

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2009

through

10

31

2009

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

Type or Print Name of Treasurer

Thomas E. Nye, O.D.

Signature of Treasurer

Electronically Filed by Thomas E. Nye, O.D.

Date

11

12

2009

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

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

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

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		376610.34
(b) Cash on Hand at Beginning of Reporting Period	418837.15	
(c) Total Receipts (from Line 19)	72063.24	728428.66
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	490900.39	1105039.00
7. Total Disbursements (from Line 31)	18145.73	632284.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	472754.66	472754.66
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE **OF RECEIPTS**

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	D	D	Y	Y	W	Y
1	0	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	0	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(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)	0.00	0.00
(d) Total Contributions (add Lines 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 Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	229.49	1283.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	72063.24	728428.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72063.24	728428.66

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	2145.73	20974.34	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2145.73	20974.34	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and 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	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	1910.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	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	
(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) 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
33. Total Contributions (other than loans) from Line 11(d), page 3)	71833.75	726145.63
34. Total Contribution Refunds (from Line 28(d))	0.00	1910.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71833.75	724235.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2145.73	20974.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2145.73	20974.34

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

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

FOR LINE NUMBER: PAGE 6 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr John D Coble

Mailing Address 1501 Sunset Hill

City

Rockwall

State

TX

Zip Code

75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.45

Date of Receipt

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

Transaction ID: 30618682

Amount of Each Receipt this Period

83.35

B.

Full Name (Last, First, Middle Initial)

Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City

Succasunna

State

NJ

Zip Code

07876-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: 30618683

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Kevin Katz

Mailing Address 1205 Pin Oak Drive

City

Dickinson

State

TX

Zip Code

77539-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1309.12

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: 30623755

Amount of Each Receipt this Period

163.64

SUBTOTAL of Receipts This Page (optional)

446.99

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 90

(check only one)

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael R Flandro

Mailing Address 4944 Mohawk Place

City

Pocatello

State

ID

Zip Code

83204-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

Transaction ID: 30623775

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City

Sandusky

State

OH

Zip Code

44870-6404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1133.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	9

Transaction ID: 30623780

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Dr George F Brown

Mailing Address 2604 Woodlawn Trail

City

Alexandria

State

VA

Zip Code

22306-2565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	9

Transaction ID: 30635076

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1166.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert L Jarrell, III

Mailing Address 50 Cedar Hill Rd

City

Albuquerque

State

NM

Zip Code

87122-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 30635188

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr Wanda C Batson

Mailing Address 8120 Rock Hill Rd

City

Baker

State

FL

Zip Code

32531-7337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

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

Transaction ID: 30635189

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Dr Lori Ann Youngman

Mailing Address 4535 Nw Aspen St

City

Camas

State

WA

Zip Code

98607-8302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

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

Transaction ID: 30635194

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael William Lamb

Mailing Address 7531 E Christmas Cholla Dr

City

Scottsdale

State

AZ

Zip Code

85255-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30635195

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Edward Lemon

Mailing Address 351 Main St

City

Barnwell

State

SC

Zip Code

29812-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30635197

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Kellye J Knueppel, FCOVD

Mailing Address 15280 Watertown Plank Road

City

Elm Grove

State

WI

Zip Code

53122-2336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30636442

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr David J Dexter

Mailing Address 56 Lake View Drive

City

Oswego

State

NY

Zip Code

13126-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30636443

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr William E Fox

Mailing Address 1504 Wood Spring Court

City

Raleigh

State

NC

Zip Code

27614-9113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30636444

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Robert Craig Janot

Mailing Address 6910 Windmill Lane

City

Lake Charles

State

LA

Zip Code

70605-0536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 30636564

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

906.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jonathan L Shrewsbury

Mailing Address P O Box 109

Green Acres Subdivision

City

Beaver Dam

State

KY

Zip Code

42320-0109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 30636566

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City

Lakewood

State

NY

Zip Code

14750-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 30636567

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City

Fairview

State

NC

Zip Code

28730-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 30636572

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr George M Redwine

Mailing Address 14019 Crossing Way East

City

Edmond

State

OK

Zip Code

73013-4731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30636711

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Lamar G Zigler

Mailing Address 2955 Pickwick Drive

City

Columbus

State

OH

Zip Code

43221-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636841

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Jeffrey Paul Hilovsky

Mailing Address 445 Woodside Rd

City

Millsboro

State

DE

Zip Code

19966-8739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636847

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Daniel Allen Robison

Mailing Address 21081 Sw Jameco Court

City

Tualatin

State

OR

Zip Code

97062-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636853

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Ronny M LaQuey

Mailing Address 935 Woodside

City

Duncan

State

OK

Zip Code

73533-5251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636854

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Steven W Coburn

Mailing Address 2119 Stonegate

City

Denton

State

TX

Zip Code

76205-8261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636857

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Samuel K Hoffmann

Mailing Address 1444 N Hts Dr

City

Sheridan

State

WY

Zip Code

82801-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636858

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr James R Dallas

Mailing Address 7762 Svl Box

City

Victorville

State

CA

Zip Code

92395-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636860

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Coby S Ramsey

Mailing Address 2924 Driftwood Lane

City

Rock Springs

State

WY

Zip Code

82901-4393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636863

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Gary Locke Smith

Mailing Address 13 Ridgewood Road

City

Rome

State

GA

Zip Code

30165-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636865

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Alan E Knotek

Mailing Address 10 S 479 Curtis Lane

City

Naperville

State

IL

Zip Code

60564-8930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636871

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Mark David Sturgis

Mailing Address 106 Natsisky Farm Road

City

South Windsor

State

CT

Zip Code

06074-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636872

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert Joseph Geier

Mailing Address 232 Pecan St.

