State Zip Code
Hahira GA 31632-3109

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 33069504

Amount of Each Receipt this Period
85.00

C.

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

Mailing Address 998 Ascot Drive

City State Zip Code
Elgin IL 60123-6761

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 501.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 33069505

Amount of Each Receipt this Period
167.00

SUBTOTAL of Receipts This Page (optional) ▶ **752.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 2301 Loussac Dr	Transaction ID: 33069511
	City State Zip Code Anchorage AK 99517-1230	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

B.	Full Name (Last, First, Middle Initial) Dr Suzanne D Scott	Date of Receipt MM / DD / YYYY 03 / 14 / 2011
	Mailing Address 405 Se Derby St	Transaction ID: 33087254
	City State Zip Code Pullman WA 99163-2221	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr David Neal Sherman	Date of Receipt MM / DD / YYYY 03 / 14 / 2011
	Mailing Address 1521 Marjorie St	Transaction ID: 33087255
	City State Zip Code Oceanside CA 92056-2312	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Dennis D Page

Mailing Address 80 Club Cottage Drive

City State Zip Code
Cordillera CO 81632-6411

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
03 / 14 / 2011

Transaction ID: 33087256

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Frederick E Bodenhamer

Mailing Address 409 Virginia Trail

City State Zip Code
Jefferson City MO 65109-6840

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 33087303

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Sally B Bodenhamer

Mailing Address 7010 Spring Park Drive

City State Zip Code
Jefferson City MO 65109-3345

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 33087304

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Bret A Bodenhamer

Mailing Address 303 Madelines Park Cir

City State Zip Code
Jefferson City MO 65109-7348

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2011

Transaction ID: 33087305

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Cornel Hubert Le Blanc

Mailing Address 43 Turnage Rdn

City State Zip Code
Elmer LA 71424

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2011

Transaction ID: 33087311

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Roger R Seelye

Mailing Address 5122 Lake Drive

City State Zip Code
Owosso MI 48867-8711

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2011

Transaction ID: 33087316

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Fred H Mothershed

Mailing Address 3019 Bentwood

City State Zip Code
Tupelo MS 38804-9780

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 33087322

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Po Box 302
106 Davis Hill Road

City State Zip Code
New London NH 03257-0302

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
664.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: 33087323

Amount of Each Receipt this Period
166.00

C.

Full Name (Last, First, Middle Initial)
Dr David P Dozack

Mailing Address 228 Timothy Lane

City State Zip Code
Horseheads NY 14845-1837

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2011

Transaction ID: 33088526

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1666.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 66

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Jennifer L Planitz

Mailing Address 3537 New Castle Dr Se

City State Zip Code
Rio Rancho NM 87124-3672

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1072.74

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: 33093398

Amount of Each Receipt this Period

436.37

B.

Full Name (Last, First, Middle Initial)
Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City State Zip Code
Aledo TX 76008-5223

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.02

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: 33093401

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)
Dr Herman H Ginger

Mailing Address 3901 Divoky Road

City State Zip Code
Pine Bluff AR 71603-9505

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2011

Transaction ID: 33099276

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2519.71

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr James C Falconer, Jr
 Mailing Address 8400 Skyhills Drive
 City Anchorage State AK Zip Code 99502-3982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00
 Date of Receipt 03 / 18 / 2011
Transaction ID: 33100581
 Amount of Each Receipt this Period 84.00

B. Full Name (Last, First, Middle Initial)
Dr Harue Jean Marsden
 Mailing Address 1445 Prospect Avenue Unit D
 City Placentia State CA Zip Code 92870-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02
 Date of Receipt 03 / 18 / 2011
Transaction ID: 33100582
 Amount of Each Receipt this Period 83.34

C. Full Name (Last, First, Middle Initial)
Dr Craig Coen
 Mailing Address 216 Keomah Village
 City Oskaloosa State IA Zip Code 52577-9671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 03 / 16 / 2011
Transaction ID: 33103076
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 417.34
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 66

