

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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 ▲

C 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 Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Fred Dubrick O.D.

Signature of Treasurer

Fred Dubrick O.D.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 27 / 2012 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		683843.90
(b) Cash on Hand at Beginning of Reporting Period.....	444011.00	
(c) Total Receipts (from Line 19)	61506.67	897151.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	505517.67	1580995.82
7. Total Disbursements (from Line 31)	17664.69	1093142.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	487852.98	487852.98
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)

Page 3

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	1		2	7		2	0	1	2

To:

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

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).....	44638.52	589344.50
(ii) Unitemized	16810.31	306370.22
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	61448.83	895714.72
(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)	61448.83	895714.72
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.).....	57.84	437.20
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 Transfers (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))	61506.67	897151.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61506.67	897151.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	2664.69	59502.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2664.69	59502.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	912750.00
24. Independent Expenditures (use Schedule E)	0.00	100000.00
25. Coordinated Party Expenditures (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	890.00
(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	890.00
29. Other Disbursements	0.00	20000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	17664.69	1093142.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17664.69	1093142.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	61448.83	895714.72
34. Total Contribution Refunds (from Line 28(d))	0.00	890.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61448.83	894824.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2664.69	59502.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2664.69	59502.84

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)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr C. Thomas Crooks III

Mailing Address 1229 Highland Lakes Trl

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 ▼

550.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 35525455

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas E Nye

Mailing Address 42 Tabor Ln

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 ▼

1000.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 35525456

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Maryjane Healey

Mailing Address 6710 124Th PI 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 ▼

2200.00

Date of Receipt

11 / 27 / 2012

Transaction ID : 35525457

Amount of Each Receipt this Period

200.00

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

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

350.00

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

Use separate schedule(s)
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(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Katherine Cragon

Mailing Address 1104 Appalachee Dr Se

City State Zip Code
 Huntsville AL 35801-2203

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 27 / 2012

Transaction ID : 35525539

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin L GeeMailing Address 9119 Highway 6
Ste 200

City State Zip Code
 Missouri City TX 77459-4876

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 11 / 28 / 2012

Transaction ID : 35540835

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

C. Dr Lillian T Kalaczinski

Mailing Address 7421 Treeline Dr Se

City State Zip Code
 Grand Rapids MI 49546-7465

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540836

Amount of Each Receipt this Period

25.00

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

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

1115.91

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

Full Name (Last, First, Middle Initial)

A. Dr Sue E Lowe

Mailing Address 1704 Skyline Rd

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540837

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Ron Benner

Mailing Address 1408 E Maryland Ln

City

Laurel

State

MT

Zip Code

59044-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540839

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Neil W Draisin

Mailing Address 21 Fairway Village Ln

City

Isle Of Palms

State

SC

Zip Code

29451-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540840

Amount of Each Receipt this Period

41.67

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

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

375.01

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

Full Name (Last, First, Middle Initial)

A. Dr Jennifer M. Smi Zolman

Mailing Address 141 Sea Cotton Cir

City

Charleston

State

SC

Zip Code

29412-8296

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 ▼

458.37

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540841

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Sarah L Lopper

Mailing Address 3827 Paxton Ave
Apt 635

City

Cincinnati

State

OH

Zip Code

45209-2417

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 ▼

220.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540842

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr Robert G Goerss

Mailing Address 3120 Brookford Dr

City

Saint Charles

State

MO

Zip Code

63303-6356

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 ▼

550.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540843

Amount of Each Receipt this Period

50.00

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

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

111.67

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

Full Name (Last, First, Middle Initial)

A. Dr Trevor J Cleveland

Mailing Address 1610 Wilson Ct

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 ▼

550.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540845

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Lanny F Duclos Jr

Mailing Address 3795 Sun Valley Dr

City

Grantsville

State

UT

Zip Code

84029-8512

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 ▼

550.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540846

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr William L Ratcliff

Mailing Address 530 10Th St

City

Huntington

State

WV

Zip Code

25701-2222

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 ▼

462.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540847

Amount of Each Receipt this Period

42.00

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

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

142.00

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

Full Name (Last, First, Middle Initial)

A. Dr Peter H Kehoe

Mailing Address 789 N Broad St

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1925.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540849

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Dr Lynn A Davis

Mailing Address 6546 Jacal Ct Nw

City

Albuquerque

State

NM

Zip Code

87114-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540850

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Diana W Gilbert

Mailing Address 8629 N Pavillion

City

West Chester

State

OH

Zip Code

45069-4885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540851

Amount of Each Receipt this Period

20.00

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

278.34

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:
(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Dean E Riskedahl

