11/12/2009 13:34

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Other	Than An Autho	orized Comm	nittee		Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MA	AILING LABEL R PRINT 🗑	Example:If typover the lines	oing, type		
American Optometric A	ssociation Political			1 1 1 1		
ADDRESS (number and stree	1505 Princ	ce Street				
Check if different than previously reported. (ACC)	Suite 300 Alexandria	l			VA L	22314
2. FEC IDENTIFICATION	NUMBER ₩	CITY	A		STATEA	ZIPCODE 🛕
C00024968			THIS X	NEW (N) OR	AME (A)	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep January 31 Quarterly Rep July 31 Mid-Y Report(Non-e Year Only) (M Termination F (TER)	oort(Q1) (c) oort(Q2) oort(Q3) oort(YE) ear lection (d)	ort Feb 2 On: Mar 2	General (on (12C)	H	Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) 2G) Runoff (12R) G) in the State of
5. Covering Period	10 01	2009	throug			2009
I certify that I have examined Type or Print Name of Treas	urer Thomas	E. Nye, O.D.		it is true, correct	and complete.	
olgitatoro di Troadaroi	ectronically Filed by				Date 11	12 2009
NOTE : Submission of false. Office Use	, erroneous, or inco	mplete information r	nay subject the p	person signing th	is Report to the p	FEC FORM 3X (Rev. 12/2004)

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2/90 Write or Type Committee Name American Optometric Association Political Action Committee D D " D 10 0 1 2009 10 3 1 2009 From: Report Covering the Period: 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 418837.15 Begining of Reporting Period 72063.24 728428.66 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 490900.39 1105039.00 6(a) and 6(c) for Column B) 632284.34 18145.73 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 472754.66 472754.66 (subtract Line 7 from Line 6(d)) 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)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 90

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:

M M M 1 0 0 1 2 0 0 9

To: M M M 2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) Fro (a) Individuals/Persons Other	m:	
Than Political Committees (i) Itemized (use Schedule A)	46534.88	478024.75
(ii) Unitemized	25298.87	248120.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	71833.75	726145.63
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines		0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	71833.75	726145.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received15. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	229.49	1283.03
18. Transfers from Non-Federal and Le	vin 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	3(b)). 0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	72063.24	728428.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72063.24	728428.66

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 90

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	2145.73	20974.34
	Expenditures(c) Total Operating Expenditures	2143.70	20374.04
	(add 21(a)(i), (a)(ii) and (b))	2145.73	20974.34
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	16000.00	592900.00
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
	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	1910.00
	Than Political Committees		
	(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	1910.00
29.	Other Disbursements	0.00	16500.00
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
	(i) i euerai Stiare		
	(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))	18145.73	632284.34
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	10145 70	600004.04
	from Line 31)	18145.73	632284.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 90

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	71833.75	726145.63
1. Total Contribution Refunds (from Line 28(d))	0.00	1910.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	71833.75	724235.63
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2145.73	20974.34
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	2145.73	20974.34

FE6AN026

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 90 (check only one) X 11a
or for comme	on copied from such Reports and S ercial purposes, other than using the COMMITTEE (In Full) In Optometric Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Ad City Rockwa	ddress 1501 Sunset Hill	State TX	Zip Code 75087-3216	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of E Self Empl Receipt F	or:		n f Optometry e Year-to-Date ▼ 583.45	83.35
Dr Randol Mailing Ad City Succasu	umber of contributing litical committee.	State NJ C Occupation	Zip Code 07876-1183 n f Optometry	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	nary General er (specify) ▼ e (Last, First, Middle Initial)	. '	e Year-to-Date ▼ 1600.00	Date of Receipt
Mailing Ad City Dickinso	ddress 1205 Pin Oak Drive	State TX	Zip Code 77539-3320	Transaction ID: 30623755 Amount of Each Receipt this Period 163.64
Name of E Self Empl Receipt F Prin	or:		n f Optometry e Year-to-Date ▼ 1309.12	
SUBTOTAL	of Receipts This Page (optional)			446.99

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Pol	litical Action	Committee	
∠ A .	Full Name (Last, First, Middle Initial) Dr Michael R Flandro			Date of Receipt
	Mailing Address 4944 Mohawk Place			10 03 2009
	City	State	Zip Code	Transaction ID: 30623775
	Pocatello	ID	83204-4534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks			Date of Receipt
	Mailing Address 419 Bogart Road Eas	t		10 04 2009
	City	State	Zip Code	Transaction ID: 30623780
	Sandusky	OH	44870-6404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	, '	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1133.35	
_ c.	Full Name (Last, First, Middle Initial) Dr George F Brown			Date of Receipt
	Mailing Address 2604 Woodlawn Trail			10 05 YYYY 2009
	City	State	Zip Code	Transaction ID: 30635076
	Alexandria	VA	22306-2565	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1166.67
Ι.	FOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 90 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III Mailing Address 50 Cedar Hill Rd City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NM 87122-1928 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
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Wanda C Batson Mailing Address 8120 Rock Hill Rd City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Baker FEC ID number of contributing federal political committee. Name of Employer Self Employed	FL 32531-7337 C Occupation	Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Doctor of Optometry Aggregate Year-to-Date ▼ 333.32	
Dr Lori Ann Youngman Mailing Address 4535 Nw Aspen St		Date of Receipt 1 0 0 6 2 0 0 9
City Camas FEC ID number of contributing federal political committee.	State Zip Code WA 98607-8302	Transaction ID: 30635194 Amount of Each Receipt this Period 166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	
SUBTOTAL of Receipts This Page (optional) .		450.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 90 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr Michael William Lamb			Date of Receipt
	Mailing Address 7531 E Christmas Ch	nolla Dr		10 06 2009
	City	State	Zip Code	Transaction ID: 30635195
	Scottsdale FEC ID number of contributing	AZ C	85255-2731	Amount of Each Receipt this Period 125.00
	federal political committee. Name of Employer	Occupation	on .	_
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	7
_	Full Name (Last, First, Middle Initial) Dr Edward Lemon			Date of Receipt
	Mailing Address 351 Main St			10 06 2009
	City	State	Zip Code	Transaction ID: 30635197
	Barnwell FEC ID number of contributing federal political committee.	SC	29812-2521	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	_ ' '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr Kellye J Knueppel, FCOVD			Date of Receipt
	Mailing Address 15280 Watertown Pla	ank Road		10 02 YYYYY 100000
	City	State	Zip Code	Transaction ID: 30636442
	Elm Grove FEC ID number of contributing	C	53122-2336	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation		
		_ '	f Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			875.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor 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 David J Dexter Mailing Address 56 Lake View Drive City Oswego FEC ID number of contributing federal political committee. Name of Employer Self Employed	State NY C	Zip Code 13126-6014	Date of Receipt 10 02 2009 Transaction ID: 30636443 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	'	f Optometry e Year-to-Date ▼ 500.00	
Dr William E Fox Mailing Address 1504 Wood Spring Co	ourt		Date of Receipt 1 0 0 2 2 0 0 9
City	State	Zip Code	Transaction ID: 30636444
Raleigh FEC ID number of contributing federal political committee.	C	27614-9113	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Robert Craig Janot	<u> </u>		Date of Receipt
Mailing Address 6910 Windmill Lane			M M / D D / Y Y Y Y Y Y 1 1 0 0 7 2 0 0 9
City	State	Zip Code	Transaction ID: 30636564
Lake Charles	LA	70605-0536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 416.70	
SUBTOTAL of Receipts This Page (optional) .			906.67