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Dr H. Frank Storey

Mailing Address P O Box 372

City State Zip Code
Stayton OR 97383-0372

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2011

Transaction ID: 33103079

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Cameron E Smith

Mailing Address P O Box 2092

City State Zip Code
Mansfield TX 76063-0019

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2011

Transaction ID: 33103080

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Dr Christopher W Wroten

Mailing Address 7020 Hunters Way

City State Zip Code
Denham Springs LA 70726-5642

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 18 / 2011

Transaction ID: 33103115

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 545.46

Date of Receipt 03 / 19 / 2011

Transaction ID: 33103324

Amount of Each Receipt this Period 181.82

B. Full Name (Last, First, Middle Initial)
Dr Desiree Tyler Hopping

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 545.46

Date of Receipt 03 / 19 / 2011

Transaction ID: 33103325

Amount of Each Receipt this Period 181.82

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

Mailing Address P O Box 1351

City Buffalo State MO Zip Code 65622-1351

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2011

Transaction ID: 33103326

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **463.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Mr Richard Cornett		Date of Receipt MM / DD / YYYY 03 / 19 / 2011
Mailing Address Ohio Optometric Assn, Inc 250 E Wilson-Bridge Rd #240		Transaction ID: 33103327
City Worthington	State OH	Zip Code 43085-2350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ohio Optometric Association, Inc.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson		Date of Receipt MM / DD / YYYY 03 / 19 / 2011
Mailing Address 9940 S Ashleigh Way		Transaction ID: 33103331
City Highlands Ranch	State CO	Zip Code 80126-4244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.94
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 497.52	

C.

Full Name (Last, First, Middle Initial) Dr Susan M Brunnett		Date of Receipt MM / DD / YYYY 03 / 19 / 2011
Mailing Address 9940 S Ashleigh Way		Transaction ID: 33103332
City Highlands Ranch	State CO	Zip Code 80126-4244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.47
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.77	

SUBTOTAL of Receipts This Page (optional)	500.41
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 66
(check only one)

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

A.

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

Mailing Address 42 Tabor Lane

City State Zip Code
Hamilton OH 45013-5118

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.45

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 33103337

Amount of Each Receipt this Period
82.73

B.

Full Name (Last, First, Middle Initial)
Dr Jeffrey C Michaels

Mailing Address 2726 Fairground Rd #133

City State Zip Code
Goochland VA 23063-3103

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 33103341

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City State Zip Code
Guthrie OK 73044-8668

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.01

Date of Receipt
MM / DD / YYYY
03 / 21 / 2011

Transaction ID: 33103390

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional) ► **749.40**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr David S Hays

Mailing Address 5421 95Th Ave Ct West

City State Zip Code
University Pl WA 98467-1307

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2011

Transaction ID: 33103392

Amount of Each Receipt this Period
84.00

B.

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

Mailing Address 855 11Th St Place

City State Zip Code
Garner IA 50438-1847

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2011

Transaction ID: 33103396

Amount of Each Receipt this Period
84.00

C.

Full Name (Last, First, Middle Initial)
Dr Jan L Cooper

Mailing Address 101 Chandler West

City State Zip Code
Highland CA 92346-5482

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt
MM / DD / YYYY
03 / 21 / 2011

Transaction ID: 33103397

Amount of Each Receipt this Period
187.50

SUBTOTAL of Receipts This Page (optional) ► **355.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 66
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Michael D Conklin

Mailing Address 9067 Bordeaux Way

City State Zip Code
Sandy UT 84093-2216

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: 33103824

Amount of Each Receipt this Period
100.00

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

Mailing Address 531 Gettysburg Dr

City State Zip Code
Niles MI 49120-2909

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 33104443

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Lindsey M Clyde

Mailing Address 3030 N Hayden

City State Zip Code
Scottsdale AZ 85251-6680

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 33104448

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Dr J. Travis Yadon		Date of Receipt MM / DD / YYYY 03 / 18 / 2011
Mailing Address 2109 Avian Way		Transaction ID: 33104453
City Oklahoma City	State OK	Zip Code 73170-3436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr Juan M Lucero		Date of Receipt MM / DD / YYYY 03 / 18 / 2011
Mailing Address 2110 Jody Dr		Transaction ID: 33104456
City Las Cruces	State NM	Zip Code 88007-1410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Dr Kathleen E Goff		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 114 Crested Peak		Transaction ID: 33105210
City Santa Teresa	State NM	Zip Code 88008-9423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 86.36
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.08	