Mailing Address 2092 32Nd Ave Ne

City

Issaquah

State

WA

Zip Code

98029-7349

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 ▼

275.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540852

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr John L Walters

Mailing Address 47 Mast Hill Rd

City

Saco

State

ME

Zip Code

04072-9338

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 ▼

499.68

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540853

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

c. Dr Andrea P Thau

Mailing Address 145 E 84Th St
Apt 11A

City

New York

State

NY

Zip Code

10028-2058

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 ▼

1833.37

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540854

Amount of Each Receipt this Period

166.67

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

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

228.67

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 13 OF 118

(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

Full Name (Last, First, Middle Initial)

A. Dr Daniel L Gauerke

Mailing Address 815 W Fulton St
 Ste 3

City State Zip Code
 Waupaca WI 54981-1405

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540855

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr Paul W Bohac

Mailing Address 5775 Wynclyff Rd

City State Zip Code
 N Charleston SC 29418-5220

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.74

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540856

Amount of Each Receipt this Period

33.34

Full Name (Last, First, Middle Initial)

c. Dr Douglas J Walker

Mailing Address Po Box 988

City State Zip Code
 Brookings OR 97415-0021

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540857

Amount of Each Receipt this Period

25.00

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

78.34

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

Full Name (Last, First, Middle Initial)

A. Dr Thomas A Lucas Jr

Mailing Address 2023 Sandy Point Rd

City

Harker Hts

State

TX

Zip Code

76548-8680

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 ▼

2200.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540863

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Kathleen E Goff

Mailing Address 114 Crested Peak Ct

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 ▼

919.76

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540864

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Richard Edlow

Mailing Address 8913 Griffin Way

City

Baltimore

State

MD

Zip Code

21208-1424

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 ▼

910.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540865

Amount of Each Receipt this Period

91.00

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

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

374.34

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Carey A Patrick

Mailing Address 970 Patrician Ct

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540867

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Derek J Louie

Mailing Address 5079 W Sunset Drive

City

Lake Oswego

State

OR

Zip Code

97035-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540868

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr Steven Leon Haleo

Mailing Address 458 Cranborne Chase

City

Fort Mill

State

SC

Zip Code

29708-7922

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.26

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : 35540873

Amount of Each Receipt this Period

30.42

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

172.42

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:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael E Bennett

Mailing Address 4940 Victoria Pl

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 ▼

1833.37

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540874

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Hilaire A Pressley

Mailing Address 8635 W Sahara Ave
Pmb 443

City

Las Vegas

State

NV

Zip Code

89117-5858

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 ▼

650.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35540875

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Joseph M Bannon

Mailing Address 211 Greentree Dr

City

Saint Clairsville

State

OH

Zip Code

43950-1443

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

11 / 28 / 2012

Transaction ID : 35546559

Amount of Each Receipt this Period

250.00

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

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

466.67

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

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey A Wilson

Mailing Address 1460 N Riverbend Dr

City

Green River

State

WY

Zip Code

82935-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 28 / 2012

Transaction ID : 35546560

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Barbara A Scheetz

Mailing Address 28926 360Th St

City

Van Meter

State

IA

Zip Code

50261-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 01 / 2012

Transaction ID : 35553832

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr Peter Charles Dubin

Mailing Address 3397 Charleston Hwy

City

Walterboro

State

SC

Zip Code

29488-6122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 01 / 2012

Transaction ID : 35553833

Amount of Each Receipt this Period

125.00

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

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

400.00

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gabrielle W Marshall

Mailing Address 2463 Nw 1St St

City

State

Zip Code

Bend

OR

97701-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2012

Transaction ID : 35553869

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Kathleen E Powell

Mailing Address 9710 Copper Dr

City

State

Zip Code

Anchorage

AK

99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2012

Transaction ID : 35566742

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

c. Dr Philip J Gross

Mailing Address 46 Wintergreen Way

City

State

Zip Code

Magnolia

DE

19962-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2012

Transaction ID : 35566743

Amount of Each Receipt this Period

50.00

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

185.00

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

Full Name (Last, First, Middle Initial)

A. Dr Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd Ne

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2012

Transaction ID : 35566744

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr George W Hertneky

Mailing Address 16862 County Road 28

City

Brush

State

CO

Zip Code

80723-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2012

Transaction ID : 35566745

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Stanley 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2012