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 90 (check only one) X
A	ny information copied from such Reports and 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 to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> 	Full Name (Last, First, Middle Initial) Dr Jonathan L Shrewsbury Mailing Address P O Box 109 Green Acres Subdivis	nion		Date of Receipt 1 0 0 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 30636566
	Beaver Dam	KY	42320-0109	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Christopher J Colburn Mailing Address 30 Winchester Rd			Date of Receipt
	City	State	Zip Code	10 07 2009
	Lakewood	NY	14750-1734	Transaction ID: 30636567 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman			Date of Receipt
	Mailing Address 46 Lambeth Walk			10 07 2009
	City	State	Zip Code	Transaction ID: 30636572
	Fairview	NC	28730-7721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
5	SUBTOTAL of Receipts This Page (optional)			450.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 90 (check only one) X
_	y information copied from such Reports and S or 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.
۱.	Full Name (Last, First, Middle Initial) Dr George M Redwine	5		Date of Receipt
	Mailing Address 14019 Crossing Way City	State	Zip Code	1 0 0 6 2 0 0 9 Transaction ID: 30636711
	Edmond	OK	73013-4731	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) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Lamar G Zigler Mailing Address 2955 Pickwick Drive	1		Date of Receipt
	Mailing Address 2955 Pickwick Drive			10 05 2009
	City	State	Zip Code	Transaction ID: 30636841
	Columbus	OH	43221-2925	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 Jeffrey Paul Hilovsky			Date of Receipt
	Mailing Address 445 Woodside Rd			10 05 7 9 9
	City	State	Zip Code	Transaction ID: 30636847
	Millsboro FEC ID number of contributing	DE C	19966-8739	Amount of Each Receipt this Period 500.00
	federal political committee. Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 500.00	
sı	JBTOTAL of Receipts This Page (optional)	1)	1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 90 (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 persign the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Daniel Allen Robison Mailing Address 21081 Sw Jameco) Court	Date of Receipt
City Tualatin	State Zip Code OR 97062-9313	Transaction ID: 30636853 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 97002-3313	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	7
Full Name (Last, First, Middle Initial) Dr Ronny M LaQuey Mailing Address 935 Woodside		Date of Receipt 1 0 0 5 2 0 0 9
City	State Zip Code	Transaction ID: 30636854
Duncan FEC ID number of contributing federal political committee.	OK 73533-5251	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Steven W Coburn		Date of Receipt
Mailing Address 2119 Stonegate		10 05 7 2009
City Denton	State Zip Code TX 76205-8261	Transaction ID: 30636857 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 (option	nal)	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using 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 Samuel K Hoffmann Mailing Address 1444 N Hts Dr City Sheridan FEC ID number of contributing	State Zip Code WY 82801-2114	Date of Receipt M M J D D J Z D D S Z D D D D D D D D D D D D D D D
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr James R Dallas Mailing Address 7762 SvI Box		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Victorville	State Zip Code CA 92395-5117	Transaction ID: 30636860
FEC ID number of contributing federal political committee.	C 92393-3117	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	
Full Name (Last, First, Middle Initial) Dr Coby S Ramsey Mailing Address 2924 Driftwood La	ne	Date of Receipt 10 05 2009
City	State Zip Code	Transaction ID: 30636863
Rock Springs FEC ID number of contributing federal political committee.	WY 82901-4393	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	
OUDTOTAL «CD» · · · · · · · · · · · · · ·	al)	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Gary Locke Smith		Date of Receipt
Mailing Address 13 Ridgewood Road		10 05 2009
City	State Zip Code	Transaction ID: 30636865
Rome	GA 30165-4200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) Dr Alan E Knotek	.1	Date of Receipt
Mailing Address 10 S 479 Curtis Lane		10 05 7 9 9 9
City	State Zip Code	Transaction ID: 30636871
Naperville	IL 60564-8930	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	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) Dr Mark David Sturgis		Date of Receipt
Mailing Address 106 Natsisky Farm R	oad	10 05 2009
City	State Zip Code	Transaction ID: 30636872
South Windsor	CT 06074-1833	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
		1050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 90 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	nd Statements may not be sold or used by any perso 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 Robert Joseph Geier Mailing Address 232 Pecan St.		Date of Receipt
City New Roads	State Zip Code LA 70760-2514	Transaction ID: 30636874 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Coouration	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr Kenneth S Lawenda Mailing Address 9033 Wilshire Blvd	Ste 402	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: 30636875
Beverly Hills	CA 90211-1847	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 ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr Mark Leland Bryant		Date of Receipt
Mailing Address Route One Box 17	05	10 05 2009
City	State Zip Code	Transaction ID: 30636912
Cochran FEC ID number of contributing federal political committee.	GA 31014	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 (optional	al)	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 17 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Richard Frank Parnigoni Mailing Address 350 Tremont St City Barre FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code VT 05641-3627 C Occupation Doctor of Optometry Aggregate Year-to-Date 300.00	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) Dr Scott A Middlemist Mailing Address 9931 East Ida Place City Greenwood VIIg FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CO 80111 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / 2009 Transaction ID: 30637027 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr Paul C Bruderer Mailing Address 35 Cara Vella Lane City Centerville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code UT 84014-2815 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		575.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 90 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	nd Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Brian F Rowley Mailing Address 619 N 330 W		Date of Receipt
City Santaquin FEC ID number of contributing	State Zip Code UT 84655-5099	Transaction ID: 30640449 Amount of Each Receipt this Period 25.00
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Neha Amin Mailing Address 2434 W Sienna Bo	uquet PI	Date of Receipt 1 0 0 9 2 0 0 9
City	State Zip Code	Transaction ID: 30640451
Phoenix FEC ID number of contributing federal political committee.	AZ 85085-7011	Amount of Each Receipt this Period 125.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date	
Primary General Other (specify) Full Name (Last, First, Middle Initial)	500.00	
Dr Barbara L Horn Mailing Address 61269 Coralburst D	Or	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: 30640452
Washington FEC ID number of contributing federal political committee.	MI 48094-1746	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1681.81	
SUBTOTAL of Receipts This Page (optional	al)	309.09

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 90 (check only one) X
	Statements may not be sold or used by any persone 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 Stanley Y Woo		Date of Receipt
Mailing Address 2501 Nicholson St	7.01	10 09 2009
City	State Zip Code	Transaction ID: 30640453
<u>Houston</u>	TX 77008-2022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	291.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.01	
Full Name (Last, First, Middle Initial) Dr David J Esplin	1	Date of Receipt
Mailing Address 34 South 590 East		10 / 09 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 30640454
Salem	UT 84653-5519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr David J Shippee		Date of Receipt
Mailing Address Box 307		10 09 7 2009
City	State Zip Code	Transaction ID: 30640455
Sherman Oaks	ME 04777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	374.94	
		378.33

ITEMIZ	DULE A (FEC Form 3X) ZED RECEIPTS Pation copied from such Benorts and St.	atomonte ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 90 (check only one) X
NAME	of COMMITTEE (In Full) can Optometric Association Politi			on for the purpose of soliciting contributions solicit contributions from such committee.
	me (Last, First, Middle Initial) ey A Patrick			Date of Receipt
Mailing	Address 970 Patrician Court			10 09 2009
City		State	Zip Code	Transaction ID: 30640456
<u>Fairvi</u>		TX	75069-8781	Amount of Each Receipt this Period
	number of contributing political committee.	C		100.00
Name o Self Er	of Employer nployed	Occupation Doctor of	n f Optometry	
	t For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
	me (Last, First, Middle Initial) « J Cook			Date of Receipt
	Address 5698 Mountain Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 30640457
<u>Bright</u>	on	MI	48116-9732	Amount of Each Receipt this Period
	number of contributing political committee.	C		100.00
Name o Self Er	of Employer nployed	Occupation Doctor of	n f Optometry	
	t For: Primary General Other (specify) ▼		Year-to-Date ▼ 1080.00	
	me (Last, First, Middle Initial) nte D Baker			Date of Receipt
Mailing	Address 179 Redbird Ridge			10 10 2009
City		State	Zip Code	Transaction ID: 30641433
<u>Beevi</u>		TX	78102-8465	Amount of Each Receipt this Period
	number of contributing political committee.	C		50.00
Name o Self Er	of Employer nployed	Occupation Doctor of	n f Optometry	
	t For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 500.00	
SUBTOT	AL of Receipts This Page (optional)			250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 90 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Donald W Furman			Date of Receipt
Mailing Address 855 11Th St Place			1 0 1 0 2 0 0 9
City	State	Zip Code	Transaction ID: 30641434
Garner FEC ID number of contributing federal political committee.	C	50438-1847	Amount of Each Receipt this Period 45.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Ronald J Meyer	 		Date of Receipt
Mailing Address 37038 60 Rd 496			10 10 2009
Champion	State MI	Zip Code	Transaction ID: 30641437
Champion FEC ID number of contributing federal political committee.	C	49814	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Jason K Dickerson			Date of Receipt
Mailing Address 2581 Bridlewood D	rive		10 10 2009
City Helena	State AL	Zip Code 35080-3916	Transaction ID: 30641440
FEC ID number of contributing federal political committee.	C	33000-3910	Amount of Each Receipt this Period 42.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional			137.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pole	e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
<u>/ </u>		
Full Name (Last, First, Middle Initial) Dr Thomas J Lany Mailing Address 3 Taylor Street City Painted Post FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code NY 14870-9381 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Paul D Batson Mailing Address 5323 Whisper Wood City Birmingham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	Orive State Zip Code AL 35226-1092 C Occupation Doctor of Optometry Aggregate Year-to-Date	Date of Receipt M M J D D J 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 Terry H Berner Mailing Address 8210 Top Of The Work City Salt Lake City FEC ID number of contributing federal political committee.	State Zip Code UT 84121-6060	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 420.00	
SUBTOTAL of Receipts This Page (optional) .		142.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to	
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed		Date of Receipt
Mailing Address 4550 Simpson Hwy	28 W State Zip Code	10 10 2004
City Magee	MS 39111-5187	Transaction ID: 30641445 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell		Date of Receipt
Mailing Address 2505 Rivermont Circ	cle	10 10 2009
City	State Zip Code	Transaction ID: 30641446
Kingsport	TN 37660-2392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	833.30	
Full Name (Last, First, Middle Initial) Dr Barry J Jose	I	Date of Receipt
Mailing Address 2409 Wintersteen Ro	d	10 / 10 / 2009
City	State Zip Code	Transaction ID: 30641451
Plattsmouth	NE 68048-8958	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
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)		198.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Robert L Owens, II		Date of Receipt
Mailing Address 8 Century Lane City	State Zip Code	10 10 2009 Transaction ID: 30641453
Newmanstown	PA 17073-8982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 17070 000E	50.00
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 Gilbert E Pierce		Date of Receipt
Mailing Address 8639 Olenbrook Driv		10 / 10 / 2009
City	State Zip Code	Transaction ID: 30641455
Lewis Center	OH 43035-8702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	425.00	
Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden	-	Date of Receipt
Mailing Address 2432 Lake Air Drive		10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30641456
Waco	TX 76710-1611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.09
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 747.72	
SUBTOTAL of Receipts This Page (optional	1	179.09

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
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 persing the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr John S Bowen Mailing Address 2570 Northshore E	Blvd Ste 200	Date of Receipt
City Flower Mound FEC ID number of contributing	State Zip Code TX 75028-8386	Transaction ID: 30641457 Amount of Each Receipt this Period 100.00
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr Lisa C Bowen Mailing Address 1813 Shadywood	Lane	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Flower Mound	State Zip Code TX 75028-4287	Transaction ID: 30641458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 800.00	
Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote	1	Date of Receipt
Mailing Address 18 Little Androsco	oggin Drive	10 10 2009
City Auburn	State Zip Code ME 04210-8884	Transaction ID: 30641459 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
SUBTOTAL of Receipts This Page (option	nal)	241.67