SUBTOTAL of Receipts This Page (optional)	▶	1086.36
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 66
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Larry D Gunnell

Mailing Address #7 Brenna Dr

City State Zip Code
Wichita Falls TX 76302-2506

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt
MM / DD / YYYY
03 / 23 / 2011

Transaction ID: 33105211

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Dr David T Gubman

Mailing Address 9 Cobblestone Rd

City State Zip Code
Cherry Hill NJ 08003-1420

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2011

Transaction ID: 33105213

Amount of Each Receipt this Period
500.00

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

Mailing Address 224 Laconia Rd

City State Zip Code
Tilton NH 03276-5223

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.01

Date of Receipt
MM / DD / YYYY
03 / 23 / 2011

Transaction ID: 33105214

Amount of Each Receipt this Period
166.67

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 66

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Drive

City State Zip Code
Chesterfield MO 63017-2142

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.01

Date of Receipt

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

Transaction ID: 33105217

Amount of Each Receipt this Period
166.67

B.

Full Name (Last, First, Middle Initial)

Dr Martin H Carroll

Mailing Address 3700 Essex Road

City State Zip Code
Cheyenne WY 82001-1641

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33105218

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)

Dr Regina Coleman Compton

Mailing Address 112 Penhook Hill

City State Zip Code
Harold KY 41635-7026

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33105221

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)

516.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Gregory D Norman

Mailing Address 620 W. Cr. 100 N

City State Zip Code
Flora IN 46929

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2011

Transaction ID: 33105228

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Jeffrey K Smith

Mailing Address 145 Unity Lane

City State Zip Code
Crossett AR 71635-9175

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: 33105292

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr William H Simons

Mailing Address 66 Cloverview Lane

City State Zip Code
Helena MT 59601-0251

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2011

Transaction ID: 33105293

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 66
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr Thomas Edward Griffith

Mailing Address 394 Evans Creek Rd

City State Zip Code
Fraziers Bottom WV 25082

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 33105420

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Victor A Richardson

Mailing Address 230 Farmington Avenue

City State Zip Code
Farmington CT 06032-1916

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 33105424

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 5830 N Circuit

City State Zip Code
Beaumont TX 77706-4428

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 545.46

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: 33115581

Amount of Each Receipt this Period
181.82

SUBTOTAL of Receipts This Page (optional) ► **1046.82**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Pamela A Lowe

Mailing Address 6835 Concord Lane

City Niles State IL Zip Code 60714-4431

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 24 / 2011
Transaction ID: 33115583
Amount of Each Receipt this Period: 100.00

B.

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

Mailing Address 57 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 24 / 2011
Transaction ID: 33115585
Amount of Each Receipt this Period: 85.00

C.

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

Mailing Address P O Box 614

City Blythewood State SC Zip Code 29016-0614

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt: 03 / 24 / 2011
Transaction ID: 33115586
Amount of Each Receipt this Period: 83.34

SUBTOTAL of Receipts This Page (optional) ► 268.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 66

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr Dori M Carlson

Mailing Address P O Box 0

City State Zip Code
Park River ND 58270

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 527.28

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: 33115587

Amount of Each Receipt this Period

163.64

B.

Full Name (Last, First, Middle Initial)

Dr Steven Thomas Reed

Mailing Address 4550 Simpson Hwy 28 W

City State Zip Code
Magee MS 39111-5187

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 1 1

Transaction ID: 33115588

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Dr Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City State Zip Code
Tuscaloosa AL 35406-2608

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

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

Transaction ID: 33115665

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

353.64

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 66
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Thomas V Casella, Sr

Mailing Address 5 Bristlecone Way

City Augusta State GA Zip Code 30909-1846

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2011

Transaction ID: 33115666

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Randy L Hertneky

Mailing Address 333 South Ivy

City Yuma State CO Zip Code 80759-2313

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2011

Transaction ID: 33117875

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Justin M Cole

Mailing Address 4305 Thompson Farm

City Bedford State MA Zip Code 01730-1493

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2011

Transaction ID: 33117897

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 66

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City State Zip Code
Monterey CA 93940-5811

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 33117905

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 504 Edgelake Drive

City State Zip Code
Dallas TX 75218-2111

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 218.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 33117913

Amount of Each Receipt this Period

109.00

C.