Transaction ID : 35569181

Amount of Each Receipt this Period

250.00

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

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

466.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jon Frederick Pederson

Mailing Address 1025 Milwaukee St

City

Denver

State

CO

Zip Code

80206-3337

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2012

Transaction ID : 35569182

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

2000.02

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2012

Transaction ID : 35569183

Amount of Each Receipt this Period

333.34

Full Name (Last, First, Middle Initial)

c. Dr Harvey B Richman FAAO

Mailing Address 136 Main St

City

Manasquan

State

NJ

Zip Code

08736-3558

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2012

Transaction ID : 35569184

Amount of Each Receipt this Period

41.67

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

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

425.01

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Melissa S Leach

Mailing Address 60525 Sandy Ridge Rd

City

Barnesville

State

OH

Zip Code

43713-9334

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

11 / 30 / 2012

Transaction ID : 35569359

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Harry Walter Wiessner

Mailing Address 120 Bussell Rd

City

Walla Walla

State

WA

Zip Code

99362-8072

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 ▼

325.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 35569360

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Mary Rita Sheehy

Mailing Address 2 Cleveland Dr

City

Poughkeepsie

State

NY

Zip Code

12601-6002

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

11 / 30 / 2012

Transaction ID : 35569362

Amount of Each Receipt this Period

250.00

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

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

500.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Stephen A Beckerman

Mailing Address 1465 Gordon Ter

City

Deerfield

State

IL

Zip Code

60015-4738

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

11 / 30 / 2012

Transaction ID : 35569363

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Adrian Tenorio

Mailing Address 1702 Royal Dr

City

Las Cruces

State

NM

Zip Code

88011-4926

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

12 / 05 / 2012

Transaction ID : 35584788

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr Clarke Newman

Mailing Address 3311 Throckmorton St.
Apt A4

City

Dallas

State

TX

Zip Code

75219-3663

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 ▼

3000.00

Date of Receipt

12 / 05 / 2012

Transaction ID : 35584789

Amount of Each Receipt this Period

250.00

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

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

525.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John D Coble

Mailing Address 1501 Sunset Hill Dr

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 ▼

1000.20

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2012

Transaction ID : 35605696

Amount of Each Receipt this Period

83.35

Full Name (Last, First, Middle Initial)

B. Dr Andrew Ray Adamich

Mailing Address Po Box 711

City

Gunnison

State

CO

Zip Code

81230-0711

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2012

Transaction ID : 35605697

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Jason A Ricks

Mailing Address 108 Agate Dr

City

Lewistown

State

MT

Zip Code

59457-3202

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 ▼

332.52

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2012

Transaction ID : 35605698

Amount of Each Receipt this Period

30.42

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

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

163.77

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

Full Name (Last, First, Middle Initial)

A. Dr Jeremy M Durham

Mailing Address 1233 N Seasons Ct

City

Goddard

State

KS

Zip Code

67052-8534

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : 35607565

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Sean Michael Stevens

Mailing Address 23 Farm Brook Way

City

Simpsonville

State

SC

Zip Code

29681-3509

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 Y
12 / 08 / 2012

Transaction ID : 35612134

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 08 / 2012

Transaction ID : 35612135

Amount of Each Receipt this Period

200.00

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

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

375.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Terry L Kirkland

Mailing Address 4414 Barbados

City

Wichita Falls

State

TX

Zip Code

76308-4036

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
12 / 08 / 2012

Transaction ID : 35612136

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Robert Nyre

Mailing Address 2505 10th Ave Nw

City

Minot

State

ND

Zip Code

58703-1754

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2012

Transaction ID : 35612137

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr Dawn Marie Miller

Mailing Address 3004 E Lake Hill Dr

City

Orange

State

CA

Zip Code

92867-1910

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
12 / 08 / 2012

Transaction ID : 35612138

Amount of Each Receipt this Period

25.00

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

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

90.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William Thomas Reynolds Jr

Mailing Address 200 La Rose Ct

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2012

Transaction ID : 35612139

Amount of Each Receipt this Period

190.48

Full Name (Last, First, Middle Initial)