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 90 (check only one)
ny information copied from such Reports and r for commercial purposes, other than using the	Statements may	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.
NAME OF COMMITTEE (In Full)			
American Optometric Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Thomas Annunziato			Date of Receipt
Mailing Address 11700 Northview Dr			10 10 2009
City	State	Zip Code	Transaction ID: 30641461
Aledo	TX	76008-5223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		91.66
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General		816.60	7
Other (specify) ▼		810.00	
Full Name (Last, First, Middle Initial) Dr Christopher L Eddy	•		Date of Receipt
Mailing Address 6306 Buchanan St			10 10 2009
City	State	Zip Code	Transaction ID: 30641462
Fort Collins	CO	80525-5810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	450.00	
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis			Date of Receipt
Mailing Address 179 Wood Trace			10 10 2009
City	State	Zip Code	Transaction ID: 30641463
Benton	KY	42025-9400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General		1666.70	7
Other (specify) ▼		1000.70	1
	,		308.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 90 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	ton for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Michael L Nichols		Date of Receipt
Mailing Address 3910 Foxcreek Way		10 10 2009
City	State Zip Code	Transaction ID: 30641469
Columbia	MO 65203-8855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis	I	Date of Receipt
Mailing Address 6436 Spotted Fawn F	Run	10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30641471
<u>Littleton</u>	CO 80125-9055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1800.00	
Full Name (Last, First, Middle Initial) Dr Thomas L Lim		Date of Receipt
Mailing Address 1136 Thorntree Cour	t	10 11 2009
City	State Zip Code	Transaction ID: 30641472
San Jose	CA 95120-1740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.60	
OUDTOTAL (D TI: D /		341.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 90 (check only one) X 11a 11b 11c 12
	d Statements may not be sold or used by any perso the name and address of any political committee to	n 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 Bruce D Krutsinger		Date of Receipt
Mailing Address 15901 Tahoe Dr City	State Zip Code	10 11 2009
Houston	TX 77040-1243	Transaction ID: 30641473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 77040 1240	100.00
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 Russell Yoshito Hosaka	l	Date of Receipt
Mailing Address 22809 Hawthorne B	lvd	10 11 2009
City	State Zip Code	Transaction ID: 30641476
Torrance	CA 90505-3615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) Dr Kathleen E Powell		Date of Receipt
Mailing Address 9710 Copper Drive		10 12 2009
City	State Zip Code	Transaction ID: 30641617
Anchorage	AK 99507-1226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00]
SUBTOTAL of Receipts This Page (optional)		309.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 90 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the 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 I	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Robert D O'Connell		Date of Receipt
Mailing Address Box 3187		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: 30641618
<u>Kenai</u>	AK 99611-3187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
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 Dennis A Swarner		Date of Receipt
Mailing Address Box 1669		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: 30641619
<u>Kenai</u>	AK 99611-7744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	840.00	
Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen		Date of Receipt
Mailing Address 118 Whitehall Cour	t	10 12 2009
City	State Zip Code	Transaction ID: 30641621
Grayslake	IL 60030-3492	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
OUDTOTAL of Descript This Description	J)	234.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	name and ad	dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer Mailing Address 1345 West 9Th Avenu	e		Date of Receipt 1 0 1 2 2 0 0 9
	City Anchorage	State AK	Zip Code 99501-3236	Transaction ID: 30641623 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	. '	f Optometry e Year-to-Date ▼ 840.00	
	Full Name (Last, First, Middle Initial) Dr James J Veliky Mailing Address 339 Pinehaven Dr			Date of Receipt 1 0 0 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 30642459
	Pittsburgh	PA	15241-1625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	. '	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer Mailing Address 1602 Wildwood St Sw			Date of Receipt 10 13 2009
	City	State	Zip Code	Transaction ID: 30649039
	Cullman FEC ID number of contributing federal political committee.	C	35055-4555	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			634.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee t	
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill		Date of Receipt
Mailing Address 126 Treymoor Drive	7.0.1	10 13 2009
City Alabaster	State Zip Code AL 35007-3150	Transaction ID: 30649040
FEC ID number of contributing federal political committee.	AL 35007-3150	Amount of Each Receipt this Period 50.00
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 Sarah Gordon Miehle		Date of Receipt
Mailing Address 252 Inverness Center	10 13 7 2009	
City	State Zip Code	Transaction ID: 30649041
<u>Birmingham</u>	AL 35242-4834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Brenden R White		Date of Receipt
Mailing Address 864 E Ranch Circle		10 13 2009
City	State Zip Code	Transaction ID: 30649042
Draper	UT 84020-9011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
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)		125.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 90 (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	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr David M Redman Mailing Address 795 Foxhill Circle City	State Zip Code	Date of Receipt 10 13 2009 Transaction ID: 30649044
Hollister FEC ID number of contributing federal political committee.	CA 95023-9747	Amount of Each Receipt this Period 38.88
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 344.40	
Full Name (Last, First, Middle Initial) Dr Peter V Candela Mailing Address P O Box 614		Date of Receipt 1 0 1 3 2 0 0 9
City	State Zip Code	Transaction ID: 30649045
Blythewood	SC 29016-0614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	87.12
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 738.62	
Full Name (Last, First, Middle Initial) Dr Paul M Barney	-	Date of Receipt
Mailing Address 8232 Skyhills Driv	e	10 13 2009
City	State Zip Code	Transaction ID: 30662007
Anchorage FEC ID number of contributing federal political committee.	AK 99502-3987	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (option	nal)	1126.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 90 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Alan Rada Mailing Address 823 Scenic Drive			Date of Receipt
City Charleston	State WV	Zip Code 25311-1528	Transaction ID: 30671598 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n f Optometry e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr G. Chad Green Mailing Address 5960 Co Rd 19			Date of Receipt 1 0 1 4 2 0 0 9
City	State	Zip Code	Transaction ID: 30671600
Linden	AL	36748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed		f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Melvin G Cleveland, Jr	•		Date of Receipt
Mailing Address 2704 Redstone Driv	ve		10 14 2009
City	State	Zip Code	Transaction ID: 30671602
Arlington FEC ID number of contributing federal political committee.	C	76001-5483	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional	-0		475.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 90 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	ly not be sold or used by any persondress 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	
۸.	Full Name (Last, First, Middle Initial) Dr Markus I Barth			Date of Receipt
	Mailing Address 1346 Heller Drive		7: 0.1	10 14 2009
	City Yardley	State PA	Zip Code 19067-2714	Transaction ID: 30671603
	FEC ID number of contributing federal political committee.	C	19007-2714	Amount of Each Receipt this Period 66.67
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.03	
	Full Name (Last, First, Middle Initial) Dr Michael R Duenas	<u> </u>		Date of Receipt
	Mailing Address 21 Yowago Avenue			10 14 2009
	City	State	Zip Code	Transaction ID: 30671606
	Branford	СТ	06405-5521	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:	-, '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Full Name (Last, First, Middle Initial) Dr Kimberly D Ocampo	1		Date of Receipt
	Mailing Address 305 Courtney Dr Sw	Apt 601		10 14 2009
	City	State	Zip Code	Transaction ID: 30671607
	Decatur	AL	35603-1936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Ę	SUBTOTAL of Receipts This Page (optional)			216.67
	SUBTOTAL of Receipts This Page (optional) FOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sol for each category Detailed Summa	of the Check only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used ename and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
American Optometric Association Pol	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr Arlene T. H. Sokola		Date of Receipt
Mailing Address 213 Summer Winds E	r Se	10 15 2009
City	State Zip Code	Transaction ID: 30684103
Rio Rancho	NM 87124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		500.00
Full Name (Last, First, Middle Initial) Dr Scott L Nehring	1	Date of Receipt
Mailing Address 32840 S Meridian Roa	10 15 2009	
City	State Zip Code	Transaction ID: 30684104
Woodburn	OR 97071-8768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	420.00
Full Name (Last, First, Middle Initial) Dr Carl Wade Newton		Date of Receipt
Mailing Address 1019 South Kansas		10 15 2009
City	State Zip Code	Transaction ID: 30684105
Cherokee	OK 73728-3515	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 ▼	500.00
SUBTOTAL of Receipts This Page (optional) .	1	342.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 90 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to tion Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr Michael E Bennett Mailing Address 4940 Victoria City	Place State Zip Code	Date of Receipt 10 15 2009 Transaction ID: 30684106
Guthrie FEC ID number of contributing federal political committee.	OK 73044-8668	Amount of Each Receipt this Period 303.04
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 1393.95]
Full Name (Last, First, Middle Initial) Dr Wesley D Kemp Mailing Address P O Box 937		Date of Receipt 10 15 2009
City	State Zip Code	Transaction ID: 30684107
Bolivar	MO 65613-0937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52.12
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 364.99	
Full Name (Last, First, Middle Initial Dr Larry C Wallis Mailing Address 20 Kentshire C		Date of Receipt 1 0 1 5 2 0 0 9
City	State Zip Code	Transaction ID: 30684108
Greenville	DE 19807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
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 (c	ptional)	480.16

