

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 01 31 2009

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

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

Signature of Treasurer Electronically Filed by Thomas E. Nye, O.D. Date 02 12 2009

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Optometric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		376610.34
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	376610.34									
(c) Total Receipts (from Line 19) .....	64158.93	64158.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	440769.27	440769.27								
7. Total Disbursements (from Line 31) .....	18763.96	18763.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	422005.31	422005.31								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Optometric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	35779.35	35779.35
(i) Itemized (use Schedule A) .....	28360.56	28360.56
(ii) Unitemized .....	64139.91	64139.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	64139.91	64139.91
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.) .....	19.02	19.02
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)) .....	64158.93	64158.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	64158.93	64158.93

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	1763.96	1763.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1763.96	1763.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	10500.00
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	0.00
(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	0.00
29. Other Disbursements.....	6500.00	6500.00
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))..	18763.96	18763.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18763.96	18763.96

**DETAILED SUMMARY PAGE**  
of Disbursements

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34  
(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 Laura C Dake-Roche

Mailing Address 177 Steele Road

City State Zip Code  
W Hartford CT 06119-1050

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
01 / 02 / 2009

**Transaction ID:** 29159670

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Joseph E Roy

Mailing Address 4865 Hwy 27

City State Zip Code  
Deridder LA 70634-6466

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  
01 / 07 / 2009

**Transaction ID:** 29165756

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Kristin L Campbell

Mailing Address 2199 Hope Lane

City State Zip Code  
Delaware OH 43015

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  
01 / 05 / 2009

**Transaction ID:** 29167686

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 34  
(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 Gavin Mc Dowell

Mailing Address 3005 Highmeadow Dr

City State Zip Code  
Jonesboro AR 72404-6921

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 ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2009

**Transaction ID:** 29167688

Amount of Each Receipt this Period  
375.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Ronald Luxenburg

Mailing Address 528 Brook Ave.

City State Zip Code  
River Vale NJ 07675-5728

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2009

**Transaction ID:** 29176953

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Donald Frank Alvarez

Mailing Address 167 Willow Way

City State Zip Code  
Clark NJ 07066

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  
01 / 06 / 2009

**Transaction ID:** 29177389

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **990.00**

**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 / 34  
(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 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 ▼ 250.00

Date of Receipt 01 / 09 / 2009

Transaction ID: 29182221

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr L. Leanne Whitaker

Mailing Address 13201 Henderson Ln

City Madison State AL Zip Code 35756-3319

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 01 / 08 / 2009

Transaction ID: 29187037

Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Michele Y Shade-Hinchliffe

Mailing Address 1161 Beech St

City Pottstown State PA Zip Code 19464-4964

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 01 / 08 / 2009

Transaction ID: 29187042

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 865.00

**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 9 / 34

(check only one)

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

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

**A.**

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

Mailing Address 68 Shady Tree Drive

City State Zip Code  
Mountain Top PA 18707-1555

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  
01 / 08 / 2009

**Transaction ID:** 29187054

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Thomas F Determan

Mailing Address 728 E Country Club Drive

City State Zip Code  
Yuma AZ 85365-3441

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  
01 / 08 / 2009

**Transaction ID:** 29187411

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Dale G Lervick

Mailing Address 1421 West Dry Creek Rd

City State Zip Code  
Littleton CO 80120

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  
01 / 08 / 2009

**Transaction ID:** 29187412

Amount of Each Receipt this Period 250.00

**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 10 / 34  
(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 J Blumthal

Mailing Address 119 Exmore Drive

City State Zip Code  
Springfield IL 62704-3137

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 ▼  
208.35

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2009

**Transaction ID:** 29191292

Amount of Each Receipt this Period  
208.35

**B.**

Full Name (Last, First, Middle Initial)  
Dr Leon John Kosek

Mailing Address 600 Bankview Drive

City State Zip Code  
Frankfort IL 60423

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  
01 / 12 / 2009

**Transaction ID:** 29203005

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Wendy A Waguespack

Mailing Address 871 Pastureview Dr

City State Zip Code  
Baton Rouge LA 70810

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  
01 / 12 / 2009

**Transaction ID:** 29203006

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **958.35**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Shannon L Steinhauer