Full Name (Last, First, Middle Initial)
Dr Mira B Swiecicki

Mailing Address 450 F Street

City State Zip Code
Blaine WA 98230-4201

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: 33117917

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1109.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 66
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Richard L Talkington

Mailing Address 461 Pleasant St
P.O. Box 521

City Franklin State NH Zip Code 03235-1885

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 03 / 26 / 2011
Transaction ID: 33119043
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City Snohomish State WA Zip Code 98296-8649

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 27 / 2011
Transaction ID: 33119055
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Dr Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City Rio Rancho State NM Zip Code 87124-0976

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02

Date of Receipt 03 / 27 / 2011
Transaction ID: 33119056
Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional) ► 383.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Andrea P Thau

Mailing Address 145 East 84Th St Apt 11A

City State Zip Code
New York NY 10028-2058

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.01

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2011

Transaction ID: 33119100

Amount of Each Receipt this Period
166.67

B.

Full Name (Last, First, Middle Initial)
Dr Peter H Kehoe

Mailing Address 789 N Broad

City State Zip Code
Galesburg IL 61401-2766

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2011

Transaction ID: 33119104

Amount of Each Receipt this Period
175.00

C.

Full Name (Last, First, Middle Initial)
Dr Kevin L Gee

Mailing Address 9119 Highway 6 #200

City State Zip Code
Missouri City TX 77459-4876

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.73

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2011

Transaction ID: 33119105

Amount of Each Receipt this Period
90.91

SUBTOTAL of Receipts This Page (optional) ► **432.58**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 66
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr Sue E Lowe

Mailing Address 1704 Skyline Drive

City State Zip Code
Laramie WY 82070-8932

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.01

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: 33119111

Amount of Each Receipt this Period
166.67

B.

Full Name (Last, First, Middle Initial)
Dr Ron Benner

Mailing Address 1408 E Maryland

City State Zip Code
Laurel MT 59044-2238

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.01

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: 33119114

Amount of Each Receipt this Period
166.67

C.

Full Name (Last, First, Middle Initial)
Dr Wesley E Garton

Mailing Address 14626 Sharon Lane

City State Zip Code
Wichita KS 67230-7015

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 33119144

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **583.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 66
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Craig M Brammer

Mailing Address P.O. Box 487

City State Zip Code
Crowley LA 70527-0487

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2011

Transaction ID: 33119455

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Daniel E Murray, Jr

Mailing Address 403 Randwick Rd

City State Zip Code
Dothan AL 36301-2122

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2011

Transaction ID: 33119927

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Catherine M Ferentini

Mailing Address 14 Birch Hill Drive

City State Zip Code
West Hartford CT 06107-3101

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2011

Transaction ID: 33119952

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Christopher L Agro

Mailing Address 6 Cartier Rd

City Enfield State CT Zip Code 06082-2506

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 28 / 2011

Transaction ID: 33119953

Amount of Each Receipt this Period 2000.00

B.