Mailing Address Po Box 302 106 Davis Hill Road City New London NH 03257-0302 Am FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Riley Austin Mailing Address 8204 Lake Sherwood Cir City State Zip Code Northport AL 35473 FEC ID number of contributing federal political committee. Name of Employer Self Employer City State Zip Code Northport AL 35473 FEC ID number of contributing federal political committee. Name of Employer Self Employed Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Trar Am Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ State Zip Code Trar Aggregate Year-to-Date ▼ State Zip Code Trar Aggregate Year-to-Date ▼ State Zip Code Trar Aggregate Year-to-Date ▼ State Zip Code Trar Port Matilda PA 16870-7134 FEC ID number of contributing federal political committee. City Port Matilda PA 16870-7134 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employer Self Employer Self Employer Self Employer	NE NUMBER: PAGE 37 / 90 pnly one) a 11b 11c 12 14 15 16 1
Detector Literature Mailing Address Po Box 302	urpose of soliciting contributions tributions from such committee.
Full Name (Last, First, Middle Initial) Dr Riley Austin Mailing Address 8204 Lake Sherwood Cir City State Zip Code AL 35473 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Michael J Cymbor Mailing Address 117 Brothers Court City State Zip Code Trar Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr Michael J Cymbor Mailing Address 117 Brothers Court City State Zip Code Port Matilda PA 16870-7134 FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry	of Receipt M / D D 2 2009 saction ID: 30706106 unt of Each Receipt this Period 166.00
Full Name (Last, First, Middle Initial) Dr Michael J Cymbor Mailing Address 117 Brothers Court City State Zip Code Port Matilda PA 16870-7134 FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry	of Receipt M / D D 2 2009 saction ID: 30706115 unt of Each Receipt this Period 500.00
Doctor of Optometry	of Receipt M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	891.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 90 (check only one) X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and addres	s 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 Raymond W Cobb, Jr			Date of Receipt
	Mailing Address 3040 Co Hwy 42	Ctata	Zin Code	10 13 2009
	City Hamilton	State AL	Zip Code 35570	Transaction ID: 30706126
	FEC ID number of contributing federal political committee.	C	33370	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of Op	otometry	
	Receipt For: Primary General Other (specify)	Aggregate Yea	<u> </u>	
 3.	Full Name (Last, First, Middle Initial) Dr Jeffrey J Neighbors Mailing Address 119 S Cadwell	1		Date of Receipt
				10 13 2009
	City	State	Zip Code	Transaction ID: 30706131
	Eagle Grove FEC ID number of contributing federal political committee.	C	50533	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of Op	otometry	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Travis Greg Gittins	1		Date of Receipt
	Mailing Address 205 Amanda Rd			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: 30706132
	Yukon FEC ID number of contributing federal political committee.	OK C	73099-3384	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of Op	otometry	
	Receipt For: Primary General Other (specify)	Aggregate Yea	•	
	SUBTOTAL of Receipts This Page (optional)	1		750.00

Γ	TEMIZED RECEIPTS	Statomonts ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 90 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	e name and ad	dress of any political committee to	os solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Bruce L Manning Mailing Address 487 Whitebark Circle			Date of Receipt 10 16 2009
	City	State	Zip Code	Transaction ID: 30706344
	Wadsworth FEC ID number of contributing federal political committee.	OH C	44281-2299	Amount of Each Receipt this Period 31.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	_ '	on If Optometry e Year-to-Date 310.00	
— В.	Full Name (Last, First, Middle Initial) Dr Lynda L Jones Mailing Address 2117 Grandview Dr			Date of Receipt 10 07 2009
	City	State	Zip Code	Transaction ID: 30714484
	Torrington	WY	82240-2638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	, '	f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
С. С.	Full Name (Last, First, Middle Initial) Dr Martin J Sikorski Mailing Address 1912 E York Lane			Date of Receipt 10 07 2009
	City	State	Zip Code	Transaction ID: 30714486
	Wheaton	IL	60187-5816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	, '	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			781.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand and add	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	
	Full Name (Last, First, Middle Initial) Dr Abie R Chadderdon			Date of Receipt
	Mailing Address 2005 Timberline Rd			10 07 2009
	City	State	Zip Code	Transaction ID: 30714487
	Marshalltown	<u>IA</u>	50158-3865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2000.00	
	Full Name (Last, First, Middle Initial) Dr Jeffrey T Duff			Date of Receipt
	Mailing Address Rt 6 Box 310K			10 16 YYYYY 2009
	City	State	Zip Code	Transaction ID: 30720461
	McAlester	OK	74501-9243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Dr Timothy G Koop			Date of Receipt
	Mailing Address 4912 Bluff Run Drive			10 17 2009
	City	State	Zip Code	Transaction ID: 30722187
	Greensboro	NC	27455-2200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
Г		<u> </u>		2050.00

or for commercial purposes, NAME OF COMMITTEE American Optometric Full Name (Last, First, Minder of English of Employer Self Employed Receipt For: Primary RAME OF COMMITTEE American Optometric Full Name (Last, First, Minder of English of English of Employer of Contribution of Employer Self Employed Receipt For: Primary G	other than using the name and action (In Full) Association Political Action ddle Initial) Stacy Fall State TX uting C Occupation Doctor of Aggregat	Committee Zip Code 77008	Date of Receipt Date of Receipt
American Optometric Full Name (Last, First, Minder Prandall N Reichle Mailing Address 1818 City Houston FEC ID number of contribeted political committee Name of Employer Self Employed Receipt For: Primary G	Association Political Action Iddle Initial) Stacy Fall State TX Uting Occupation Doctor of Aggregat	Zip Code 77008 on of Optometry e Year-to-Date 749.97	Transaction ID: 30722188 Amount of Each Receipt this Period
Dr Randall N Reichle Mailing Address 1818 City Houston FEC ID number of contrib federal political committee Name of Employer Self Employed Receipt For: Primary G	Stacy Fall State TX uting Occupation Doctor of Aggregat	77008 on of Optometry e Year-to-Date ▼ 749.97	Transaction ID: 30722188 Amount of Each Receipt this Period
City Houston FEC ID number of contrib federal political committee Name of Employer Self Employed Receipt For: Primary G	State TX Uting Occupation Doctor of Aggregat	77008 on of Optometry e Year-to-Date ▼ 749.97	Transaction ID: 30722188 Amount of Each Receipt this Period
Houston FEC ID number of contrib federal political committee Name of Employer Self Employed Receipt For: Primary G	TX Occupation Doctor of Aggregat	77008 on of Optometry e Year-to-Date ▼ 749.97	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee Name of Employer Self Employed Receipt For: Primary G	Occupation Doctor of Aggregat	on of Optometry e Year-to-Date ▼ 749.97	
Receipt For:	Doctor of Aggregat	of Optometry e Year-to-Date ▼ 749.97	
Primary G	eneral	749.97	
Other (specify) ▼	ddle Initial)		
Full Name (Last, First, Minds) Dr Freddie M Mayes Mailing Address 414.7 N	In annually Dubys		Date of Receipt
Mailing Address 117 M	lagnolia Drive		10 17 2009
City	State	Zip Code	Transaction ID: 30722189
Central City FEC ID number of contrib federal political committee		42330-1727	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary G Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Min Dr Lee Ann Barrett	ddle Initial)		Date of Receipt
Mailing Address 1199	E Morgan		10 17 2009
City	State	Zip Code	Transaction ID: 30722190
Boonville FEC ID number of contrib federal political committee		65233-1336	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Other (specify) ▼		e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts Th	is Page (optional)		183.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42/90 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Mark Edward Winston			Date of Receipt
Mailing Address 9610 Melvin Ave			10 17 2009
City	State	Zip Code	Transaction ID: 30722191
Nothridge FEC ID number of contributing federal political committee.	CA	91324-3001	Amount of Each Receipt this Period 41.66
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 291.62	
Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz			Date of Receipt
Mailing Address 3537 New Castle D	r Se		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rio Rancho	State NM	Zip Code 87124-3672	Transaction ID: 30722192
FEC ID number of contributing federal political committee.	C	07124-3072	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff			Date of Receipt
Mailing Address 3537 Newcastle Dr	Se		10 17 2009
City	State	Zip Code	Transaction ID: 30722193
Rio Rancho FEC ID number of contributing federal political committee.	C	87124-3672	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	'	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	I		341.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43/90 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr			Date of Receipt
Mailing Address 3421 Kachemak Ci	rcle		10 18 2009
City	State	Zip Code	Transaction ID: 30722194
Anchorage FEC ID number of contributing federal political committee.	C	99515-2380	Amount of Each Receipt this Period 84.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 840.00	
Full Name (Last, First, Middle Initial) Dr Linda M Yee	 		Date of Receipt
Mailing Address 48277 Hackeberry	Street		10 18 2009
City Fremont	State CA	Zip Code	Transaction ID: 30722195
FEC ID number of contributing federal political committee.	C	94539-7616	Amount of Each Receipt this Period 25.00
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 Patrick N Reber			Date of Receipt
Mailing Address 9650 Etolin Circle			10 18 2009
City Eagle River	State AK	Zip Code 99577-8787	Transaction ID: 30722196
FEC ID number of contributing federal political committee.	C	99377-0707	Amount of Each Receipt this Period 55.55
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 612.40	
SUBTOTAL of Receipts This Page (optional	- I		164.55