Mailing Address 501 W Port Royale Ln

City State Zip Code  
Phoenix AZ 85023-5272

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 1 / 1 7 / 2 0 0 9

Transaction ID: 29208521

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Jeffrey C Michaels

Mailing Address 2323 Horseshoe Bend

City State Zip Code  
Goochland VA 23063

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 1 / 2 0 / 2 0 0 9

Transaction ID: 29217006

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Kathy Chriqui

Mailing Address 18211 Calvert St

City State Zip Code  
Tarzana CA 91335-7002

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: 29226239

Amount of Each Receipt this Period

250.00

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 34  
(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 D Sandefur

Mailing Address 219 Blue Bush Road

City State Zip Code  
Oakdale LA 71463-4911

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2009

Transaction ID: 29226241

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Charles Bartels

Mailing Address 606 North Parrott Ave

City State Zip Code  
Okeechobee FL 34974

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  
01 / 20 / 2009

Transaction ID: 29226291

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr George Edward Ozer

Mailing Address 2316 Meetinghouse Road

City State Zip Code  
Boothwyn PA 19061-3408

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  
01 / 20 / 2009

Transaction ID: 29226297

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 34  
(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 William C Coffee

Mailing Address 1801 Sammy Circle

City State Zip Code  
Hope AR 71801

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  
01 / 20 / 2009

**Transaction ID:** 29226298

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4889 Bobo Place

City State Zip Code  
Olive Branch MS 38654-8223

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

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

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2009

**Transaction ID:** 29229870

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Fred E Goldberg

Mailing Address 6924 Butternut Ct

City State Zip Code  
McLean VA 22101-1506

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  
01 / 22 / 2009

**Transaction ID:** 29229877

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Joseph C Mallinger	Date of Receipt MM / DD / YYYY 01 / 22 / 2009
	Mailing Address 28417 Tricia Pl	<b>Transaction ID:</b> 29229878
	City Escondido State CA Zip Code 92026-6666	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr T. Joel Byars	Date of Receipt MM / DD / YYYY 01 / 22 / 2009
	Mailing Address 100 Augusta Drive	<b>Transaction ID:</b> 29229879
	City Mcdonough State GA Zip Code 30253	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Darren M Patrick	Date of Receipt MM / DD / YYYY 01 / 22 / 2009
	Mailing Address 4100 Hycliffe Avenue	<b>Transaction ID:</b> 29229880
	City Louisville State KY Zip Code 40207-3835	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2615.00
<b>TOTAL</b> 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 / 34  
(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 Michele A Donovan

Mailing Address 1440 Harbor Mist Court

City State Zip Code  
Charleston SC 29492

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 1 / 2 2 / 2 0 0 9

Transaction ID: 29229884

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Timothy A Stafford

Mailing Address 1411 Chapman Drive

City State Zip Code  
Newberry SC 29108-4126

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 ▼ 2000.00

Date of Receipt

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

Transaction ID: 29229885

Amount of Each Receipt this Period

2000.00

**C.**

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

Mailing Address 121 West Augusta Place

City State Zip Code  
Greenville SC 29605-1811

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  
0 1 / 2 2 / 2 0 0 9

Transaction ID: 29229886

Amount of Each Receipt this Period

365.00

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

2865.00

**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 / 34  
(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 W Hamill