B. Dr Geoffrey Goodfellow

Mailing Address 260 Aspen Dr

City

Beecher

State

IL

Zip Code

60401-5123

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
12 / 08 / 2012

Transaction ID : 35612140

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr William Drost Altig

Mailing Address 520 County Road 4856

City

Newark

State

TX

Zip Code

76071-3404

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
12 / 09 / 2012

Transaction ID : 35618574

Amount of Each Receipt this Period

500.00

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

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

715.48

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Tracie M King

Mailing Address 1323 S Hanover St

City
Baltimore

State
MD

Zip Code
21230-4220

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

12 / 09 / 2012

Transaction ID : 35618575

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Troy Raber

Mailing Address 195 Masters Ln

City

Magnolia

State

DE

Zip Code

19962-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delaware Optometric Association

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 09 / 2012

Transaction ID : 35618578

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr David A Klibanoff

Mailing Address 238 Brook St

City

Rehoboth

State

MA

Zip Code

02769-1736

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 ▼

365.64

Date of Receipt

12 / 09 / 2012

Transaction ID : 35618579

Amount of Each Receipt this Period

30.47

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

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

280.47

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way Ne

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 ▼

600.00

Date of Receipt

12 / 09 / 2012

Transaction ID : 35618580

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Norman Robert Miller

Mailing Address 3216 Noble Ct

City

Boulder

State

CO

Zip Code

80301-5489

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

12 / 09 / 2012

Transaction ID : 35618581

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr Jonathan R Bundy

Mailing Address 3045 N Hozoni Rd

City

Prescott

State

AZ

Zip Code

86305-3992

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 ▼

600.00

Date of Receipt

12 / 09 / 2012

Transaction ID : 35618583

Amount of Each Receipt this Period

50.00

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

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

125.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms Bj Avery

Mailing Address 1104 West Ave

City
AustinState
TXZip Code
78701-2020FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Optometric Assn Inc

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 35618585

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr Mira Swiecicki

Mailing Address 664 Clark Rd

City

Bellingham

State

WA

Zip Code

98225-7842

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 ▼

2010.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 35618586

Amount of Each Receipt this Period

222.22

Full Name (Last, First, Middle Initial)

C. Dr Michael John Kruger

Mailing Address 205 Northpark Blvd

City

Huxley

State

IA

Zip Code

50124-9340

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 35618588

Amount of Each Receipt this Period

25.00

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

267.22

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

Full Name (Last, First, Middle Initial)

A. Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Dr

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 35618590

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Michael Ernest Heil

Mailing Address 25904 210th Ave Se

City

Maple Valley

State

WA

Zip Code

98038-7530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 35618591

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr Michael G Wallace

Mailing Address 3366 Ambleside Dr

City

Flushing

State

MI

Zip Code

48433-9784

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 35618592

Amount of Each Receipt this Period

42.00

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

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

103.67

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George W Veliky

Mailing Address 137 Oak Grove Ave

City

Hasbrouck Hts

State

NJ

Zip Code

07604-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 35618593

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr James Davis

Mailing Address 2724 Surrey Ln

City

Idaho Falls

State

ID

Zip Code

83404-7143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 35618594

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr Shelby Robinson

Mailing Address 3939 62nd Ave E

City

Fife

State

WA

Zip Code

98424-2377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2012

Transaction ID : 35618596

Amount of Each Receipt this Period

20.00

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

107.00

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

Full Name (Last, First, Middle Initial)

A. Dr Paul Schroeder

Mailing Address 616 12Th St Sw

City

Le Mars

State

IA

Zip Code

51031-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35620183

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Robert Craig Janot

Mailing Address 100 Orchard St

City

Sulphur

State

LA

Zip Code

70663-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35620184

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Andrea E Bethel

Mailing Address 1621 Terra De Sol Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-8709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35620185

Amount of Each Receipt this Period

50.00

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

116.67

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

Full Name (Last, First, Middle Initial)

A. Dr Joe Ernest Ellis

Mailing Address 179 Wood Trce

City
BentonState
KYZip Code
42025-9400FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35620187

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Julie A Toon

Mailing Address 2204 N Longwood Cir

City
WichitaState
KSZip Code
67226-1157FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35620188

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Vincent W Brandys Jr

Mailing Address 998 Ascot Dr

City
ElginState
ILZip Code
60123-6761FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35620189

Amount of Each Receipt this Period

35.00

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

251.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David I Geffen

Mailing Address 8695 Robinhood Ln

City

La Jolla

State

CA

Zip Code

92037-2134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 04 / 2012

Transaction ID : 35620230

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr Henry W Stevens

Mailing Address 3698 Ne 207Th Ter

City

Aventura

State

FL

Zip Code

33180-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 04 / 2012

Transaction ID : 35620231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Ann M Kautz-Markley