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 90 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jason A Ricks Mailing Address 108 Agate Drive City Lewistown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MT 59457 C Occupation Doctor of Optometry Aggregate Year-to-Date 210.00	Date of Receipt 10 18 2009 Transaction ID: 30722197 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Dr Robert J Blumthal Mailing Address 119 Exmore Drive City Springfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 62704-3137 C Occupation Doctor of Optometry Aggregate Year-to-Date 2023.95	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Susan M Brunnett Mailing Address 9940 S Ashleigh Way City Highlands Ranch FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CO 80126-4244 C Occupation Doctor of Optometry Aggregate Year-to-Date 818.10	Date of Receipt 10 19 2009 Transaction ID: 30722211 Amount of Each Receipt this Period 90.90
SUBTOTAL of Receipts This Page (optional)	1	359.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 90 (check only one) X 11a
0	ny information copied from such Reports and s r for commercial purposes, other than using th	Statements may e name and add	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.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			10 19 2009
	City	State	Zip Code	Transaction ID: 30722212
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		181.81
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1636.29	
	Full Name (Last, First, Middle Initial) Dr Pamela E Theriot			Date of Receipt
	Mailing Address 120 W Vuelta Friso			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: 30722213
	Sahuarita	AZ	85629-8672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
-	Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping			Date of Receipt
	Mailing Address 1801 Creekside Dr			10 19 2009
	City	State	Zip Code	Transaction ID: 30722214
	Friendswood	TX	77546-7821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		181.82
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1636.38	
	SUBTOTAL of Receipts This Page (optional) .	1		413.63

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 90 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association F Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping	Political Action Committee	Date of Receipt
Mailing Address 1801 Creekside Dr City	State Zip Code	1 0 1 9 2 0 0 9 Transaction ID: 30722215
Friendswood FEC ID number of contributing federal political committee.	TX 77546-7821	Amount of Each Receipt this Period 181.82
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1636.38	1
Full Name (Last, First, Middle Initial) Dr Robert F Brooks Mailing Address 452 Bluebird Dr		Date of Receipt 1 0 1 9 2 0 0 9
City Russell	State Zip Code KY 41169-1570	Transaction ID: 30722216
FEC ID number of contributing federal political committee.	C 41103-1370	Amount of Each Receipt this Period 50.00
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 Lynn A Davis		Date of Receipt
Mailing Address 1424 Tiffany Lane S	Se	10 19 2009
City <u>Rio Rancho</u>	State Zip Code NM 87124-0976	Transaction ID: 30722217 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.05	
SUBTOTAL of Receipts This Page (optional	l)	315.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Mario Joseph Contaldi Mailing Address 7728 Mid-Cities Blvd		Date of Receipt
City	State Zip Code	1 0 1 9 2 0 0 9 Transaction ID: 30722219
North Richland Hil	TX 76180-4621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	
Full Name (Last, First, Middle Initial) Dr Blaine F Bird		Date of Receipt
Mailing Address 2001 E. 775 S.		10 16 2009
City	State Zip Code	Transaction ID: 30722397
Springville	UT 84663-3206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Jonathan M Hartley		Date of Receipt
Mailing Address 2402 Heights Avenue		10 16 2009
City	State Zip Code	Transaction ID: 30722429
Cody	WY 82414-9822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		583.33
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 90 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Sherrie Teddy Mailing Address Po 931			Date of Receipt
City Crystal Beach	State FL	Zip Code 34681	Transaction ID: 30722430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry • Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr Trent J Pitt Mailing Address 1042 Buchanan Av	enue		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30722433
Piedmont	OK	73078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr G. E. Cavanaugh	•		Date of Receipt
Mailing Address 1052 14Th St Sw			10 16 2009
City	State	Zip Code	Transaction ID: 30722434
Sidney FEC ID number of contributing federal political committee.	C	59270-5406	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	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 90 (check only one) X
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> A .	Full Name (Last, First, Middle Initial) Dr Travis K Sharpe Mailing Address 654 Seitz Drive			Date of Receipt 10 16 2009
	City Salina	State KS	Zip Code 67401-1311	Transaction ID: 30722439
	FEC ID number of contributing federal political committee.	C	07401-1311	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry • Year-to-Date ▼ 365.00	
 3.	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander Mailing Address 2116 Wildwood Court			Date of Receipt
	City	State	Zip Code	1 0 2 0 2 0 0 9 Transaction ID: 30723508
	Fullerton	CA	92831-1339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr Edwin Y Endo			Date of Receipt
	Mailing Address 98828 Hiliu Pl			10 20 2009
	City	State	Zip Code	Transaction ID: 30723509
	Aiea FEC ID number of contributing federal political committee.	С	96701-2785	Amount of Each Receipt this Period 41.66
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 291.62	
5	SUBTOTAL of Receipts This Page (optional)			456.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 90 (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	the 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 Thomas E Nye Mailing Address 42 Tabor Lane			Date of Receipt	
City Hamilton FEC ID number of contributing	State OH	Zip Code 45013-5118	1 0 2 0 2 0 0 9 Transaction ID: 30723510 Amount of Each Receipt this Period 86.36	
Receipt For: Primary Other (specify)	Occupation Doctor of	n f Optometry e Year-to-Date ▼		
Full Name (Last, First, Middle Initial) Dr Lisa Dowling Mailing Address 29 Hickory Lane			Date of Receipt 1 0 1 9 2 0 0 9	
City	City State Zip Code			
Narrowsburg	NY	12764-5905	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) ▼	Aggregate	e Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr Robert P Mingrone			Date of Receipt	
Mailing Address 47 Woodsend Ave	10 19 2009			
City	State	Zip Code	Transaction ID: 30727006	
Shelton FEC ID number of contributing federal political committee.	C	06484-2156	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 (optiona	J))	586.36	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr Susan A Driscoll Mailing Address 717 St Dunstan W City Winter Park FEC ID number of contributing	State Zip Code FL 32792-4851	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	250.00		
Full Name (Last, First, Middle Initial) Dr Mark M Mastervich Mailing Address 640 Fernando Dr City	State Zip Code	Date of Receipt M		
Harrisburg FEC ID number of contributing federal political committee. Name of Employer Self Employed	PA 17111-4904 C Occupation Doctor of Optometry	Amount of Each Receipt this Period 365.00		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			
Full Name (Last, First, Middle Initial) Dr Robert J Parks Mailing Address 332 Sweet Allen F	Dr Robert J Parks			
City Wakefield FEC ID number of contributing	State Zip Code RI 02879-1492 C	Transaction ID: 30727011 Amount of Each Receipt this Period 250.00		
federal political committee. 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 (optio	nal)	865.00		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Walter Bruce Coen Mailing Address 58 Cloverview Dr			Date of Receipt 1 0 1 9 2 0 0 9
	City Helena	State MT	Zip Code 59601-0251	Transaction ID: 30727018
	FEC ID number of contributing federal political committee.	C	59601-0251	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 250.00	
– В.	Full Name (Last, First, Middle Initial) Dr David M Cole Mailing Address 1551 Pansy St Nw			Date of Receipt 1 0 1 9 2 0 0 9
	City	State	Zip Code	Transaction ID: 30727023
	Cullman FEC ID number of contributing federal political committee.	C	35055-3727	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) ▼		e Year-to-Date ▼ 250.00	
_).	Full Name (Last, First, Middle Initial) Dr Andrew A Achziger			Date of Receipt
	Mailing Address 1829 Pinecrest Lane			10 19 2009
	City Greeley	State CO	Zip Code 80631-5232	Transaction ID: 30727025 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1)	865.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne 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	
۱ـ	Full Name (Last, First, Middle Initial) Dr Tenesha A Bazemore			Date of Receipt
_	Mailing Address Po Box 1612 Dity	State	Zip Code	1 0 1 9 2 0 0 9 Transaction ID: 30727026
	Norfolk	VA	23501-1612	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		500.00
<u>,</u>	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3. [Full Name (Last, First, Middle Initial) Dr Keith B Hancock Mailing Address 303 Englewood Dr	1		Date of Receipt
-	Mailing Address 303 Englewood Dr	10 19 2009		
	City	State	Zip Code	Transaction ID: 30727027
<u> </u>	_ufkin	TX	75901-5842	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		240.00
, (Name of Employer Self Employed	Occupation Doctor o	^{on} f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Dr William W Hately			Date of Receipt
<u></u>	Mailing Address 23560 E Moraine Plac	ce		10 22 7 2009
	Dity	State	Zip Code	Transaction ID: 30727244
F	Aurora FEC ID number of contributing ederal political committee.	CO	80016-7039	Amount of Each Receipt this Period 50.00
<u>,</u>	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
F	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
				790.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr Jeffrey J Walline Mailing Address 31 E Dominion Blvd		Date of Receipt
City	State Zip Code	1 0 2 2 2 0 0 9 Transaction ID: 30727529
Columbus	OH 43214-2703	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 Brian E Bleiler		Date of Receipt
Mailing Address 1875 Pertl Road	10 20 7 2009	
City	State Zip Code	Transaction ID: 30728037
<u>Odessa</u>	NY 14869-9732	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 Mark James Cinalli		Date of Receipt
Mailing Address 229 Plantation Drive		10 20 2009
City	State Zip Code	Transaction ID: 30728043
Mineral Wells	WV 26150-9638	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)		1000.00
TOTAL This Period (last page this line number	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 90 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persidress 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	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Murray Fingeret			Date of Receipt
	Mailing Address 183 Lakeview Drive			10 20 2009
	City	State	Zip Code	Transaction ID: 30728047
	Hewlett	NY	11557-1815	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
_	Full Name (Last, First, Middle Initial) Dr Kyle Brent Dotson	Date of Receipt		
	Mailing Address 5137 NW Sterling Ch	10 20 7 2009		
	City State Zip Code			Transaction ID: 30728048
	Topeka	KS	66618-2537	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:	_ ' '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer	Date of Receipt		
	Mailing Address 709 South 5Th St	10 23 2009		
	City	State	Zip Code	Transaction ID: 30728604
	<u>Hamilton</u>	MT	59840-2755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 90 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P	d Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff Mailing Address 114 Crested Peak		Date of Receipt
City Santa Teresa FEC ID number of contributing	State Zip Code NM 88008-9423	Transaction ID: 30728605 Amount of Each Receipt this Period 86.36
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 827.24	
Full Name (Last, First, Middle Initial) Dr Kevin L Gee Mailing Address Po Box 18075 Gee Eye Care City Sugar Land	State Zip Code TX 77496-8075	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 818.19	90.91
Full Name (Last, First, Middle Initial) Dr Larry D Gunnell Mailing Address #7 Brenna Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wichita Falls FEC ID number of contributing federal political committee.	State Zip Code TX 76302-2506	Transaction ID: 30728607 Amount of Each Receipt this Period 83.33
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 749.97	
SUBTOTAL of Receipts This Page (optional)	260.60