City

New Roads

State

LA

Zip Code

70760-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636874

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Kenneth S Lawenda

Mailing Address 9033 Wilshire Blvd Ste 402

City

Beverly Hills

State

CA

Zip Code

90211-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636875

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Mark Leland Bryant

Mailing Address Route One Box 1705

City

Cochran

State

GA

Zip Code

31014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636912

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Richard Frank Parnigoni

Mailing Address 350 Tremont St

City

Barre

State

VT

Zip Code

05641-3627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: 30636913

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Scott A Middlemist

Mailing Address 9931 East Ida Place

City

Greenwood Village

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 30637027

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Paul C Bruderer

Mailing Address 35 Cara Vella Lane

City

Centerville

State

UT

Zip Code

84014-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30640447

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Brian F Rowley

Mailing Address 619 N 330 W

City

Santaquin

State

UT

Zip Code

84655-5099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30640449

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr Neha Amin

Mailing Address 2434 W Sienna Bouquet Pl

City

Phoenix

State

AZ

Zip Code

85085-7011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30640451

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Barbara L Horn

Mailing Address 61269 Coralburst Dr

City

Washington

State

MI

Zip Code

48094-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1681.81

Date of Receipt

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

Transaction ID: 30640452

Amount of Each Receipt this Period

159.09

SUBTOTAL of Receipts This Page (optional)

309.09

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Stanley Y Woo

Mailing Address 2501 Nicholson St

City

Houston

State

TX

Zip Code

77008-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

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

Transaction ID: 30640453

Amount of Each Receipt this Period

291.67

B.

Full Name (Last, First, Middle Initial)

Dr David J Esplin

Mailing Address 34 South 590 East

City

Salem

State

UT

Zip Code

84653-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30640454

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Dr David J Shippee

Mailing Address Box 307

City

Sherman Oaks

State

ME

Zip Code

04777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

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

Transaction ID: 30640455

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

378.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Carey A Patrick

Mailing Address 970 Patrician Court

City

Fairview

State

TX

Zip Code

75069-8781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 30640456

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Mark J Cook

Mailing Address 5698 Mountain Road

City

Brighton

State

MI

Zip Code

48116-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

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

Transaction ID: 30640457

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Bronte D Baker

Mailing Address 179 Redbird Ridge

City

Beeville

State

TX

Zip Code

78102-8465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30641433

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Donald W Furman

Mailing Address 855 11Th St Place

City

Garner

State

IA

Zip Code

50438-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30641434

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Dr Ronald J Meyer

Mailing Address 37038 60 Rd 496

City

Champion

State

MI

Zip Code

49814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30641437

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Jason K Dickerson

Mailing Address 2581 Bridlewood Drive

City

Helena

State

AL

Zip Code

35080-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 30641440

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

137.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Thomas J Lany

Mailing Address 3 Taylor Street

City

State

Zip Code

Painted Post

NY

14870-9381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30641442

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Paul D Batson

Mailing Address 5323 Whisper Wood Drive

City

State

Zip Code

Birmingham

AL

35226-1092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30641443

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Terry H Berner

Mailing Address 8210 Top Of The World Drive

City

State

Zip Code

Salt Lake City

UT

84121-6060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 30641444

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Steven Thomas Reed

Mailing Address 4550 Simpson Hwy 28 W

City State Zip Code
 Magee MS 39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 30641445

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Dr Gregory C Russell

Mailing Address 2505 Rivermont Circle

City State Zip Code
 Kingsport TN 37660-2392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

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

Transaction ID: 30641446

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Dr Barry J Jose

Mailing Address 2409 Wintersteen Rd

City State Zip Code
 Plattsmouth NE 68048-8958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30641451

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

198.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert L Owens, II

Mailing Address 8 Century Lane

City

Newmanstown

State

PA

Zip Code

17073-8982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30641453

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Drive

City

Lewis Center

State

OH

Zip Code

43035-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 30641455

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Dr Stacie Layne Virden

Mailing Address 2432 Lake Air Drive

City

Waco

State

TX

Zip Code

76710-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.72

Date of Receipt

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

Transaction ID: 30641456

Amount of Each Receipt this Period

84.09

SUBTOTAL of Receipts This Page (optional)

179.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr John S Bowen

Mailing Address 2570 Northshore Blvd Ste 200

City

Flower Mound

State

TX

Zip Code

75028-8386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 30641457

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Lisa C Bowen

Mailing Address 1813 Shadywood Lane

City

Flower Mound

State

TX

Zip Code

75028-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 30641458

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City

Auburn

State

ME

Zip Code

04210-8884

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

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

Transaction ID: 30641459

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

241.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City

Aledo

State

TX

Zip Code

76008-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.60

Date of Receipt

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

Transaction ID: 30641461

Amount of Each Receipt this Period

91.66

B.