Mailing Address 3309 W Hampton Pointe Dr

City State Zip Code  
Florence SC 29501-2098

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  
01 / 22 / 2009

**Transaction ID:** 29229887

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Sean Michael Stevens

Mailing Address 23 Farm Brook Way

City State Zip Code  
Simpsonville SC 29681-3509

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  
01 / 22 / 2009

**Transaction ID:** 29229891

Amount of Each Receipt this Period  
500.00

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

Mailing Address R R 1 Box 191

City State Zip Code  
Grand Forks ND 58201

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  
01 / 22 / 2009

**Transaction ID:** 29229971

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 34  
(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 A Campbell

Mailing Address 70 Widewater Road

City State Zip Code  
Hilton Head Isl SC 29926

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  
0 1 / 2 2 / 2 0 0 9

**Transaction ID:** 29229979

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Lori R Donovan

Mailing Address 1205 Flowering Oak Way

City State Zip Code  
Mount Pleasant SC 29466-9000

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 1 / 2 2 / 2 0 0 9

**Transaction ID:** 29229981

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr James Monroe Vaught

Mailing Address 1305 Collins Street

City State Zip Code  
Conway SC 29526

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 ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

**Transaction ID:** 29229982

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2865.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 34  
(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 Benjamin D Ingram

Mailing Address 4417 Erskine St

City State Zip Code  
Columbia SC 29206-4449

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 1 / 2 2 / 2 0 0 9

Transaction ID: 29229984

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Kurt W Blaettler

Mailing Address 1512 Nature'S Tr

City State Zip Code  
Anderson SC 29625-5861

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 1 / 2 2 / 2 0 0 9

Transaction ID: 29229985

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Larry F Jerge

Mailing Address 600 Pine Links Dr

City State Zip Code  
Tega Cay SC 29708-7205

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 1 / 2 2 / 2 0 0 9

Transaction ID: 29229986

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1095.00**

**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 19 / 34  
(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 Walter A Mayo

Mailing Address 111 Oxford Place

City State Zip Code  
Myrtle Beach SC 29588-6741

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2009

**Transaction ID:** 29229987

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Louis L Martin, IV

Mailing Address 139 Shelton Drive

City State Zip Code  
Spartanburg SC 29307

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2009

**Transaction ID:** 29229988

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Derrald G Taylor

Mailing Address 19125 Midland Ave

City State Zip Code  
Mokena IL 60448-1012

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2009

**Transaction ID:** 29229994

Amount of Each Receipt this Period  
240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **970.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 34  
(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 Michael E Vollmer

Mailing Address 334 Pld Hampton Road

City State Zip Code  
Boone NC 28607

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 1 / 2 2 / 2 0 0 9

**Transaction ID:** 29229998

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Larry M Scheele

Mailing Address 290 Idle Lake Ct

City State Zip Code  
Sumter SC 29150

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 1 / 2 2 / 2 0 0 9

**Transaction ID:** 29230004

Amount of Each Receipt this Period  
500.00

**C.** 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 ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

**Transaction ID:** 29230031

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1230.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 34  
(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 Jeffrey E Schultz

Mailing Address 150 Jackson Drive

City State Zip Code  
Orange Village OH 44022-1500

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2009

**Transaction ID:** 29235453

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Donald J Higgins

Mailing Address 5 Belgravia Terrace

City State Zip Code  
Farmington CT 06032-1550

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  
01 / 28 / 2009

**Transaction ID:** 29275107

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David A Wolf

Mailing Address 6129 Churchill Downs Dr

City State Zip Code  
West Linn OR 97068

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  
01 / 28 / 2009

**Transaction ID:** 29275111

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 34  
(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 Jerry P Davidoff

Mailing Address 13 Katie Way

City State Zip Code  
West Chester PA 19380

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  
01 / 23 / 2009

Transaction ID: 29275367

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Hulon Houston Pass

Mailing Address 1901 Sunset

City State Zip Code  
Ft Stockton TX 79735

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  
01 / 26 / 2009

Transaction ID: 29277465

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Cherry B Cockrell

Mailing Address 6111 W. Canterbury

City State Zip Code  
Stillwater OK 74074-1038

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2009

Transaction ID: 29279110

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**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 / 34