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statemente me	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 90 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pole	e name and ad	dress of any political committee t	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Christy Lynn Warford Mailing Address 3601 Lareforma City	State	Zip Code	Date of Receipt 1 0 2 3 2 0 0 9 Transaction ID: 30728608
	Baytown FEC ID number of contributing federal political committee.	C	77521-9175	Amount of Each Receipt this Period 83.34
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		on f Optometry e Year-to-Date ▼ 750.06	
В.	Full Name (Last, First, Middle Initial) Dr Mario A Caballero Mailing Address 1080 Loma De Alma	Date of Receipt		
	City	State	Zip Code	Transaction ID: 30728609
	El Paso FEC ID number of contributing federal political committee.	C	79934	Amount of Each Receipt this Period 90.91
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	- · · · · · · · · · · · · · · · · · · ·	on f Optometry e Year-to-Date ▼ 818.19	
_ C.	Full Name (Last, First, Middle Initial) Lillian T Kalaczinski Mailing Address 2218 Beatrice Dr Ne			Date of Receipt 1 0 2 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 30728611
	Grand Rapids FEC ID number of contributing federal political committee.	C	49505-3947	Amount of Each Receipt this Period 42.86
	Name of Employer Occupation Self Employed Occupation		on f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 214.30	
	SUBTOTAL of Receipts This Page (optional) .			217.11
	TOTAL This Period (last page this line number	r only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 90 (check only one) X 11a
or for	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	American Optometric Association Pol	itical Action	Committee	
A. <u>D</u>	ull Name (Last, First, Middle Initial) or John Allen Godfrey lailing Address 328 Manor Road			Date of Receipt
_	ity	State	Zip Code	1 0 2 2 2 0 0 9 Transaction ID: 30730864
	larleysville	PA	19438-1954	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		500.00
N S	ame of Employer ielf Employed	Occupation Doctor of	n f Optometry	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
3. <u>D</u>	ull Name (Last, First, Middle Initial) r Paul J Hoolahan lailing Address 310 Frey Drive	I		Date of Receipt
IV	alling Address 310 Frey Drive			10 22 2009
	ity	State	Zip Code	Transaction ID: 30730867
_	Vexford	PA	15090-7382	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
N S	ame of Employer elf Employed	Occupation Doctor of	n f Optometry	
R	eceipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	ull Name (Last, First, Middle Initial) r Shawn P Mallady			Date of Receipt
M	lailing Address 96 Country Club Drive	•		10 22 7 2009
	ity	State	Zip Code	Transaction ID: 30730870
_	Danville	IL	61832-1263	Amount of Each Receipt this Period
fe	EC ID number of contributing ederal political committee.	C		250.00
_	ame of Employer self Employed	, '	f Optometry	
R	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional) .			1000.00
	FAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 90 (check only one) X	
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any person the name and address of any political committee to se Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr Samuel J Baron Mailing Address Po Box 1543 City Golden FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CO 80402-1543 C Occupation	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 General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr Douglas G Smith Mailing Address 585 Murphy Road City Medford	State Zip Code OR 97504-8128	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	250.00	
Full Name (Last, First, Middle Initial) Dr Teresa Partin Morton Mailing Address 170 Middleground			
City London FEC ID number of contributing federal political committee.	State Zip Code KY 40744-8153	Transaction ID: 30730881 Amount of Each Receipt this Period 240.00	
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	_	
Primary General Other (specify) ▼	240.00		
SUBTOTAL of Receipts This Page (options	ıl) >	1490.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
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 perso the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Thomas J Overberg Mailing Address P O Box 1227		Date of Receipt
City Fremont	State Zip Code OH 43420-8227	Transaction ID: 30730883 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr W. Joseph Garvin Mailing Address 3630 Vista Dela Ca	Date of Receipt 10 21 2009	
City	Transaction ID: 30748704	
<u>Escondido</u>	CA 92029-7944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	506.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 506.00	
Full Name (Last, First, Middle Initial) Dr Russell G Hopkins		Date of Receipt
Mailing Address 901 Park Place	10 21 2009	
City	State Zip Code	Transaction ID: 30748706
Kingfisher FEC ID number of contributing	OK 73750-3826	Amount of Each Receipt this Period
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	J)	1256.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 90 (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)	Statements ma ne name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Wendy A Waguespack Mailing Address 871 Pastureview Dr			Date of Receipt
		Ctoto	7:n Codo	10 21 2009
	City Baton Rouge	State LA	Zip Code 70810-4849	Transaction ID: 30748707 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr Marla Jane Husz Mailing Address 1802 S Regina Cleri	Dr		Date of Receipt
				10 21 2009
	City Tucson	State AZ	Zip Code 85710-8664	Transaction ID: 30748709 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30710 3004	500.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) Dr Carl J Roth, III			Date of Receipt
	Mailing Address 1048 Alderson Avenu	le		10 24 7 9 9
	City Billings	State MT	Zip Code 59102-4216	Transaction ID: 30756267 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			1030.00
r	TOTAL This Period (last page this line number		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 90 (check only one) X 11a
\	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	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	
	Full Name (Last, First, Middle Initial) Dr Jennifer E Davis			Date of Receipt
	Mailing Address 16 Pambrook Dr			10 24 2009
	City	State	Zip Code	Transaction ID: 30756268
	Fishersville	VA	22939-2123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	405.00	
_	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva	1		Date of Receipt
	Mailing Address 57 Pebblebrook Ct			10 24 2009
	City	State	Zip Code	Transaction ID: 30756269
	Bloomington IL		61705-6300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	850.00	
_	Full Name (Last, First, Middle Initial) Dr Brian J Blount	1		Date of Receipt
	Mailing Address 5830 N. Circuit			10 24 2009
	City	State	Zip Code	Transaction ID: 30756270
	Beaumont	TX	77706-4428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		181.82
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	1636.38	
Γ	SUBTOTAL of Receipts This Page (optional) .			311.82

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 90 (check only one) X 11a
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Optometric Associat	rts and Statements may not be sold or used by any persusing the name and address of any political committee to on Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Pamela A Lowe Mailing Address 6835 Concord City Niles FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code IL 60714 C Occupation Doctor of Optometry	Date of Receipt M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Martin H Carroll Mailing Address 3700 Essex Ro	Aggregate Year-to-Date ▼ 300.00	Date of Receipt
City Cheyenne FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code WY 82001-1641 C Occupation Doctor of Optometry Aggregate Year-to-Date 300.00	Transaction ID: 30756274 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr Thomas Matthew Bobst Mailing Address 21285 Avalon I City Rocky River FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Orive State Zip Code OH 44116-1121 C Occupation Doctor of Optometry Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D V 24 / 2009 Transaction ID: 30756275 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (or	itional)	450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	nd Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Diane E Reddin Mailing Address P O Box 66 City Crawford FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CO 81415-0066 C Occupation Doctor of Optometry	Date of Receipt M M / D D / 2 4 2 0 0 9 Transaction ID: 30756277 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Mary Willson Yeilding Mailing Address Maitland Vision Ce 600 S Orlando Ave City Maitland FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Dr Steven Snapp Mailing Address 310 Tendoy City Bellevue FEC ID number of contributing	State Zip Code ID 83313-5085	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	123.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	500.00	475.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any person the name and address of any political committee to see Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert Bruce Grill Mailing Address 3359 Willow Way City Twin Falls	State Zip Code ID 83301-8191	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 300.00	75.00
Full Name (Last, First, Middle Initial) Dr James A Davis Mailing Address 839 16Th Ave East City Jerome FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code ID 83338-1504 C Occupation Doctor of Optometry Aggregate Year-to-Date 300.00	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 Steven K Brownmiller Mailing Address 1004 Ridge Road City Denison FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IA 51442-1124 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	al)	275.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 1			
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association Potential Commercial C	d Statements may not be sold or used by any personante name and address of any political committee to control olitical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)		Date of Receipt			
	Dr F. Jay Kouchich Mailing Address 29402 Lake Avenue Way				
City	State Zip Code	1 0 2 3 2 0 0 9 Transaction ID: 30757741			
Frontenac	MN 55026-1048	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	365.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00				
Full Name (Last, First, Middle Initial) Dr Maryjane Healey		Date of Receipt			
Mailing Address 6710 124Th Place S	e	10 DD / YYYYY 10 27 2009			
City	State Zip Code	Transaction ID: 30759795			
<u>Snohomish</u>	WA 98296-8649	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00				
Full Name (Last, First, Middle Initial) Dr Todd M Hamilton	l	Date of Receipt			
Mailing Address 278 Falmouth Road		10 27 2009			
City Windham	State Zip Code ME 04062-4815	Transaction ID: 30759797 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	33.33			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 333.30				
SUBTOTAL of Receipts This Page (optional))	598.33			

