

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

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 20	
	<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)  
*Hawaii Optometric PAC*

A. Full Name (Last, First, Middle Initial)  
*Fujimoto, David*

Mailing Address  
*1441 Kapiolani Blvd*

City *Honolulu* State *HI* Zip Code *96814*

FEC ID number of contributing federal political committee.  C

Name of Employer *self* Occupation *optometrist*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 30000

Date of Receipt  
 02  12  2010

Amount of Each Receipt this Period  
 30000

B. Full Name (Last, First, Middle Initial)  
*Casuga, Liane*

Mailing Address  
*9550 Lanikahana Ave*

City *Mililani* State *HI* Zip Code *96789*

FEC ID number of contributing federal political committee.  C

Name of Employer *self* Occupation *optometrist*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 30000

Date of Receipt  
 02  12  2010

Amount of Each Receipt this Period  
 30000

C. Full Name (Last, First, Middle Initial)  
*Pham, Trinh*

Mailing Address  
*1450 Ala Moana Blvd*

City *Honolulu* State *HI* Zip Code *96814*

FEC ID number of contributing federal political committee.  C

Name of Employer *self* Occupation *optometrist*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 30000

Date of Receipt  
 02  12  2010

Amount of Each Receipt this Period  
 30000

SUBTOTAL of Receipts This Page (optional).....▶  90000

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

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