02/12/2009 16:27

Image# 29990977509

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For (Other Than Ar	n Authorized Cor	nmittee		Office Use On	ly
NAME OF COMMITTEE (in full)		FEC MAILING LA YPE OR PRINT		typing, type nes			
American Optometric	Association F	Political Action Con	nmittee				
ADDRESS (number and stre	eet) Li	ite 300					<u> </u>
Check if different than previously reported. (ACC)		exandria			L ^V A	22314	
2. FEC IDENTIFICATIO	N NUMBER	~	CITY 🛕		STATE	ZIPO	CODE A
C00024968			3. IS THIS REPORT	NEW (N) OR		MENDED A)	
4. TYPE OF REPOR (Choose One)	T (I	b) Monthly X Report Due On:	Feb 20 (M2)	May 20 (M5)	H	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports	s:	L	Mar 20 (M3)	Jun 20 (M6)	Sep	p 20 (M9)	(Non-Election Year Only)
April 15 Quarterly Re	enort(O1)		Apr 20 (M4)	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
July 15 Quarterly Re October 15		(c) 12-Day PRE-Elect Report for	ion	ry (12P) ention (12C)	General Special		Runoff (12R)
Quarterly Re January 31 Quarterly Re			Election on			in th Stat	ne te of
July 31 Mid- Report(Non- Year Only) (-election	(d) 30-Day Post -Electric Report for	` '		Runoff (30R)	Special (30S)
Termination (TER)	Report	Пероппо	Election on			in th Stat	ne te of
5. Covering Period	0 1	01 200) 9 thr	ough 0 1	31	2009	
I certify that I have examine	ed this Report	and to the best of	my knowledge and be	ief it is true, correc	t and complete		
Type or Print Name of Trea	asurer <u>T</u>	homas E. Nye, O.	D.				
Signature of Treasurer	Ele <u>ctronically</u>	Filed by Thoma	s E. Nye, O.D.		Date 02	12	2009
NOTE : Submission of fals	e, erroneous,	or incomplete info	rmation may subject th	ne person signing t	his Report to th	e penalties of 2	U.S.C 437g.
Office Use						FEC FC	RM 3X

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Optometric Association Political Action Committee [®] D " D 0 1 0 1 2009 0 1 3 1 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009 376610.34 January 1 (b) Cash on Hand at 376610.34 Begining of Reporting Period 64158.93 64158.93 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 440769.27 440769.27 6(a) and 6(c) for Column B) 18763.96 18763.96 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 422005.31 422005.31 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

American Optometric Association Political Action Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	outions (other than loans) From: adividuals/Persons Other		
T	han Political Committees) Itemized (use Schedule A)	35779.35	35779.35
(i	i) Unitemized	28360.56	28360.56
(i	ii) TOTAL (add Lines 11(a)(i) and (ii)	64139.91	64139.91
(b) F	olitical Party Committees	0.00	0.00
()	other Political Committees such as PACs) otal Contributions (add Lines	0.00	0.00
	1(a)(iii),(b) and (c)) (Carry otals to Line 33, page 5)	64139.91	64139.91
	ers From Affiliated/Other	0.00	0.00
3. All Loa	ans Received	0.00	0.00
	Repayments Receiveds To Operating Expenditures	0.00	0.00
(Carry	nds, Rebates, etc.) Totals to Line 37, page 5)ds of Contributions Made	0.00	0.00
	eral candidates and Other al Committees	0.00	0.00
	Federal Receipts ends, Interest, etc.)	19.02	19.02
8. Trans	fers from Non-Federal and Levin Funds		
` '	on-Federal Account rom Schedule H3)	0.00	0.00
(b) Le	vin Funds (from Schedule H5)	0.00	0.00
(c) To	tal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 8, 14, 15, 16, 17, and 18(c))	64158.93	64158.93
	Federal Receipts act Line 18(c) from Line 19)	64158.93	64158.93

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 1763.96 1763.96 Expenditures..... (c) Total Operating Expenditures 1763.96 1763.96 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 10500.00 10500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 6500.00 6500.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 18763.96 18763.96 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 18763.96 18763.96 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	64139.91	64139.91
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	64139.91	64139.91
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1763.96	1763.96
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1763.96	1763.96