TOTAL This Period (last page this line number only)

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 90 (check only one) X
or for commercial NAME OF CC	opied from such Reports and S purposes, other than using the MMITTEE (In Full) ptometric Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Blaine A Litt	st, First, Middle Initial) lefield ss 27 Wilderness Drive			Date of Receipt
City Freeport		State ME	Zip Code 04032-5824	Transaction ID: 30759798 Amount of Each Receipt this Period
	er of contributing I committee.	C		33.33
Name of Employed Self Employed Receipt For: Primary Other (s	oyer General pecify) ▼		n f Optometry e Year-to-Date ▼ 333.30	
Dr Michelle A E	st, First, Middle Initial) broderick ss 7 Broad Sound Ln			Date of Receipt 1 0 2 7 2 0 0 9
City		State	Zip Code	Transaction ID: 30759799
Freeport FEC ID number federal political	er of contributing I committee.	C	04032-6017	Amount of Each Receipt this Period 33.34
Name of Empl Self Employed	oyer I	Occupation Doctor of	n f Optometry	
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 333.40	
Full Name (La Dr Steven C Ez	st, First, Middle Initial)			Date of Receipt
Mailing Addres	ss 649 Mathew Ct			10 27 2009
City		State	Zip Code	Transaction ID: 30759801
Abilene FEC ID number federal political	er of contributing I committee.	C	79602-5246	Amount of Each Receipt this Period 100.00
Name of Employed	oyer I	Occupation Doctor of	n f Optometry	
Receipt For: Primary Other (s	General pecify) ▼	. •	e Year-to-Date ▼ 800.00	
SUBTOTAL of F	Receipts This Page (optional)	I		166.67

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action	Committee	
∠ A .	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III			Date of Receipt
	Mailing Address 1229 Highland Lakes	Trail ————————————————————————————————————		10 27 2009
	City	State AL	Zip Code	Transaction ID: 30759802
	Birmingham FEC ID number of contributing federal political committee.	C	35242-6886	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr Jeffrey A Myers			Date of Receipt
	Mailing Address 4089 Marlowa Drive P O Box 116	10 27 2009		
	City	State	Zip Code	Transaction ID: 30759803
	Groveport FEC ID number of contributing federal political committee.	OH	43125-9503	Amount of Each Receipt this Period 125.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
— C.	Full Name (Last, First, Middle Initial) Dr Beth A Kneib			Date of Receipt
	Mailing Address 602 Nw 163Rd St			10 28 YYYYY 2009
	City Shoreline	State WA	Zip Code 98177-3727	Transaction ID: 30765752 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30177 0727	41.66
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 416.60	
	SUBTOTAL of Receipts This Page (optional)			216.66
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any persone name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland Mailing Address 1610 Wilson Court City Eugene FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OR 97402-3361 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M M 28 2009 Transaction ID: 30765753 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Dr Peter H Kehoe Mailing Address 789 N Broad City Galesburg FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 61401-2766 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1750.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Sue E Lowe Mailing Address 1704 Skyline Drive City Laramie FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WY 82070-8932 C Occupation Doctor of Optometry Aggregate Year-to-Date 1666.60	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		391.66

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 70 / 90 (check only one) X
4	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action Commi	ttee	
Α.	Full Name (Last, First, Middle Initial) Dr Philip Dunne Flynn Mailing Address 122 Palmetto Hall Dr	1		Date of Receipt
				10 28 2009
	City Lexington		Code 072-7894	Transaction ID: 30765757 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor of Optor	netry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Dr William R Burges Mailing Address 988 Cr 477			Date of Receipt
				10 28 2009
	City Castroville		Oode 009	Transaction ID: 30765758 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer Self Employed	Occupation Doctor of Optor	netry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 750.06	
- :.	Full Name (Last, First, Middle Initial) Dr Larry G Obie			Date of Receipt
	Mailing Address 1330 12Th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	· ·	Code	Transaction ID: 30765759
	Havre FEC ID number of contributing federal political committee.	MT 59	501-5401	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of Optor	netry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)			258.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 90 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association F		•	
Full Name (Last, First, Middle Initial) Dr Anea P Thau			Date of Receipt
Mailing Address 170 East 83 Street	10 28 2009		
City New York	State NY	Zip Code 10028-1920	Transaction ID: 30765760 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10020 1020	166.67
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1666.70	
Full Name (Last, First, Middle Initial) Dr Albert S Licup			Date of Receipt
Mailing Address 226 S Harvey Ave			10 28 2009
City Oak Park	State Zip Code IL 60302-3312		Transaction ID: 30765761
FEC ID number of contributing federal political committee.	C	00302-3312	Amount of Each Receipt this Period 41.67
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- + ·	e Year-to-Date ▼ 416.70	
Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie			Date of Receipt
Mailing Address 1809 Gaslight Way	,		10 28 2009
City	State	Zip Code	Transaction ID: 30765762
Huntsville FEC ID number of contributing federal political committee.	C	35801-1555	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 500.00	
	l		258.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pole		son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen Mailing Address 3930 W 19Th St Ln City Greeley FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code CO 80634-3446 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr Scott M Burks Mailing Address P O Box 1351 City Buffalo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MO 65622-1351 C Occupation Doctor of Optometry Aggregate Year-to-Date 750.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr Michele R Haranin Mailing Address 301 Concord Road City Dover FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code DE 19904-9100 C Occupation Doctor of Optometry	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	225.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 90 (check only one) X 11a
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr David A Wolf			Date of Receipt
Mailing Address 6129 Churchill Downs	Dr		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: 30765766
West Linn	OR	97068-2535	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) ▼	Aggregate	1000.00	
Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein	<u>I</u>		Date of Receipt
Mailing Address 1830 Rebel Ridge			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: 30765768
Anchorage	AK	99504-2900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		85.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
Full Name (Last, First, Middle Initial) Dr Leonard Vincent Messner			Date of Receipt
Mailing Address 137 Herrick Rd			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: 30765813
Riverside	IL	60546-2014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			700.00