Full Name (Last, First, Middle Initial)

Dr Christopher L Eddy

Mailing Address 6306 Buchanan St

City

Fort Collins

State

CO

Zip Code

80525-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30641462

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City

Benton

State

KY

Zip Code

42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

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

Transaction ID: 30641463

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

308.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael L Nichols

Mailing Address 3910 Foxcreek Way

City

Columbia

State

MO

Zip Code

65203-8855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30641469

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City

Littleton

State

CO

Zip Code

80125-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: 30641471

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City

San Jose

State

CA

Zip Code

95120-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

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

Transaction ID: 30641472

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

341.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Bruce D Krutsinger

Mailing Address 15901 Tahoe Dr

City

Houston

State

TX

Zip Code

77040-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30641473

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Russell Yoshito Hosaka

Mailing Address 22809 Hawthorne Blvd

City

Torrance

State

CA

Zip Code

90505-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30641476

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Kathleen E Powell

Mailing Address 9710 Copper Drive

City

Anchorage

State

AK

Zip Code

99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

Transaction ID: 30641617

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

309.00

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 29 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert D O'Connell

Mailing Address Box 3187

City

Kenai

State

AK

Zip Code

99611-3187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30641618

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Dennis A Swarner

Mailing Address Box 1669

City

Kenai

State

AK

Zip Code

99611-7744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

Transaction ID: 30641619

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City

Grayslake

State

IL

Zip Code

60030-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 30641621

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

234.00

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 30 / 90

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Sheryl A Lentfer

Mailing Address 1345 West 9Th Avenue

City

Anchorage

State

AK

Zip Code

99501-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

Transaction ID: 30641623

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Dr James J Veliky

Mailing Address 339 Pinehaven Dr

City

Pittsburgh

State

PA

Zip Code

15241-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	7	/	2	0	0	9

Transaction ID: 30642459

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City

Cullman

State

AL

Zip Code

35055-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	9

Transaction ID: 30649039

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

634.00

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 31 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jeffrey David Hill

Mailing Address 126 Treymoor Drive

City

Alabaster

State

AL

Zip Code

35007-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30649040

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Sarah Gordon Miehle

Mailing Address 252 Inverness Center Dr

City

Birmingham

State

AL

Zip Code

35242-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30649041

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Brenden R White

Mailing Address 864 E Ranch Circle

City

Draper

State

UT

Zip Code

84020-9011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30649042

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

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 32 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr David M Redman

Mailing Address 795 Foxhill Circle

City

Hollister

State

CA

Zip Code

95023-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30649044

Amount of Each Receipt this Period

38.88

B.

Full Name (Last, First, Middle Initial)

Dr Peter V Candela

Mailing Address P O Box 614

City

Blythewood

State

SC

Zip Code

29016-0614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.62

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30649045

Amount of Each Receipt this Period

87.12

C.

Full Name (Last, First, Middle Initial)

Dr Paul M Barney

Mailing Address 8232 Skyhills Drive

City

Anchorage

State

AK

Zip Code

99502-3987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30662007

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1126.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Alan Rada

Mailing Address 823 Scenic Drive

City

Charleston

State

WV

Zip Code

25311-1528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: 30671598

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr G. Chad Green

Mailing Address 5960 Co Rd 19

City

Linden

State

AL

Zip Code

36748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: 30671600

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Melvin G Cleveland, Jr

Mailing Address 2704 Redstone Drive

City

Arlington

State

TX

Zip Code

76001-5483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: 30671602

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Markus I Barth

Mailing Address 1346 Heller Drive

City

Yardley

State

PA

Zip Code

19067-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.03

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: 30671603

Amount of Each Receipt this Period

66.67

B.

Full Name (Last, First, Middle Initial)

Dr Michael R Duenas

Mailing Address 21 Yowago Avenue

City

Branford

State

CT

Zip Code

06405-5521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: 30671606

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Kimberly D Ocampo

Mailing Address 305 Courtney Dr Sw Apt 601

City

Decatur

State

AL

Zip Code

35603-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: 30671607

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

216.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Arlene T. H. Sokola

Mailing Address 213 Summer Winds Dr Se

City

Rio Rancho

State

NM

Zip Code

87124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 30684103

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Scott L Nehring

Mailing Address 32840 S Meridian Road

City

Woodburn

State

OR

Zip Code

97071-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 30684104

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr Carl Wade Newton

Mailing Address 1019 South Kansas

City

Cherokee

State

OK

Zip Code

73728-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 30684105

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

342.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City

Guthrie

State

OK

Zip Code

73044-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1393.95

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 30684106

Amount of Each Receipt this Period

303.04

B.

Full Name (Last, First, Middle Initial)

Dr Wesley D Kemp

Mailing Address P O Box 937

City

Bolivar

State

MO

Zip Code

65613-0937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 30684107

Amount of Each Receipt this Period

52.12

C.