(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 A Cockrell

Mailing Address 6111 W Canterbury

City State Zip Code  
Stillwater OK 74074-1038

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 ▼ 2000.00

Date of Receipt  

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

**Transaction ID:** 29279111

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Thomas R Cheezum, Jr

Mailing Address 2301 Mariners Mark Way #302

City State Zip Code  
Virginia Beach VA 23451-1371

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	1	/	2	9	/	2	0	0	9

**Transaction ID:** 29279121

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Viktoria L Davis

Mailing Address 310 E Main St

City State Zip Code  
Madelia MN 56062-1735

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	1	/	3	0	/	2	0	0	9

**Transaction ID:** 29289268

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

**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 24 / 34  
(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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2009

**Transaction ID:** 29309764

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Robert Brian Macneil

Mailing Address 73 Cooney Road

City State Zip Code  
Pomfret Center CT 06259

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

Name of Employer Self Employed Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2009

**Transaction ID:** 29310352

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Richard B Stender

Mailing Address Rt 2 Box 427

City State Zip Code  
New Martinsville WV 26155-9453

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  
01 / 30 / 2009

**Transaction ID:** 29310355

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2615.00**

**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 25 / 34  
(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 Jay V Gallinger

Mailing Address 150 Allen Road

City Onalaska State WA Zip Code 98570

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 ▼ 366.00

Date of Receipt: 01 / 30 / 2009  
**Transaction ID: 29310356**  
Amount of Each Receipt this Period: 366.00

**B.** Full Name (Last, First, Middle Initial)  
Dr A. Gregory Toler, Jr

Mailing Address 5013 Caledonia Rd

City Richmond State VA Zip Code 23225-3183

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: 01 / 30 / 2009  
**Transaction ID: 29310364**  
Amount of Each Receipt this Period: 365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Christopher C Carpenter

Mailing Address 3261 E Santa Fe Lane

City Higley State AZ Zip Code 85236-9368

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: 01 / 30 / 2009  
**Transaction ID: 29310370**  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1231.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 34  
(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 Rufus B Antley

Mailing Address 117 West Church

City State Zip Code  
Batesburg SC 29006-2108

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  
01 / 30 / 2009

Transaction ID: 29310371

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Stephen D Garrett

Mailing Address 205 Roxdale

City State Zip Code  
Roxboro NC 27574-8775

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  
01 / 30 / 2009

Transaction ID: 29310372

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
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. **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  
01 / 30 / 2009

Transaction ID: 29310374

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 34  
(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 Sean R Claflin

Mailing Address 613 Floral Ave

City State Zip Code  
Canon City CO 81212-5025

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 1 / 3 0 / 2 0 0 9

Transaction ID: 29310379

Amount of Each Receipt this Period  
500.00

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

**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><b>A.</b> Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Void Check <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 04</p>	<p><b>Transaction ID:</b> 29148421 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">-1500.00</span></p> <p>Void Check</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Marquardt For Congress</p> <p>Mailing Address 903 New York Avenue</p> <p>City Alamogordo State NM Zip Code 88310</p> <p>Purpose of Disbursement Void Check <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Terry Marquardt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NM District: 02</p>	<p><b>Transaction ID:</b> 29148424 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">-5000.00</span></p> <p>Void Check</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee for a Democratic Majority</p> <p>Mailing Address 301 4th Street, N.E. Suite 202</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Void Check <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Committee for a Democratic Majority</p> <p>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) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 29148429 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">-1000.00</span></p> <p>Void Check</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">-7500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>

# 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) M-PAC	Transaction ID: 29182237 Date of Disbursement 01 / 09 / 2009
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name M-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) ▼	Committee Contribution
	State: District:	