Full Name (Last, First, Middle Initial)
Dr George F Brown

Mailing Address 2604 Woodlawn Trail

City Alexandria State VA Zip Code 22306-2565

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2011

Transaction ID: 33119964

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr Kevin Barry King

Mailing Address 15330 Manor Village Lane

City Rockville State MD Zip Code 20853-1833

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 25 / 2011

Transaction ID: 33119971

Amount of Each Receipt this Period 143.75

SUBTOTAL of Receipts This Page (optional) ► **2643.75**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 66
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Christine Kispé King

Mailing Address 15330 Manor Village Lane

City State Zip Code
Rockville MD 20853-1833

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 33119972

Amount of Each Receipt this Period
143.75

B. Full Name (Last, First, Middle Initial)
Dr Beatrice Halper Michel

Mailing Address 1910 Alder Cove Rd W

City State Zip Code
Tillamook OR 97141-8354

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 33119975

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
Dr Eric Halperin

Mailing Address 1910 Alder Cove Rd W

City State Zip Code
Tillamook OR 97141-8354

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 33119976

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **843.75**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr Gerald J Prchal

Mailing Address 2603 Ridgewood Lane

City Albany State GA Zip Code 31707-3056

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 33119982

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Dr Armando Rafael

Mailing Address 23 Evelyn Drive

City Naugatuck State CT Zip Code 06770-5402

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: 33136195

Amount of Each Receipt this Period
325.00

C.

Full Name (Last, First, Middle Initial)
Dr William Thomas Reynolds, Jr

Mailing Address 200 Larosa

City Richmond State KY Zip Code 40475-7855

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: 33140311

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 66
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr John Loucopoulos

Mailing Address 5 Hammonasset Meadows Rd

City State Zip Code
Madison CT 06443-2011

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2011

Transaction ID: 33140312

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Dr Lisa A Carroll

Mailing Address 13 Scenic Hill Rd

City State Zip Code
Shelton CT 06484-2269

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2011

Transaction ID: 33142517

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr Gary L Vines

Mailing Address 2058 Kirkland Blvd

City State Zip Code
Maryville TN 37803-3600

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: 33146426

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 66
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Richard Dean Gurley

Mailing Address 800 South Promised Land Road

City Blytheville State AR Zip Code 72315-7746

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2011

Transaction ID: 33146430

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr David K Masihdas

Mailing Address 6695 South Old Mill Circle

City Salt Lake City State UT Zip Code 84121-6919

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 28 / 2011

Transaction ID: 33147778

Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Dr Marcus H Kelley

Mailing Address 1127 Wilder

City Helena State MT Zip Code 59601-2115

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2011

Transaction ID: 33147780

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00

TOTAL This Period (last page this line number only) ► 39240.44

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Void Check</p> <p>Candidate Name Rep. Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33031978 Date of Disbursement 03 / 07 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void Check</p>
<p>B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement Void Check</p> <p>Candidate Name Rep. Christopher Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33031979 Date of Disbursement 03 / 07 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void Check</p>
<p>C. Full Name (Last, First, Middle Initial) PETE PAC</p> <p>Mailing Address 3686 King Street #146</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement Void Check</p> <p>Candidate Name PETE PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33031981 Date of Disbursement 03 / 07 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void Check</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Void Check</p> <p>Candidate Name Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 16</p>	<p>Transaction ID: 33031983</p> <p>Date of Disbursement 03 / 07 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Void Check</p>
<p>B. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address PO Box 3314</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement Void Check</p> <p>Candidate Name Rep. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 05</p>	<p>Transaction ID: 33031984</p> <p>Date of Disbursement 03 / 07 / 2011</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Void Check</p>
<p>C. Full Name (Last, First, Middle Initial) Schakowsky For Congress</p> <p>Mailing Address P.O. Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Janice D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 09</p>	<p>Transaction ID: 33032043</p> <p>Date of Disbursement 03 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Bob Filner For Congress</p> <p>Mailing Address PO Box 121480</p> <p>City Chula Vista State CA Zip Code 91912</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bob Filner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 51</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33032044</p> <p>Date of Disbursement 03 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Guthrie For Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Brett Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33041762</p> <p>Date of Disbursement 03 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Hall For Congress Committee</p> <p>Mailing Address Post Office Box 711</p> <p>City Rockwall State TX Zip Code 75087</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Ralph M. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33041886</p> <p>Date of Disbursement 03 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Duffy For Congress</p> <p>Mailing Address PO Box 538</p> <p>City Wausau State WI Zip Code 54402</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Sean P. Duffy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33068595</p> <p>Date of Disbursement 03 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Lobiondo For Congress</p> <p>Mailing Address P.O. Box 550</p> <p>City Vineland State NJ Zip Code 08362</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Frank A. LoBiondo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33068639</p> <p>Date of Disbursement 03 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Ribble For Congress</p> <p>Mailing Address PO Box 7200</p> <p>City Appleton State WI Zip Code 54912</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Reid Ribble</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33068640</p> <p>Date of Disbursement 03 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Carper For Senate <hr/> Mailing Address 19 East Commons Blvd Second Floor <hr/> City New Castle State DE Zip Code 19720 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Sen. Thomas R. Carper Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33085749 Date of Disbursement 03 / 15 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Pallone For Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33089839 Date of Disbursement 03 / 16 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress <hr/> Mailing Address PO Box 3314 <hr/> City Oregon City State OR Zip Code 97045 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33104393 Date of Disbursement 03 / 22 / 2011 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181a Knight Street</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. James R. Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33104404 Date of Disbursement 03 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) People For Ben</p> <p>Mailing Address PO Box 31129</p> <p>City Santa Fe State NM Zip Code 87594</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Ben Ray Lujan, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33104405 Date of Disbursement 03 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Max Baucus</p> <p>Mailing Address PO Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33117648 Date of Disbursement 03 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33117649</p> <p>Date of Disbursement 03 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Dave Reichert</p> <p>Mailing Address P. O. Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. David George Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Debt Retirement</p>	<p>Transaction ID: 33117651</p> <p>Date of Disbursement 03 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address P.O. Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Frederick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33117652</p> <p>Date of Disbursement 03 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Pascrell For Congress Mailing Address P.O. Box 640 City Totowa State NJ Zip Code 07511 Purpose of Disbursement Candidate Contribution Candidate Name Rep. William J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33117654 Date of Disbursement 03 / 24 / 2011
	Amount of Each Disbursement this Period 1000.00 Candidate Contribution

B. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee Mailing Address PO Box 360 City Prescott State AR Zip Code 71857 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Michael Avery Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33117655 Date of Disbursement 03 / 24 / 2011
	Amount of Each Disbursement this Period 2500.00 Candidate Contribution

C. Full Name (Last, First, Middle Initial) Advance Arkansas PAC Mailing Address P Box 344 City Prescott State AR Zip Code 71857 Purpose of Disbursement Committee Contribution Candidate Name Advance Arkansas PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33117656 Date of Disbursement 03 / 24 / 2011
	Amount of Each Disbursement this Period 2500.00 Committee Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ben Chandler For Congress</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Benjamin Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33117657</p> <p>Date of Disbursement 03 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Castor For Congress</p> <p>Mailing Address 301 W. Platt Street, #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Katherine Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33117659</p> <p>Date of Disbursement 03 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33128604</p> <p>Date of Disbursement 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Arkansas for Leadership PAC Mailing Address PO Box 1672 City Alexandria State VA Zip Code 22313 Purpose of Disbursement Committee Contribution Candidate Name Arkansas for Leadership PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 33128605 Date of Disbursement 03 / 30 / 2011 Amount of Each Disbursement this Period 5000.00 Committee Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Montanans For Tester Mailing Address PO Box 1135 City Helena State MT Zip Code 59624 Purpose of Disbursement Candidate Contribution Candidate Name Sen. Jon Tester Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District:	Transaction ID: 33131530 Date of Disbursement 03 / 31 / 2011 Amount of Each Disbursement this Period 5000.00 Candidate Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Braley For Congress Mailing Address PO Box 390 City Waterloo State IA Zip Code 50704 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Bruce Braley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 01	Transaction ID: 33131532 Date of Disbursement 03 / 31 / 2011 Amount of Each Disbursement this Period 2500.00 Candidate Contribution	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Martin Heinrich For Senate</p> <p>Mailing Address P.O. Box 25763</p> <p>City Albuquerque State NM Zip Code 87125</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131533 Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey, Inc.</p> <p>Mailing Address P.O. Box 714</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Steven R. Rothman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131534 Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Larry Kissell For Congress</p> <p>Mailing Address 106 East Main Street PO Box 1530</p> <p>City Biscoe State NC Zip Code 27209</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Larry Kissell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131535 Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131536 Date of Disbursement: 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131537 Date of Disbursement: 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mcnerney For Congress</p> <p>Mailing Address 6250 Village Parkway Second Floor</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131538 Date of Disbursement: 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Bill Owens For Congress</p> <p>Mailing Address PO Box 1575</p> <p>City Plattsburgh State NY Zip Code 12901</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bill Owens</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131539</p> <p>Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Walz For Us Congress</p> <p>Mailing Address PO Box 938</p> <p>City Mankato State MN Zip Code 56002</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Timothy J. Walz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131541</p> <p>Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mobrooksforcongress.Com</p> <p>Mailing Address 7610 Foxfire Drive</p> <p>City Huntsville State AL Zip Code 35802</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Mo Brooks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131542</p> <p>Date of Disbursement 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