Full Name (Last, First, Middle Initial)

Dr Larry C Wallis

Mailing Address 20 Kentshire Court

City

Greenville

State

DE

Zip Code

19807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 30684108

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

480.16

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Dorothy L Hitchmoth

Mailing Address Po Box 302

106 Davis Hill Road

City

New London

State

NH

Zip Code

03257-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30706106

Amount of Each Receipt this Period

166.00

B.

Full Name (Last, First, Middle Initial)

Dr Riley Austin

Mailing Address 8204 Lake Sherwood Cir

City

Northport

State

AL

Zip Code

35473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30706115

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Michael J Cymbor

Mailing Address 117 Brothers Court

City

Port Matilda

State

PA

Zip Code

16870-7134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30706118

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

891.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Raymond W Cobb, Jr

Mailing Address 3040 Co Hwy 42

City

Hamilton

State

AL

Zip Code

35570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30706126

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Jeffrey J Neighbors

Mailing Address 119 S Cadwell

City

Eagle Grove

State

IA

Zip Code

50533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30706131

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Travis Greg Gittins

Mailing Address 205 Amanda Rd

City

Yukon

State

OK

Zip Code

73099-3384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30706132

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Bruce L Manning

Mailing Address 487 Whitebark Circle

City

Wadsworth

State

OH

Zip Code

44281-2299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

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

Transaction ID: 30706344

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Dr Lynda L Jones

Mailing Address 2117 Grandview Dr

City

Torrington

State

WY

Zip Code

82240-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 30714484

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Martin J Sikorski

Mailing Address 1912 E York Lane

City

Wheaton

State

IL

Zip Code

60187-5816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 30714486

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

781.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Abie R Chadderdon

Mailing Address 2005 Timberline Rd

City

Marshalltown

State

IA

Zip Code

50158-3865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: 30714487

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr Jeffrey T Duff

Mailing Address Rt 6 Box 310K

City

McAlester

State

OK

Zip Code

74501-9243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 30720461

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr Timothy G Koop

Mailing Address 4912 Bluff Run Drive

City

Greensboro

State

NC

Zip Code

27455-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: 30722187

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Randall N Reichle

Mailing Address 1818 Stacy Fall

City

Houston

State

TX

Zip Code

77008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: 30722188

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City

Central City

State

KY

Zip Code

42330-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: 30722189

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Lee Ann Barrett

Mailing Address 1199 E Morgan

City

Boonville

State

MO

Zip Code

65233-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: 30722190

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

183.33

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Mark Edward Winston

Mailing Address 9610 Melvin Ave

City

Nothridge

State

CA

Zip Code

91324-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: 30722191

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

Dr Jennifer L Planitz

Mailing Address 3537 New Castle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: 30722192

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Craig F Clatanoff

Mailing Address 3537 Newcastle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: 30722193

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

341.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 43 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City

Anchorage

State

AK

Zip Code

99515-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 9

Transaction ID: 30722194

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Dr Linda M Yee

Mailing Address 48277 Hackeberry Street

City

Fremont

State

CA

Zip Code

94539-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 9

Transaction ID: 30722195

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr Patrick N Reber

Mailing Address 9650 Etolin Circle

City

Eagle River

State

AK

Zip Code

99577-8787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 9

Transaction ID: 30722196

Amount of Each Receipt this Period

55.55

SUBTOTAL of Receipts This Page (optional)

164.55

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jason A Ricks

Mailing Address 108 Agate Drive

City

Lewistown

State

MT

Zip Code

59457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 9

Transaction ID: 30722197

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert J Blumthal

Mailing Address 119 Exmore Drive

City

Springfield

State

IL

Zip Code

62704-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2023.95

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 9

Transaction ID: 30722198

Amount of Each Receipt this Period

238.11

C.

Full Name (Last, First, Middle Initial)

Dr Susan M Brunnett

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.10

Date of Receipt

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

Transaction ID: 30722211

Amount of Each Receipt this Period

90.90

SUBTOTAL of Receipts This Page (optional)

359.01

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.29

Date of Receipt

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

Transaction ID: 30722212

Amount of Each Receipt this Period

181.81

B.

Full Name (Last, First, Middle Initial)

Dr Pamela E Theriot

Mailing Address 120 W Vuelta Friso

City

Sahuarita

State

AZ

Zip Code

85629-8672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30722213

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

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

Transaction ID: 30722214

Amount of Each Receipt this Period

181.82

SUBTOTAL of Receipts This Page (optional)

413.63

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 46 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Desiree Tyer Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

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

Transaction ID: 30722215

Amount of Each Receipt this Period

181.82

B.

Full Name (Last, First, Middle Initial)

Dr Robert F Brooks

Mailing Address 452 Bluebird Dr

City

Russell

State

KY

Zip Code

41169-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30722216

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City

Rio Rancho

State

NM

Zip Code

87124-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.05

Date of Receipt

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

Transaction ID: 30722217

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

315.16

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Mario Joseph Contaldi

Mailing Address 7728 Mid-Cities Blvd

City

North Richland Hil

State

TX

Zip Code

76180-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

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

Transaction ID: 30722219

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Dr Blaine F Bird

Mailing Address 2001 E. 775 S.