FE6AN026

ITEMI	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for cor	mation copied from such Reports and Sta mmercial purposes, other than using the r E OF COMMITTEE (In Full) rican Optometric Association Politi	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Dr La Mailin City W H FEC federa Self E	lame (Last, First, Middle Initial) ura C Dake-Roche g Address 177 Steele Road artford ID number of contributing al political committee. a of Employer Employed ipt For: Primary General	-	Zip Code 06119-1050 n f Optometry e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full N Dr Jos Mailin City Deric FEC federa	Other (specify) lame (Last, First, Middle Initial) seph E Roy g Address 4865 Hwy 27 dder ID number of contributing al political committee. e of Employer Employed	State LA C Occupatio Doctor of	Zip Code 70634-6466	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full N C. Dr Kri	pt For: Primary General Other (specify) ▼ Iame (Last, First, Middle Initial) stin L Campbell g Address 2199 Hope Lane	Aggregate	e Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M
Dela FEC federa Name Self E	ware ID number of contributing all political committee. of Employer Employed ipt For:		43015	Amount of Each Receipt this Period 250.00
	Primary General Other (specify) ▼ TAL of Receipts This Page (optional) This Period (last page this line number of		250.00	865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Gavin Mc Dowell		Date of Receipt
Mailing Address 3005 Highmeadow D		01 05 2009
City Jonesboro	State Zip Code AR 72404-6921	Transaction ID: 29167688
FEC ID number of contributing federal political committee.	C 72404-0321	Amount of Each Receipt this Period 375.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr Ronald Luxenburg		Date of Receipt
Mailing Address 528 Brook Ave.		01 06 2009
City	State Zip Code	Transaction ID: 29176953
River Vale	NJ 07675-5728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr Donald Frank Alvarez		Date of Receipt
Mailing Address 167 Willow Way		01 06 2009
City	State Zip Code	Transaction ID: 29177389
Clark	NJ 07066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		990.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli		on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Barbara L Horn Mailing Address 61269 Coralburst Dr City Washington FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code MI 48094-1746 C Occupation Doctor of Optometry	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00	
Dr L. Leanne Whitaker Mailing Address 13201 Henderson Ln City Madison FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code AL 35756-3319 C Occupation Doctor of Optometry Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Michele Y Shade-Hinchliffe Mailing Address 1161 Beech St City	365.00 State Zip Code	Date of Receipt M
Pottstown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	PA 19464-4964 C Occupation Doctor of Optometry Aggregate Year-to-Date	Amount of Each Receipt this Period 250.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	865.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 34 (check only one) X
C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma le name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Thomas P Mc Laughlin Mailing Address 68 Shady Tree Drive			Date of Receipt
		Stata	Zip Code	01 08 2009
	City Mountain Top	State PA	18707-1555	Transaction ID: 29187054 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.07	250.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr Thomas F Determan Mailing Address 728 E Country Club E)rivo		Date of Receipt
	Walling Address 728 E Godfill y Glub E	JIIV e		01 08 2009
	City	State	Zip Code	Transaction ID: 29187411
	Yuma	<u>AZ</u>	85365-3441	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		1000.00	
_ C.	Full Name (Last, First, Middle Initial) Dr Dale G Lervick	l		Date of Receipt
	Mailing Address 1421 West Dry Creek	Rd		01 08 7 2009
	City Littleton	State CO	Zip Code 80120	Transaction ID: 29187412
	FEC ID number of contributing federal political committee.	C	80120	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line numbe	er only)		

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	ne name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr Robert J Blumthal			Date of Receipt
	Mailing Address 119 Exmore Drive			01 13 7 9 9 9
	City Springfield	State IL	Zip Code 62704-3137	Transaction ID: 29191292 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.35
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.35	
_ 3.	Full Name (Last, First, Middle Initial) Dr Leon John Kosek Mailing Address 600 Bankview Drive			Date of Receipt 0 1 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 29203005
	Frankfort FEC ID number of contributing federal political committee.	C	60423	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
-).	Full Name (Last, First, Middle Initial) Dr Wendy A Waguespack Mailing Address 871 Pastureview Dr			Date of Receipt 0 1 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 29203006
	Baton Rouge FEC ID number of contributing federal political committee.	C	70810	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			958.35