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 74 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any personal name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie A Blacksmith Mailing Address 4305 Thompson Farr City Bedford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	n State Zip Code MA 01730-1493 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
Full Name (Last, First, Middle Initial) Dr Jon E Mc Cutchan Mailing Address 19025-1990 East Stree City Princeton FEC ID number of contributing federal political committee. Name of Employer Self Employed		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 General Other (specify) Full Name (Last, First, Middle Initial) Dr John N Breiwa Mailing Address 2032 Honeysuckle Co	Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
Bowling Green FEC ID number of contributing federal political committee.	KY 42104-3804	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		900.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 90 (check only one) X
or for comr	ation copied from such Reports and S mercial purposes, other than using the OF COMMITTEE (In Full) can Optometric Association Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Willia	me (Last, First, Middle Initial) am S Holmes Address 896 Manns Hill Road			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Littleto</u>	on	State NH	Zip Code 03561-5221	Transaction ID: 30780998 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		250.00
Receipt	of Employer Inployed For: Frimary	++	on f Optometry e Year-to-Date ▼ 250.00	
Dr Sara	me (Last, First, Middle Initial) h K Storrs Address 302 N Benton St P O Box 1056	1		Date of Receipt 10 28 2009
City		State	Zip Code	Transaction ID: 30780999
	number of contributing political committee.	C	98934-1056	Amount of Each Receipt this Period 365.00
Name o Self Em	of Employer nployed	Occupation Doctor o	n f Optometry	
	For: rimary General ther (specify)		e Year-to-Date ▼ 365.00	
	me (Last, First, Middle Initial) T Coburn			Date of Receipt
	Address 1916 Windemere Drive	е		10 28 2009
City Green	castle	State IN	Zip Code 46135	Transaction ID: 30781012 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	40133	250.00
Name o Self Em	of Employer nployed	Occupation Doctor o	n f Optometry	
	For: rimary General ther (specify)	, '	e Year-to-Date ▼ 250.00	
SUBTOTA	AL of Receipts This Page (optional)			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 76 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persone 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 Donald B Bogue		Date of Receipt
Mailing Address 217 Trailwood Circle		10 28 2009
City Lufkin	State Zip Code TX 75904-4372	Transaction ID: 30781018
FEC ID number of contributing federal political committee.	TX 75904-4372	Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Lindsey M Clyde		Date of Receipt
Mailing Address 3030 N Hayden		10 30 7 9 9
City	State Zip Code	Transaction ID: 30783021
Scottsdale	AZ 85231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) Dr George Nicholas Glosik		Date of Receipt
Mailing Address 10957 Tanager Tr		10 30 7 7 7 7 7
City	State Zip Code	Transaction ID: 30783120
Brecksville	OH 44141-1440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page (optional)		700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 90 (check only one) X 11a
Any information copied from such Reports and sor 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 Kate M Wagner Mailing Address 13060 Sail Away Stre City N Fort Myers FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State FL C Occupation Doctor of C	Zip Code 33903-6963 Optometry ear-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 30783126 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr Daniel Layne Bowling Mailing Address 507 Mc Guire Lane City Pearisburg FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State VA C Occupation Doctor of C Aggregate Yo	Zip Code 24134-1835	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Joe R Martin Mailing Address 1019 Janehaven Lake City Cleburne FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State TX C Occupation Doctor of C	Zip Code 76033-6507 Optometry ear-to-Date ▼ 250.00	Date of Receipt 10 30 2009 Transaction ID: 30783130 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .	1		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 90 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	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.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr William Thomas Reynolds, Jr			Date of Receipt
	Mailing Address 200 Larosa	Ctata	7:n Code	10 29 2009
	City Richmond	State KY	Zip Code 40475-7855	Transaction ID: 30786680 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) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr Diane J Song			Date of Receipt
	Mailing Address 12521 Nugent Drive			10 29 2009
	City	State	Zip Code	Transaction ID: 30786682
	Granada Hills	CA	91344-1536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
_	Full Name (Last, First, Middle Initial) Dr Ronald B Coutu			Date of Receipt
	Mailing Address 17 Curtis Lane			10 29 2009
	City	State	Zip Code	Transaction ID: 30786683
	Bedford	NH	03110-5903	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	
		1		1050.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
American Optometric Association For	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr Lisa Wallace-Davis		Date of Receipt
Mailing Address 101 Linda Dr		10 29 2009
City	State Zip Code	Transaction ID: 30786691
Newport News	VA 23608-2220	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 Linda Casser		Date of Receipt
Mailing Address 452 Meadowbrook Dri	ve	10 29 2009
City	State Zip Code	Transaction ID: 30786695
Huntingdon Valley	PA 19006-6830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	350.00
Full Name (Last, First, Middle Initial) Dr Page Allen Yarwood		Date of Receipt
Mailing Address 609 Kenwyn Rd		10 29 2009
City	State Zip Code	Transaction ID: 30786698
Oakland FEO ID and the street in the street	CA 94610-3714	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) .		850.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 90 (check only one) X 11a
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\. <u>[</u>	Full Name (Last, First, Middle Initial) Or Nacondus Gamble Mailing Address 5 Sagefield Dr City Ellabell EC ID number of contributing ederal political committee. Jame of Employer Self Employed	State GA C Occupation Doctor o	Zip Code 31308-7405 In f Optometry	Date of Receipt 10 29 2009 Transaction ID: 30786701 Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
3. [full Name (Last, First, Middle Initial) Or Brian D Brightman Mailing Address 14000 Brush Creek Pl			Date of Receipt 10 29 2009
<u> </u>	City Roca FEC ID number of contributing ederal political committee.	State NE	Zip Code 68430-4403	Transaction ID: 30787251 Amount of Each Receipt this Period 100.00
_	lame of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 300.00	
). _	Full Name (Last, First, Middle Initial) Or James W Devine Mailing Address 8600 Martell Road			Date of Receipt 10 29 2009
<u> </u>	City Hickman EC ID number of contributing	State NE	Zip Code 68372-9789	Transaction ID: 30787257 Amount of Each Receipt this Period 100.00
_	ederal political committee. Jame of Employer Self Employed	Occupatio	n f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SU	BTOTAL of Receipts This Page (optional))	350.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 81 / 90 (check only one) X
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be name and address of	e sold or used by any pers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action Comn	nittee	
۷.	Full Name (Last, First, Middle Initial) Dr Nancy A Dob			Date of Receipt
	Mailing Address 2111 Road M	01-1-	"- O-d-	10 29 2009
	City Benedict		ip Code 88316-9028	Transaction ID: 30787258 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer Self Employed	Occupation Doctor of Opto	ometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 400.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Janet Rose Fett Mailing Address 517 So Ridge Dr	- I		Date of Receipt
	Mailing Address 517 So Ridge Dr			10 29 2009
	City S Sioux City		ip Code	Transaction ID: 30787259
	FEC ID number of contributing federal political committee.	C	88776	Amount of Each Receipt this Period 102.00
	Name of Employer Self Employed	Occupation Doctor of Opto	ometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 306.00	
	Full Name (Last, First, Middle Initial) Dr Gary D Finn			Date of Receipt
	Mailing Address 1819 N 115Th Plaza	#3202		10 29 2009
	City Omaha		ip Code 8154-4638	Transaction ID: 30787261
	FEC ID number of contributing federal political committee.	C	0134-4030	Amount of Each Receipt this Period 72.00
	Name of Employer Self Employed	Occupation Doctor of Opto	ometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 216.00	
	SUBTOTAL of Receipts This Page (optional)			574.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 90 (check only one) X
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Political Commercian Commercia	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ a.	Full Name (Last, First, Middle Initial) Dr Philip L Gildersleeve			Date of Receipt
	Mailing Address Rural Route 1	04-1-	7in Cod-	10 29 2009
	City Oneill	State NE	Zip Code 68763-9801	Transaction ID: 30787263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00700 0001	100.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	+ +	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Dr Brian Donald Hinkley Mailing Address 5430 Sawgrass Drive	1		Date of Receipt
				10 29 2009
	City Lincoln	State NE	Zip Code	Transaction ID: 30787267
	FEC ID number of contributing federal political committee.	C	68526-9625	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dr Todd David Pfeil	1		Date of Receipt
	Mailing Address 8900 Truchard Road			10 29 2009
	City	State	Zip Code	Transaction ID: 30787482
	Lincoln FEC ID number of contributing	NE	68526	Amount of Each Receipt this Period
	federal political committee.	C		100.00
	Name of Employer Self Employed	, '	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 90 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Richard L Powell		Date of Receipt
Mailing Address 820 Manchester Circ City	State Zip Code	10 29 2009
Lincoln	NE 68528-1043	Transaction ID: 30787483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Scott C Reins		Date of Receipt
Mailing Address 6500 Vanderslice Ln		10 29 7 2009
City	State Zip Code	Transaction ID: 30787485
Lincoln	NE 68516-9247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Paul L Salansky, Jr		Date of Receipt
Mailing Address 2521 Whitaker Rd		10 29 2009
City Nebraska City	State Zip Code NE 68410-1025	Transaction ID: 30787486
FEC ID number of contributing federal political committee.	C 66410-1025	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		300.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association Po	I Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to blitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Steven P Sandman Mailing Address 1806 Wildwood Cir City Beatrice FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code NE 68310-5149 C Occupation Doctor of Optometry	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Dr Kimberly J Tucker Mailing Address 2710 Woodscrest Av	ve	Date of Receipt 1 0 2 9 2 0 0 9
City	State Zip Code	Transaction ID: 30787491
Lincoln FEC ID number of contributing federal political committee.	NE 68502-4059	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Darren J Wright		Date of Receipt
Mailing Address 1702 M Street		10 29 2009
City	State Zip Code	Transaction ID: 30787497
Auburn	NE 68305-2146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	72.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 216.00	
SUBTOTAL of Receipts This Page (optional)	·····	272.00
TOTAL This Period (last page this line numb	er only)	46534.88

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 90 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	kinal Ankina Onasasikka	
American Optometric Association Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) United Bank		Date of Receipt
Mailing Address 3801 Wilson Blvd.		10 27 2009
City	State Zip Code	Transaction ID: 30765786
Arlington	VA 22203-1919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	189.04
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 993.29	Bank Interest

SUBTOTAL of Receipts This Page (optional)	•	189.04
TOTAL This Period (last page this line number only)	•	189.04

5	CHEDULE B (FEC Form	J Use sep	arate schedule(s)		NUMBER: PAGE 86 / 90
IT	EMIZED DISBURSEMEI	NTS for each	category of the Summary Page	(check onl	y one) 22 X 23 24 25 28a 28b 28c 29 1
					for the purpose of soliciting contributions solicit contributions from such committee
\ \	NAME OF COMMITTEE (In Full)	sing the name and addre	ess of any political	Committee to so	onch contributions from such committee
\rangle	American Optometric Association	on Political Action Co	ommittee		
	Full Name (Last, First, Middle Initial) Candice Miller For Congress				Transaction ID: 30650357 Date of Disbursement
	Mailing Address PO Box 1821	52			10 M / D 1 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Shelby Township	State MI	Zip Code 48318		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Rep. Candice S. Miller	1		Category/ Type	
	Office Sought: X House Senate President State: MI District: 10	Disbursement For: X Primary Other (spi	2010 General ecify)		Candidate Contribution
	Full Name (Last, First, Middle Initial)				Transaction ID: 30671633
	Ben Chandler For Congress				Date of Disbursement
	Mailing Address P. O. Box 126	78			10 14 7 2009
	City Lexington	State KY	Zip Code 40508		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Rep. Benjamin Chandler			Category/ Type	
	Office Sought: X House Senate President State: KY District: 06	Disbursement For: X Primary Other (spi	2010 General ecify)		Candidate Contribution
	Full Name (Last, First, Middle Initial)				Transaction ID: 30757729
	Adler For Congress				Date of Disbursement 10 26 2009
	Mailing Address 14 Knightswo	od Drive			10
	City Marlton	State NJ	Zip Code 08053		Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Rep John Adler			Category/ Type	
	Office Sought: X House	Disbursement For: X Primary	2010 General		Candidate Contribution
	Senate President	Other (sp			
_		·			

	Use separate schedule(s) (check o	NE NUMBER: PAGE 87/90 pulv one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	—	22 X 23 24 25 28 28c 29
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NAME OF COMMITTEE (In Full)			
American Optometric Association Politi	cal Action Committee		
Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer			Transaction ID: 30760027 Date of Disbursement
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City Los Angeles	State Zip Code CA 90064	_	Amount of Each Disbursement this Perio
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American Optometric Association Political	Action Com	nmittee											
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Full Name (Last, First, Middle Initial) Wachovia Federal			Transaction ID: Date of Disburser	ment						
Mailing Address 1650 Tyson Blvd.			10 09	9 2009						
City McLean	State Zip Code VA 22102		Amount of Each [Disbursement this Period						
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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	764.56
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Other (specify)

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