City

Springville

State

UT

Zip Code

84663-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30722397

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jonathan M Hartley

Mailing Address 2402 Heights Avenue

City

Cody

State

WY

Zip Code

82414-9822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30722429

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.33

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Sherrie Teddy

Mailing Address Po 931

City

Crystal Beach

State

FL

Zip Code

34681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30722430

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Trent J Pitt

Mailing Address 1042 Buchanan Avenue

City

Piedmont

State

OK

Zip Code

73078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30722433

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr G. E. Cavanaugh

Mailing Address 1052 14Th St Sw

City

Sidney

State

MT

Zip Code

59270-5406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30722434

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Travis K Sharpe

Mailing Address 654 Seitz Drive

City

Salina

State

KS

Zip Code

67401-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30722439

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Kevin L Alexander

Mailing Address 2116 Wildwood Court

City

Fullerton

State

CA

Zip Code

92831-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30723508

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City

Aiea

State

HI

Zip Code

96701-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

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

Transaction ID: 30723509

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

456.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Thomas E Nye

Mailing Address 42 Tabor Lane

City

Hamilton

State

OH

Zip Code

45013-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.88

Date of Receipt

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

Transaction ID: 30723510

Amount of Each Receipt this Period

86.36

B.

Full Name (Last, First, Middle Initial)

Dr Lisa Dowling

Mailing Address 29 Hickory Lane

City

Narrowsburg

State

NY

Zip Code

12764-5905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30727004

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Robert P Mingrone

Mailing Address 47 Woodsend Ave

City

Shelton

State

CT

Zip Code

06484-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30727006

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

586.36

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Susan A Driscoll

Mailing Address 717 St Dunstan Way

City

Winter Park

State

FL

Zip Code

32792-4851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30727007

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Mark M Mastervich

Mailing Address 640 Fernando Dr

City

Harrisburg

State

PA

Zip Code

17111-4904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30727010

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Robert J Parks

Mailing Address 332 Sweet Allen Farm Rd

City

Wakefield

State

RI

Zip Code

02879-1492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30727011

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Walter Bruce Coen

Mailing Address 58 Cloverview Dr

City

Helena

State

MT

Zip Code

59601-0251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30727018

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr David M Cole

Mailing Address 1551 Pansy St Nw

City

Cullman

State

AL

Zip Code

35055-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30727023

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Andrew A Achziger

Mailing Address 1829 Pinecrest Lane

City

Greeley

State

CO

Zip Code

80631-5232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30727025

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Tenesha A Bazemore

Mailing Address Po Box 1612

City

Norfolk

State

VA

Zip Code

23501-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30727026

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Keith B Hancock

Mailing Address 303 Englewood Dr

City

Lufkin

State

TX

Zip Code

75901-5842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 30727027

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Dr William W Hatley

Mailing Address 23560 E Moraine Place

City

Aurora

State

CO

Zip Code

80016-7039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30727244

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jeffrey J Walline

Mailing Address 31 E Dominion Blvd

City

Columbus

State

OH

Zip Code

43214-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30727529

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Brian E Bleiler

Mailing Address 1875 Pertl Road

City

Odessa

State

NY

Zip Code

14869-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30728037

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Mark James Cinalli

Mailing Address 229 Plantation Drive

City

Mineral Wells

State

WV

Zip Code

26150-9638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30728043

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Murray Fingeret

Mailing Address 183 Lakeview Drive

City

Hewlett

State

NY

Zip Code

11557-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30728047

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr Kyle Brent Dotson

Mailing Address 5137 NW Sterling Chase Drive

City

Topeka

State

KS

Zip Code

66618-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30728048

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Dirk Michael Beyer

Mailing Address 709 South 5Th St

City

Hamilton

State

MT

Zip Code

59840-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 30728604

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 56 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kathleen E Goff

Mailing Address 114 Crested Peak

City

Santa Teresa

State

NM

Zip Code

88008-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

827.24

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 30728605

Amount of Each Receipt this Period

86.36

B.

Full Name (Last, First, Middle Initial)

Dr Kevin L Gee

Mailing Address Po Box 18075
Gee Eye Care

City

Sugar Land

State

TX

Zip Code

77496-8075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.19

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 30728606

Amount of Each Receipt this Period

90.91

C.

Full Name (Last, First, Middle Initial)

Dr Larry D Gunnell

Mailing Address #7 Brenna Dr

City

Wichita Falls

State

TX

Zip Code

76302-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 30728607

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

260.60

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 57 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Christy Lynn Warford

Mailing Address 3601 Lareforma

City

Baytown

State

TX

Zip Code

77521-9175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 30728608

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr Mario A Caballero

Mailing Address 1080 Loma De Alma

City

El Paso

State

TX

Zip Code

79934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.19

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 30728609

Amount of Each Receipt this Period

90.91

C.