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 34 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Shannon L Steinhauser Mailing Address 501 W Port Royale Ln City Phoenix FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State AZ C Occupatio Doctor o	f Optometry e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 1 7 7 2 0 0 9 Transaction ID: 29208521 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Jeffrey C Michaels Mailing Address 2323 Horseshoe Bend	0 0	500.00	Date of Receipt 0 1 2 0 2 0 0 9
City Goochland FEC ID number of contributing federal political committee.	State VA	Zip Code 23063	Transaction ID: 29217006 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	, '	on f Optometry e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Kathy Chriqui Mailing Address 18211 Calvert St	l		Date of Receipt 0 1
City Tarzana FEC ID number of contributing federal political committee.	State CA	Zip Code 91335-7002	Transaction ID: 29226239 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For:	, '	n f Optometry e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action (Committee	
Full Name (Last, First, Middle Initial) Dr James D Sandefur			Date of Receipt
Mailing Address 219 Blue Bush Road			01 16 2009
City	State	Zip Code	Transaction ID: 29226241
<u>Oakdale</u>	LA	71463-4911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial) Dr Charles Bartels			Date of Receipt
Mailing Address 606 North Parrott Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29226291
Okeechobee	FL	34974	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr George Edward Ozer			Date of Receipt
Mailing Address 2316 Meetinghouse Ro	ad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29226297
Boothwyn	PA	19061-3408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/34 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association F		•	
Full Name (Last, First, Middle Initial) Dr William C Coffee			Date of Receipt
Mailing Address 1801 Sammy Circle)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hope	State AR	Zip Code 71801	Transaction ID: 29226298 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr David L Parker			Date of Receipt
Mailing Address 4889 Bobo Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Olive Branch	State MS	Zip Code 38654-8223	Transaction ID: 29229870 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30034-0223	500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr Fred E Goldberg			Date of Receipt
Mailing Address 6924 Butternut Ct			01 22 2009
City McLean	State VA	Zip Code 22101-1506	Transaction ID: 29229877
FEC ID number of contributing federal political committee.	C	22101-1300	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
			1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Optometric Association	s and Statements may not be sold or used by any poing the name and address of any political committee n Political Action Committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Joseph C Mallinger Mailing Address 28417 Tricia Pl City Escondido FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CA 92026-6666 C	Date of Receipt M M M 2 2 2 2 2 0 0 9 Transaction ID: 29229878 Amount of Each Receipt this Period 2000.00
Receipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr T. Joel Byars Mailing Address 100 Augusta Dri City	ve State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mcdonough FEC ID number of contributing federal political committee.	GA 30253 C Occupation	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Darren M Patrick Mailing Address 4100 Hycliffe Av	enue	Date of Receipt 0 1 2 2 2 0 0 9
City	State Zip Code	Transaction ID: 29229880
Louisville FEC ID number of contributing federal political committee.	KY 40207-3835	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)	2615.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 34 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Michele A Donovan Mailing Address 1440 Harbor Mist	Court	Date of Receipt
City Charleston	State Zip Code SC 29492	Transaction ID: 29229884 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr Timothy A Stafford Mailing Address 1411 Chapman Dr	rive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29229885
Newberry	SC 29108-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr William H Ballinger		Date of Receipt
Mailing Address 121 West Augusta	a Place	01 22 2009
City	State Zip Code	Transaction ID: 29229886
Greenville FEC ID number of contributing federal political committee.	SC 29605-1811	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	nal)	2865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 34 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr David W Hamill			Date of Receipt
Mailing Address 3309 W Hampton Poir	nte Dr		01 22 2009
City	State	Zip Code	Transaction ID: 29229887
Florence FEC ID number of contributing federal political committee.	SC C	29501-2098	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Sean Michael Stevens Mailing Address 23 Farm Brook Way	1		Date of Receipt
City	State	Zip Code	01 22 2009
Simpsonville	SC	29681-3509	Transaction ID: 29229891 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Gregory C Otto			Date of Receipt
Mailing Address RR 1 Box 191			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29229971
Grand Forks FEC ID number of contributing federal political committee.	C	58201	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 34 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	nd Statements may not be sold or used by any personate the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Michael A Campbell Mailing Address 70 Widewater Road	1	Date of Receipt 0 1 2 2 2 2 0 0 9
City Hilton Head Isl FEC ID number of contributing	State Zip Code SC 29926	Transaction ID: 29229979 Amount of Each Receipt this Period 365.00
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	303.00
Full Name (Last, First, Middle Initial) Dr Lori R Donovan Mailing Address 1205 Flowering Oal	k Way	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29229981
Mount Pleasant	SC 29466-9000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr James Monroe Vaught		Date of Receipt
Mailing Address 1305 Collins Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 29229982
Conway FEC ID number of contributing federal political committee.	SC 29526	Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SURTOTAL of Receipts This Page (options	J)	2865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 34 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	I Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Benjamin D Ingram			Date of Receipt
Mailing Address 4417 Erskine St			01 22 2009
City	State	Zip Code	Transaction ID: 29229984
Columbia	SC	29206-4449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Kurt W Blaettler	.		Date of Receipt
Mailing Address 1512 Nature'S Tr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29229985
Anderson	SC	29625-5861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) Dr Larry F Jerge			Date of Receipt
Mailing Address 600 Pine Links Dr			0 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 29229986
Tega Cay	SC	29708-7205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 34 (check only one) X	<u>4</u>
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not ne name and address	be sold or used by any persons of any political committee to		;
American Optometric Association Po	olitical Action Con	nmittee		
Full Name (Last, First, Middle Initial) Dr Walter A Mayo			Date of Receipt	
Mailing Address 111 Oxford Place			01 22 7 2009	
City	State	Zip Code	Transaction ID: 29229987	
Myrtle Beach	SC	29588-6741	Amount of Each Receipt this Period	_
FEC ID number of contributing federal political committee.	C		365.00	0
Name of Employer Self Employed	Occupation Doctor of Op	otometry		
Receipt For:	Aggregate Yea	ar-to-Date ▼		
Primary General Other (specify) ▼	0 0 0	365.00		
Full Name (Last, First, Middle Initial) Dr Louis L Martin, IV			Date of Receipt	
Mailing Address 139 Shelton Drive			0 1 D D / Y Y Y Y Y Y 2 D 0 S	
City	State	Zip Code	Transaction ID: 29229988	
Spartanburg	SC	29307	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		365.00	D
Name of Employer Self Employed	Occupation Doctor of Op	otometry		
Receipt For:	Aggregate Yea	ar-to-Date ▼		
Primary General Other (specify) ▼	0 0 0	365.00		
Full Name (Last, First, Middle Initial) Dr Derrald G Taylor			Date of Receipt	
Mailing Address 19125 Midland Ave			0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 29229994	
Mokena	<u>IL</u>	60448-1012	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		240.00	D
Name of Employer Self Employed	Occupation Doctor of Op	otometry		
Receipt For:	Aggregate Yea	ar-to-Date ▼		
Primary General Other (specify) ▼	0 0 0	240.00		
SUBTOTAL of Receipts This Page (optional)	l		970.00	0