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3000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Jeff Duncan For Congress</p> <p>Mailing Address PO Box 845</p> <p>City Laurens State SC Zip Code 29360</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Jeff Duncan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131638</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Duncan D. Hunter For Congress</p> <p>Mailing Address 9340 Fuerte Drive Suite 302</p> <p>City La Mesa State CA Zip Code 91941</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Duncan L. Hunter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 52</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131639</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address PO Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 11</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131640</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 661</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 19</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131641</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Stutzman For Congress</p> <p>Mailing Address 0250 W 600 N</p> <p>City Howe State IN Zip Code 46746</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Marlin Stutzman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33131643</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Blue Dog PAC</p> <p>Mailing Address 227 Massachusetts Avenue, N.E. Suite 101</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Blue Dog PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 33134927</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>Committee Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Boren For Congress	Transaction ID: 33134928 Date of Disbursement 03 / 31 / 2011
	Mailing Address PO Box 148	Amount of Each Disbursement this Period 2500.00
	City Okemah State OK Zip Code 74859	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Daniel Boren Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Mazie Hirono	Transaction ID: 33142893 Date of Disbursement 03 / 31 / 2011
	Mailing Address PO Box 677	Amount of Each Disbursement this Period 2500.00
	City Honolulu State HI Zip Code 96809	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mazie Hirono Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	011 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Nelson 2012	Transaction ID: 33142897 Date of Disbursement 03 / 31 / 2011
	Mailing Address PO Box 8666	Amount of Each Disbursement this Period 1000.00
	City Omaha State NE Zip Code 68108	
	Purpose of Disbursement Candidate Contribution Candidate Name Sen. Ben Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	011 Category/ Type
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	74500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 65 / 66

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

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

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 33148887 Date of Disbursement																			
	Mailing Address PO Box 790251	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	1												
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fee	<table border="1"><tr><td>1537.32</td></tr></table>	1537.32																		
1537.32																					
	Candidate Name	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Bank Fee																			

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 33148888 Date of Disbursement																			
	Mailing Address PO Box 790251	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	7		2	0	1	1												
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period																			
	Purpose of Disbursement American Express Fee	<table border="1"><tr><td>314.73</td></tr></table>	314.73																		
314.73																					
	Candidate Name	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		American Express Fee																			

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 33148889 Date of Disbursement																			
	Mailing Address PO Box 790251	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	1												
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fee	<table border="1"><tr><td>80.44</td></tr></table>	80.44																		
80.44																					
	Candidate Name	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Bank Fee																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1932.49</td></tr></table>	1932.49
1932.49		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Wachovia Federal	Transaction ID: 33148891 Date of Disbursement 03 / 09 / 2011
	Mailing Address 1650 Tyson Blvd.	Amount of Each Disbursement this Period 660.96
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Bank Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

B.	Full Name (Last, First, Middle Initial) Wachovia Federal	Transaction ID: 33153756 Date of Disbursement 03 / 07 / 2011
	Mailing Address 1650 Tyson Blvd.	Amount of Each Disbursement this Period 175.00
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Bank Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bank Fee

SUBTOTAL of Disbursements This Page (optional)

835.96

TOTAL This Period (last page this line number only)

2768.45