Full Name (Last, First, Middle Initial)

Lillian T Kalaczinski

Mailing Address 2218 Beatrice Dr Ne

City

Grand Rapids

State

MI

Zip Code

49505-3947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 30728611

Amount of Each Receipt this Period

42.86

SUBTOTAL of Receipts This Page (optional)

217.11

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr John Allen Godfrey

Mailing Address 328 Manor Road

City

Harleysville

State

PA

Zip Code

19438-1954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30730864

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Paul J Hoolahan

Mailing Address 310 Frey Drive

City

Wexford

State

PA

Zip Code

15090-7382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30730867

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Shawn P Mallady

Mailing Address 96 Country Club Drive

City

Danville

State

IL

Zip Code

61832-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30730870

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Samuel J Baron

Mailing Address Po Box 1543

City

Golden

State

CO

Zip Code

80402-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 30730872

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr Douglas G Smith

Mailing Address

585 Murphy Road

City

Medford

State

OR

Zip Code

97504-8128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30730877

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Teresa Partin Morton

Mailing Address 170 Middleground Way Apt 2

City

London

State

KY

Zip Code

40744-8153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 30730881

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Thomas J Overberg

Mailing Address P O Box 1227

City

Fremont

State

OH

Zip Code

43420-8227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30730883

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr W. Joseph Garvin

Mailing Address 3630 Vista Dela Canada

City

Escondido

State

CA

Zip Code

92029-7944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

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

Transaction ID: 30748704

Amount of Each Receipt this Period

506.00

C.

Full Name (Last, First, Middle Initial)

Dr Russell G Hopkins

Mailing Address 901 Park Place

City

Kingfisher

State

OK

Zip Code

73750-3826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30748706

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1256.00

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 61 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Wendy A Waguespack

Mailing Address 871 Pastureview Dr

City

Baton Rouge

State

LA

Zip Code

70810-4849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 30748707

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Marla Jane Husz

Mailing Address 1802 S Regina Cleri Dr

City

Tucson

State

AZ

Zip Code

85710-8664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30748709

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Carl J Roth, III

Mailing Address 1048 Alderson Avenue

City

Billings

State

MT

Zip Code

59102-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: 30756267

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City

Fishersville

State

VA

Zip Code

22939-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: 30756268

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City

Bloomington

State

IL

Zip Code

61705-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: 30756269

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Dr Brian J Blount

Mailing Address 5830 N. Circuit

City

Beaumont

State

TX

Zip Code

77706-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: 30756270

Amount of Each Receipt this Period

181.82

SUBTOTAL of Receipts This Page (optional)

311.82

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Pamela A Lowe

Mailing Address 6835 Concord Lane

City

Niles

State

IL

Zip Code

60714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: 30756272

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Martin H Carroll

Mailing Address 3700 Essex Road

City

Cheyenne

State

WY

Zip Code

82001-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: 30756274

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Thomas Matthew Bobst

Mailing Address 21285 Avalon Drive

City

Rocky River

State

OH

Zip Code

44116-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: 30756275

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Diane E Reddin

Mailing Address P O Box 66

City

Crawford

State

CO

Zip Code

81415-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: 30756277

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Mary Willson Yeilding

Mailing Address Maitland Vision Center
600 S Orlando Ave Ste 300

City

Maitland

State

FL

Zip Code

32751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: 30756283

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Steven Snapp

Mailing Address 310 Tendoy

City

Bellevue

State

ID

Zip Code

83313-5085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: 30756285

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

475.00

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 65 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert Bruce Grill

Mailing Address 3359 Willow Way

City

Twin Falls

State

ID

Zip Code

83301-8191

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: 30756286

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr James A Davis

Mailing Address 839 16Th Ave East

City

Jerome

State

ID

Zip Code

83338-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: 30756287

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr Steven K Brownmiller

Mailing Address 1004 Ridge Road

City

Denison

State

IA

Zip Code

51442-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: 30756288

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

275.00

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 66 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr F. Jay Kouchich

Mailing Address 29402 Lake Avenue Way

City

Frontenac

State

MN

Zip Code

55026-1048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: 30757741

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City

Snohomish

State

WA

Zip Code

98296-8649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 30759795

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Todd M Hamilton

Mailing Address 278 Falmouth Road

City

Windham

State

ME

Zip Code

04062-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.30

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 30759797

Amount of Each Receipt this Period

33.33

SUBTOTAL of Receipts This Page (optional)

598.33

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 67 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Blaine A Littlefield

Mailing Address 27 Wilderness Drive

City

Freeport

State

ME

Zip Code

04032-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.30

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 30759798

Amount of Each Receipt this Period

33.33

B.

Full Name (Last, First, Middle Initial)

Dr Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City

Freeport

State

ME

Zip Code

04032-6017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.40

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 30759799

Amount of Each Receipt this Period

33.34

C.