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	e (check only one)
	d Statements may not be sold or used by ar the name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Michael E Vollmer		Date of Receipt
Mailing Address 334 Pld Hampton R	oad	01 22 2009
City	State Zip Code	Transaction ID: 29229998
Boone	NC 28607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.	00
Full Name (Last, First, Middle Initial) Dr Larry M Scheele		Date of Receipt
Mailing Address 290 Idle Lake Ct		01 22 2009
City	State Zip Code	Transaction ID: 29230004
Sumter	SC 29150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.	00
Full Name (Last, First, Middle Initial) Dr David T Gubman		Date of Receipt
Mailing Address 9 Cobblestone Rd		0 1 2 3 2 0 0 9
City	State Zip Code	Transaction ID: 29230031
Cherry Hill	NJ 08003-1420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	365.	00
	I	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/34 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association I	Political Action (Committee	
Full Name (Last, First, Middle Initial) Dr Jeffrey E Schultz			Date of Receipt
Mailing Address 150 Jackson Drive			01 26 2009
City	State	Zip Code	Transaction ID: 29235453
Orange Village	OH	44022-1500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation		
	 	Optometry	\dashv
Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
Other (specify)		365.00	
Full Name (Last, First, Middle Initial) Dr Donald J Higgins			Date of Receipt
Mailing Address 5 Belgravia Terrace	9		0 1 2 8 2 0 0 9
City	State	Zip Code	Transaction ID: 29275107
<u>Farmington</u>	CT	06032-1550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr David A Wolf			Date of Receipt
Mailing Address 6129 Churchill Dow	vns Dr		01 28 2009
City	State	Zip Code	Transaction ID: 29275111
West Linn	OR	97068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional	al)		1115.00