B.	Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan	Transaction ID: 29187010 Date of Disbursement 01 / 12 / 2009
	Mailing Address PO Box 871	Amount of Each Disbursement this Period 2500.00
	City Bismarck State ND Zip Code 58502	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Sen. Byron L. Dorgan	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution
	State: ND District:	

C.	Full Name (Last, First, Middle Initial) Bennett Election Committee	Transaction ID: 29187011 Date of Disbursement 01 / 12 / 2009
	Mailing Address P.O. Box 8841	Amount of Each Disbursement this Period 1000.00
	City Falls Church State VA Zip Code 22041	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Robert F. Bennett	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution
	State: UT District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Thoroughbred PAC</p> <p>Mailing Address PO BOX 65116 C/O Arent Fox PLLC</p> <p>City Washington State DC Zip Code 20035</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Thoroughbred 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><b>Transaction ID:</b> 29187012 <b>Date of Disbursement</b> 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p><b>B.</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 Ben Lujan</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 29191444 <b>Date of Disbursement</b> 01 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Judy Chu for Congress</p> <p>Mailing Address 777 S Figueroa Street Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Judy Chu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary2009</p>	<p><b>Transaction ID:</b> 29203779 <b>Date of Disbursement</b> 01 / 14 / 2009</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) ..... ▶

8500.00

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Hawkeye PAC  Mailing Address P.O. Box 7255  City Des Moines State IA Zip Code 50309  Purpose of Disbursement Committee Contribution Candidate Name Hawkeye 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:	<b>Transaction ID:</b> 29229702 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 5000.00  Committee Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) New Jersey Democratic State Committee  Mailing Address 196 West State Street  City Trenton State NJ Zip Code 08608  Purpose of Disbursement Committee Contribution Candidate Name  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:	<b>Transaction ID:</b> 29275258 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00  Committee Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Johanns For Senate Incorporated  Mailing Address 5555 South Street  City Lincoln State NE Zip Code 68506  Purpose of Disbursement Void Check Candidate Name Michael Johanns  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 State: NE District:	<b>Transaction ID:</b> 29330866 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period -2500.00  Void Check

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	10500.00

**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 32 / 34

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Association of Nurse Anesthetists

Mailing Address 25 Massachusetts Avenue, N.W.  
Suite 550

City Washington State DC Zip Code 20001

Purpose of Disbursement

Event Tickets

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 29187008

Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

6500.00

Event Tickets

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

6500.00

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

6500.00



# 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 33 / 34

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wachovia Federal</p> <p>Mailing Address 1650 Tyson Blvd.</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Wachovia Fed Bank Service Fee 1/12/09</p> <p>Candidate Name</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><b>Transaction ID:</b> 29315372 <b>Date of Disbursement</b> 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 793.75</p> <p>001 Category/ Type</p> <p>Wachovia Fed Bank Service Fee 1/12/09</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Bank of America Fee 1/2/2009</p> <p>Candidate Name</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><b>Transaction ID:</b> 29317371 <b>Date of Disbursement</b> 01 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 580.10</p> <p>001 Category/ Type</p> <p>Bank of America Fee 1/2/2-009</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement American Express Fee 1/5/2009</p> <p>Candidate Name</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><b>Transaction ID:</b> 29317376 <b>Date of Disbursement</b> 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 151.36</p> <p>001 Category/ Type</p> <p>American Express Fee 1/5/-2009</p>

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

1525.21

**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)

PAGE 34 / 34

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251 City St. Louis State MO Zip Code 63179 Purpose of Disbursement Bank of America Fee 1/15/209 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29317391 Date of Disbursement 01 / 15 / 2009
	Amount of Each Disbursement this Period 41.33 Bank of America Fee 1/15/-209
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251 City St. Louis State MO Zip Code 63179 Purpose of Disbursement Discover Fee 01/05/2009 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29331268 Date of Disbursement 01 / 05 / 2009
	Amount of Each Disbursement this Period 22.42 Discover Fee 01/05/2009

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

63.75

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

1588.96