Full Name (Last, First, Middle Initial)

Dr Steven C Ezzell

Mailing Address 649 Mathew Ct

City

Abilene

State

TX

Zip Code

79602-5246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 30759801

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

166.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City

Birmingham

State

AL

Zip Code

35242-6886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 30759802

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Jeffrey A Myers

Mailing Address 4089 Marlowa Drive
P O Box 116

City

Groveport

State

OH

Zip Code

43125-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 30759803

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Beth A Kneib

Mailing Address 602 Nw 163Rd St

City

Shoreline

State

WA

Zip Code

98177-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765752

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

216.66

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 69 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Trevor J Cleveland

Mailing Address 1610 Wilson Court

City

Eugene

State

OR

Zip Code

97402-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765753

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Peter H Kehoe

Mailing Address 789 N Broad

City

Galesburg

State

IL

Zip Code

61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765754

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)

Dr Sue E Lowe

Mailing Address 1704 Skyline Drive

City

Laramie

State

WY

Zip Code

82070-8932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765755

Amount of Each Receipt this Period

166.66

SUBTOTAL of Receipts This Page (optional)

391.66

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 70 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Philip Dunne Flynn

Mailing Address 122 Palmetto Hall Drive

City

Lexington

State

SC

Zip Code

29072-7894

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765757

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr William R Burges

Mailing Address 988 Cr 477

City

Castroville

State

TX

Zip Code

78009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765758

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr Larry G Obie

Mailing Address 1330 12Th Ave

City

Havre

State

MT

Zip Code

59501-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765759

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

258.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Anea P Thau

Mailing Address 170 East 83 Street

City

New York

State

NY

Zip Code

10028-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765760

Amount of Each Receipt this Period

166.67

B.

Full Name (Last, First, Middle Initial)

Dr Albert S Licup

Mailing Address 226 S Harvey Ave

City

Oak Park

State

IL

Zip Code

60302-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765761

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City

Huntsville

State

AL

Zip Code

35801-1555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765762

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

258.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th St Ln

City

Greeley

State

CO

Zip Code

80634-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765763

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Scott M Burks

Mailing Address P O Box 1351

City

Buffalo

State

MO

Zip Code

65622-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765764

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Michele R Haranin

Mailing Address 301 Concord Road

City

Dover

State

DE

Zip Code

19904-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765765

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

225.00

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 73 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr David A Wolf

Mailing Address 6129 Churchill Downs Dr

City

West Linn

State

OR

Zip Code

97068-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765766

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert J Fleckenstein

Mailing Address 1830 Rebel Ridge

City

Anchorage

State

AK

Zip Code

99504-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30765768

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Dr Leonard Vincent Messner

Mailing Address 137 Herrick Rd

City

Riverside

State

IL

Zip Code

60546-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 30765813

Amount of Each Receipt this Period

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)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Julie A Blacksmith

Mailing Address 4305 Thompson Farm

City

Bedford

State

MA

Zip Code

01730-1493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 30765814

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Jon E Mc Cutchan

Mailing Address 19025-1990 East Street

City

Princeton

State

IL

Zip Code

61356-9741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30780974

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr John N Breiwa

Mailing Address 2032 Honeysuckle Court

City

Bowling Green

State

KY

Zip Code

42104-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30780992

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr William S Holmes

Mailing Address 896 Manns Hill Road

City

Littleton

State

NH

Zip Code

03561-5221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30780998

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Sarah K Storrs

Mailing Address 302 N Benton St
P O Box 1056

City

Kittitas

State

WA

Zip Code

98934-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30780999

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Gary T Coburn

Mailing Address 1916 Windemere Drive

City

Greencastle

State

IN

Zip Code

46135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30781012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Donald B Bogue

Mailing Address 217 Trailwood Circle

City

Lufkin

State

TX

Zip Code

75904-4372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: 30781018

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr Lindsey M Clyde

Mailing Address 3030 N Hayden

City

Scottsdale

State

AZ

Zip Code

85231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 30783021

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr George Nicholas Glosik

Mailing Address 10957 Tanager Tr

City

Brecksville

State

OH

Zip Code

44141-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 30783120

Amount of Each Receipt this Period

100.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kate M Wagner

Mailing Address 13060 Sail Away Street

City

N Fort Myers

State

FL

Zip Code

33903-6963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 30783126

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Daniel Layne Bowling

Mailing Address 507 Mc Guire Lane

City

Pearisburg

State

VA

Zip Code

24134-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 30783128

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Joe R Martin

Mailing Address 1019 Janehaven Lakes

City

Cleburne

State

TX

Zip Code

76033-6507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: 30783130

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr William Thomas Reynolds, Jr

Mailing Address 200 Larosa

City

Richmond

State

KY

Zip Code

40475-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30786680

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Diane J Song

Mailing Address 12521 Nugent Drive

City

Granada Hills

State

CA

Zip Code

91344-1536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30786682

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Ronald B Coutu

Mailing Address 17 Curtis Lane

City

Bedford

State

NH

Zip Code

03110-5903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30786683

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Lisa Wallace-Davis

Mailing Address 101 Linda Dr

City

Newport News

State

VA

Zip Code

23608-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30786691

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Linda Casser

Mailing Address 452 Meadowbrook Drive

City

Huntingdon Valley

State

PA

Zip Code

19006-6830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 30786695

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr Page Allen Yarwood

Mailing Address 609 Kenwyn Rd

City

Oakland

State

CA

Zip Code

94610-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30786698

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Nacondus Gamble

Mailing Address 5 Sagefield Dr

City

Ellabell

State

GA

Zip Code

31308-7405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30786701

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr Brian D Brightman

Mailing Address 14000 Brush Creek Pl

City

Roca

State

NE

Zip Code

68430-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30787251

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr James W Devine

Mailing Address 8600 Martell Road

City

Hickman

State

NE

Zip Code

68372-9789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30787257

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

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 81 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Nancy A Dob

Mailing Address 2111 Road M

City

Benedict

State

NE

Zip Code

68316-9028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 30787258

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Dr Janet Rose Fett

Mailing Address 517 So Ridge Dr

City

S Sioux City

State

NE

Zip Code

68776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

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

Transaction ID: 30787259

Amount of Each Receipt this Period

102.00

C.