SCHEDULE A (FEITEMIZED RECEIP	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 34 (check only one) X
or for commercial purposes, of NAME OF COMMITTEE	other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City West Chester FEC ID number of contrib federal political committee Name of Employer Self Employed Receipt For: Primary G	State PA C Occupati	Zip Code 19380 on of Optometry te Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y O 1 2 3 2 2 0 0 9 Transaction ID: 29275367 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Mic Dr Hulon Houston Pass Mailing Address 1901 City Ft Stockton FEC ID number of contrib federal political committee Name of Employer Self Employed	Sunset State TX uting C Occupati	Zip Code 79735	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) Full Name (Last, First, Mic Dr Cherry B Cockrell Mailing Address 6111	eneral ddle Initial)	te Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M
Stillwater FEC ID number of contrib federal political committee Name of Employer Self Employed	Uting . C . Occupati	74074-1038 on	Transaction ID: 29279110 Amount of Each Receipt this Period 2000.00
Receipt For:		of Optometry te Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts Th	s Page (optional)]	2750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 34 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	 I Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr David A Cockrell		Date of Receipt
Mailing Address 6111 W Canterbury	State 7in Code	01 29 2009
City <u>S</u> tillwater	State Zip Code OK 74074-1038	Transaction ID: 29279111 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr Thomas R Cheezum, Jr		Date of Receipt
Mailing Address 2301 Mariners Mark	•	01 29 2009
City	State Zip Code	Transaction ID: 29279121
Virginia Beach FEC ID number of contributing federal political committee.	VA 23451-1371	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Viktoria L Davis		Date of Receipt
Mailing Address 310 E Main St		01 30 7 9 9
City <u>Madelia</u>	State Zip Code MN 56062-1735	Transaction ID: 29289268 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	· 1	3000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 34 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	v not be sold or used by any persodress of any political committee to	
American Optometric Association Poli	itical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Barry J Barresi			Date of Receipt
Mailing Address 659 Spyglass Summit	Drive		01 29 2009
City	State	Zip Code	Transaction ID: 29309764
Chesterfield	MO	63017-2142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial) Dr Robert Brian Macneil			Date of Receipt
Mailing Address 73 Cooney Road			01 / 30 / 4 2009
City	State	Zip Code	Transaction ID: 29310352
Pomfret Center	CT	06259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		365.00]
Full Name (Last, First, Middle Initial) Dr Richard B Stender	ı		Date of Receipt
Mailing Address Rt 2 Box 427			01 30 7 2009
City	State	Zip Code	Transaction ID: 29310355
New Martinsville	WV	26155-9453	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	-		2615.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 34 (check only one) X 11a
or for commercial purposes, other than the NAME OF COMMITTEE (In Full) American Optometric Association	ts and Statements may not be sold or used by any personal sing the name and address of any political committee to on Political Action Committee	on for the purpose of soliciting contributions oscilicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jay V Gallinger Mailing Address 150 Allen Road City Onalaska FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WA 98570 C Occupation Doctor of Optometry Aggregate Year-to-Date 366.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 29310356 Amount of Each Receipt this Period 366.00
Full Name (Last, First, Middle Initial) Dr A. Gregory Toler, Jr Mailing Address 5013 Caledonia City Richmond FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code VA 23225-3183 C Occupation Doctor of Optometry Aggregate Year-to-Date 365.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Christopher C Carpenter Mailing Address 3261 E Santa F City Higley FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AZ 85236-9368 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	number only)	1231.00

Mailing Address 205 Roxdale City State Zip Code NC 27574-8775 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Primary Self Employer Solonoo	Γ	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 34 (check only one) X 11a
A. Dr. Rutus B. Antey Mailing Address 117 West Church City Sates Zip Code Satesburg FEC ID number of contributing lederal political committee. Descript For: Primary General Other (specity) ▼ FUI Name (Last, First, Middle Initial) City State Zip Code NC 250.00 Date of Receipt Timesection ID: 29310371 Amount of Each Receipt this Period Amount of Each Receipt this Period Doctor of Optometry Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 29310372 Amount of Each Receipt this Period Date of Receipt Transaction ID: 29310372 Amount of Each Receipt Timesection ID: 29310374 Amount of Each Receip		or for commercial purposes, other than using that NAME OF COMMITTEE (In Full)	e name and ad	ldress of any political committee t	o solicit contributions from such committee.
Receipt For:	∠ A .	Dr Rufus B Antley Mailing Address 117 West Church City Batesburg FEC ID number of contributing	SC	·	M M M J 30 2009 Transaction ID: 29310371 Amount of Each Receipt this Period
B. Dr Stephen D Garrett Mailing Address 205 Roxdale City State Zip Code Roxboro NC 27574-8775 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code NC 27574-8775 FEC ID number of contributing federal political committee. Name of Employer City Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr William R Waldron Mailing Address 106 Lance Way City State Zip Code VA 23693-2644 FEC ID number of contributing federal political committee. City State Zip Code VA 23693-2644 FEC ID number of contributing federal political committee. C State Zip Code VA 23693-2644 FEC ID number of contributing federal political committee. C State Zip Code VA 23693-2644 FEC ID number of contributing federal political committee. C State Zip Code VA 23693-2644 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Receipt For: Primary General	Doctor o	of Optometry e Year-to-Date ▼	
Roxboro Roxboro Roxboro RC 27574-8775 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Other (specify) ▼ Rotation Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 29310374 Amount of Each Receipt this Period Doctor of Optometry Date of Receipt Transaction ID: 29310374 Amount of Each Receipt this Period Date of Receipt Transaction ID: 29310374 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date ▼ C Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Transaction ID: 29310374 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Empl	— В.	Dr Stephen D Garrett Mailing Address 205 Roxdale			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:		Roxboro FEC ID number of contributing	NC	•	Amount of Each Receipt this Period
C. Dr William R Waldron Mailing Address 106 Lance Way City State Zip Code Yorktown VA 23693-2644 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M / D D / 2009 Transaction ID: 29310374 Amount of Each Receipt this Period 250.00		Receipt For: Primary General	Doctor o	of Optometry e Year-to-Date ▼	
Yorktown VA 23693-2644 Amount of Each Receipt this Period EC	С.	Dr William R Waldron	.1		M M / D D / Y Y Y Y
Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Yorktown FEC ID number of contributing	VA	·	Amount of Each Receipt this Period
Primary General Other (specify) ▼ 250.00		Name of Employer Self Employed			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional) .	1		1000.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 27/34 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Dr Sean R Claflin Date of Receipt Mailing Address 613 Floral Ave 0.1 30 2009 City State Zip Code Transaction ID: 29310379 Canon City CO 81212-5025 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	35779.35