Full Name (Last, First, Middle Initial)

Dr Gary D Finn

Mailing Address 1819 N 115Th Plaza #3202

City

Omaha

State

NE

Zip Code

68154-4638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

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

Transaction ID: 30787261

Amount of Each Receipt this Period

72.00

SUBTOTAL of Receipts This Page (optional)

574.00

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 82 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Philip L Gildersleeve

Mailing Address Rural Route 1

City

Oneill

State

NE

Zip Code

68763-9801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30787263

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Brian Donald Hinkley

Mailing Address 5430 Sawgrass Drive

City

Lincoln

State

NE

Zip Code

68526-9625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30787267

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Todd David Pfeil

Mailing Address 8900 Truchard Road

City

Lincoln

State

NE

Zip Code

68526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30787482

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 83 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Richard L Powell

Mailing Address 820 Manchester Circle

City

Lincoln

State

NE

Zip Code

68528-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 30787483

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Scott C Reins

Mailing Address 6500 Vanderslice Ln

City

Lincoln

State

NE

Zip Code

68516-9247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30787485

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Paul L Salansky, Jr

Mailing Address 2521 Whitaker Rd

City

Nebraska City

State

NE

Zip Code

68410-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30787486

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

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 84 / 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Steven P Sandman

Mailing Address 1806 Wildwood Cir

City

Beatrice

State

NE

Zip Code

68310-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30787487

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Kimberly J Tucker

Mailing Address 2710 Woodscrest Ave

City

Lincoln

State

NE

Zip Code

68502-4059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30787491

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Darren J Wright

Mailing Address 1702 M Street

City

Auburn

State

NE

Zip Code

68305-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

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

Transaction ID: 30787497

Amount of Each Receipt this Period

72.00

SUBTOTAL of Receipts This Page (optional)

272.00

TOTAL This Period (last page this line number only)

46534.88

**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)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

United Bank

Mailing Address 3801 Wilson Blvd.

City

Arlington

State

VA

Zip Code

22203-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

993.29

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	9

Transaction ID: 30765786

Amount of Each Receipt this Period

189.04

Bank Interest

SUBTOTAL of Receipts This Page (optional)

189.04

TOTAL This Period (last page this line number only)

189.04

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Candice Miller For Congress

Mailing Address PO Box 182152

City State Zip Code
Shelby Township MI 48318

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Candice S. Miller

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 10

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 30650357

Date of Disbursement

10 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Ben Chandler For Congress

Mailing Address P. O. Box 12678

City State Zip Code
Lexington KY 40508

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Benjamin Chandler

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 06

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 30671633

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Adler For Congress

Mailing Address 14 Knightswood Drive

City State Zip Code
Marlton NJ 08053

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep John Adler

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 03

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 30757729

Date of Disbursement

10 / 26 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Barbara Boxer

Mailing Address PO Box 641751

City
Los Angeles

State
CA

Zip Code
90064

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Barbara Boxer

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 30760027

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Barbara Boxer

Mailing Address PO Box 641751

City
Los Angeles

State
CA

Zip Code
90064

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Barbara Boxer

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 30760028

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

PAC for a Change

Mailing Address 725 South Figueiroa Street
Suite 3200

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement
Committee Contribution

Candidate Name
PAC for a Change

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 30760029

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

5000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Austria For Congress

Mailing Address 2537 Obetz Drive

City State Zip Code
Beavercreek OH 45434

Purpose of Disbursement
Candidate Contribution

Candidate Name
Steve Austria

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: 30760030

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Al Franken For Senate

Mailing Address PO Box 583144

City State Zip Code
Minneapolis MN 55458

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Al Franken

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Transaction ID: 30760032

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Citizens For Harkin

Mailing Address P O Box 811

City State Zip Code
Des Moines IA 50304

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Tom Harkin

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: 30760035

Date of Disbursement

10 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

16000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 30785864

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

1062.06

Bank Fee

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement

Discover Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 30785866

Date of Disbursement

10 / 02 / 2009

Amount of Each Disbursement this Period

64.52

Discover Fee

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement

American Express Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 30785867

Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

254.59

American Express Fee

SUBTOTAL of Disbursements This Page (optional)

1381.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30785868

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

63.06

Bank Fee

B.

Full Name (Last, First, Middle Initial)

Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 30790266

Date of Disbursement

10 / 09 / 2009

Amount of Each Disbursement this Period

701.50

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

764.56

TOTAL This Period (last page this line number only)

2145.73