S	CHEDULE B (FEC Form 3X)	Use separate schedule(separate schedule(s) FOR LIN (check or				IE NUMBER: PAGE 28/34						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(CI	21b 27	22 28a	Х	23 28b		24 28c	E	25 29	
	/ Information copied from such Reports and S or commercial purposes, other than using the												S
\	NAME OF COMMITTEE (In Full)	Traine and address of any point	ai coi	1111111		Short Cont	ibut	10113 1	1011	30011	COIIII	TITLLOC	
$ \rangle$	American Optometric Association Poli	tical Action Committee											
•	Full Name (Last, First, Middle Initial) Geoff Davis For Congress					Trans Date				2914 nent	8421		
	Mailing Address 3161 Dixie Highway Suite F					0 ^M 1	М	/ D	0 5	5 /	Ž	o ŏ s	9 ^Y
	City Erlanger	State Zip Code KY 41018				Amou	ınt o	f Eac	h D	isburs	-		
	Purpose of Disbursement Void Check			01	1.	L.		_			-15	500.0	0
	Candidate Name Rep. Geoffrey Davis		7 7	ateg Typ	-								
	Senate President	oursement For: 2008 X Primary General Other (specify) ▼				Void	Che	ck					
	State: KY District: 04 Full Name (Last, First, Middle Initial)												
	Marquardt For Congress					Date	of D	isburs	sen				
	Mailing Address 903 New York Avenu	ıe				0 1	М	/ D	0 5	5 /	ž	o ŏ s	9
	City Alamogordo	State Zip Code NM 88310				Amou	ınt o	f Eac	h D	isburs	emer	t this I	Perioc
	Purpose of Disbursement Void Check		Тг	01	1	L.					-50	0.00	0
	Candidate Name Terry Marquardt		7 6	ateg Typ									
	Office Sought: X House Senate President State: NM District: 02	oursement For: 2008 X Primary General Other (specify)	•			Void	Che	ck					
	Full Name (Last, First, Middle Initial) Committee for a Democratic Majority					Trans Date				2914	8429)	
	Mailing Address 301 4th Street, N.E. Suite 202					0 1	М	/ D	0 5	5 /	ÝŽ	o ŏ s	9 ^Y
	City Washington	State Zip Code DC 20002				Amou	ınt o	f Eac	h D	isburs	emer	t this I	Period
	Purpose of Disbursement Void Check		Тг	01	1	L.				<u> </u>	-1(0.00	0
	Candidate Name Committee for a Democratic Majority		7 6	ateg Typ	ory/								
	Senate President	oursement For: Primary Genera Other (specify) ▼	_			Void	Che	ck					
	State: District:												
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NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) M-PAC Mailing Address 607 14th Street, NW Suite 800 City Washington DC 20005 Purpose of Disbursement Candidate Name Mailing Address PO Box 871 City State: District: Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan Mailing Address PO Box 871 City State: District: Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan Office Sought: Washington Office Sought: Washington Office Sought: Washington Other (specify) State Zip Code ND 58502 Purpose of Disbursement Other (specify) Type Candidate Name Sen. Byron L. Dorgan Office Sought: Washington Office Sought: Washington Office Sought: Washington Other (specify) Value Other (specify) Other (specify	TEMIZED DISBURSEMENTS	Detailed	Summary Page		21b 27	22 X 23 24 28a 28b 28	c 29
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	City Washington	State Zip Code DC 20035				Amou	int o	f Each	Disbu	ırsem	ent this I	Perio
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	Full Name (Last, First, Middle Initial) Judy Chu for Congress						of Di	sburse	ement	2037		
	Mailing Address 777 S Figueroa Street Suite 4050					0 ^M 1	М	1	4 /	L.	žoŏs	9 [*]
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action Committee	
Full Name (Last, First, Middle Initial)		Transaction ID: 29229702
Hawkeye PAC		Date of Disbursement O 1
Mailing Address P.O. Box 7255		01 23 2009
City Des Moines	State Zip Code IA 50309	Amount of Each Disbursement this Perio
Purpose of Disbursement Committee Contribution		5000.00
Candidate Name Hawkeye PAC	C	011 ategory/ Type
Senate President	rsement For: Primary General Other (specify) ▼	Committee Contribution
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New Jersey Democratic State Committee	е	Transaction ID: 29275258 Date of Disbursement
Mailing Address 196 West State Street		01
City Trenton	State Zip Code NJ 08608	Amount of Each Disbursement this Period
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Senate President	sement For: Primary General Other (specify) ▼	Committee Contribution
State: District: Full Name (Last, First, Middle Initial)		Transaction ID: 29330866
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Mailing Address 5555 South Street		01 05 7 2009
City Lincoln	State Zip Code NE 68506	Amount of Each Disbursement this Perio
Purpose of Disbursement Void Check		-2500.00
Candidate Name Michael Johanns	C	ategory/ Type
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	Office Sought:	House Senate President District:	Disbursement Fo Primary Other (s			Event Tickets

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or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
American Optometric Association Politica	I Action Committee						
Full Name (Last, First, Middle Initial) Wachovia Federal			Transaction ID: 29315372 Date of Disbursement				
Mailing Address 1650 Tyson Blvd.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & I & D \\ I & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix} $				
City McLean	State Zip Code VA 22102		Amount of Each Disbursement this Period				
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Candidate Name		Category/ Type					
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NAME OF COMMITTEE (In Full) American Optometric Association Politica	l Action Committee									
Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251			Transaction II Date of Disburs	sement						
City St. Louis	State Zip Code MO 63179		Amount of Eac	h Disbursement this Period						
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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	63.75
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Other (specify)

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