Mailing Address 4 Barrington Hls

City

Fenton

State

MI

Zip Code

48430-9183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 04 / 2012

Transaction ID : 35620236

Amount of Each Receipt this Period

300.00

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

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

700.00

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

Full Name (Last, First, Middle Initial)

A. Dr Dale G Lervick

Mailing Address 2876 W Long Dr

Apt D

City

Littleton

State

CO

Zip Code

80120-8131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 04 / 2012

Transaction ID : 35620241

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Dr Denis Robert Holmes

Mailing Address 1313 Old Samish Rd

City

Bellingham

State

WA

Zip Code

98229-8505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 12 / 2012

Transaction ID : 35621659

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr Irwin Azman

Mailing Address 119 Old Plantation Way

City

Pikesville

State

MD

Zip Code

21208-6381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 11 / 2012

Transaction ID : 35621735

Amount of Each Receipt this Period

2000.00

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

2370.00

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas Azman

Mailing Address 3315 Labyrinth Rd

City
Baltimore

State
MD

Zip Code
21215-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

12 / 11 / 2012

Transaction ID : 35621749

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr Linda A Frechette

Mailing Address 5002 S 325 E

City
Franklin

State
IN

Zip Code
46131-7716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

12 / 11 / 2012

Transaction ID : 35621751

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Glen A Gunderson

Mailing Address 5833 Urban Ct

City
Arvada

State
CO

Zip Code
80004-4251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2012

Transaction ID : 35621752

Amount of Each Receipt this Period

125.00

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

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

2225.00

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
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Carl H Hirsch

Mailing Address 2660 Bridle Ln

City

Walnut Creek

State

CA

Zip Code

94596-6538

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 Y
12 / 11 / 2012

Transaction ID : 35621753

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Cameron E Herrin

Mailing Address 1704 N 4Th Ave

City

Purcell

State

OK

Zip Code

73080-1902

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 Y
12 / 07 / 2012

Transaction ID : 35621832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Lisa L Knapp

Mailing Address 341 S G St

City

Oxnard

State

CA

Zip Code

93030-5219

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 Y
12 / 07 / 2012

Transaction ID : 35621833

Amount of Each Receipt this Period

125.00

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

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

750.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas E Holden

Mailing Address 341 S G St

City

Oxnard

State

CA

Zip Code

93030-5219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : 35621834

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Ximena M Daza

Mailing Address 1575 E 14Th St

City

San Leandro

State

CA

Zip Code

94577-4806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : 35621835

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Alison A Arrants

Mailing Address Po Box 2250

City

Rock Springs

State

WY

Zip Code

82902-2250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : 35621837

Amount of Each Receipt this Period

350.00

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

725.00

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

Full Name (Last, First, Middle Initial)

A. Dr Mark D Woodward

Mailing Address 406 Coach Hovis Dr

City

Yorktown

State

VA

Zip Code

23693-2565

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 ▼

375.00

Date of Receipt

12 / 07 / 2012

Transaction ID : 35621840

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Carol J Hamel

Mailing Address 21 Fair Oaks Dr

City

Lincoln

State

RI

Zip Code

02865-4523

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

12 / 07 / 2012

Transaction ID : 35621842

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr Glenn Goldring

Mailing Address 209 S Grove Park Rd

City

Memphis

State

TN

Zip Code

38117-3505

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 ▼

325.00

Date of Receipt

12 / 07 / 2012

Transaction ID : 35621847

Amount of Each Receipt this Period

200.00

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ed La Bissoniere

Mailing Address 409 N 64Th Ave

City

Yakima

State

WA

Zip Code

98908-1202

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

12 / 07 / 2012

Transaction ID : 35621850

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Brian D Cin

Mailing Address 17342 Alice Loop

City

Eagle River

State

AK

Zip Code

99577-7579

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 ▼

600.00

Date of Receipt

12 / 13 / 2012

Transaction ID : 35621919

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Edwin Endo

Mailing Address 98-828 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 ▼

499.92

Date of Receipt

12 / 13 / 2012

Transaction ID : 35621920

Amount of Each Receipt this Period

41.66

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

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

291.66

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey David Hill

Mailing Address 126 Treymoor Dr

City
Alabaster

State
AL

Zip Code
35007-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2012

Transaction ID : 35621921

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Dr

City
Lewis Center

State
OH

Zip Code
43035-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2012

Transaction ID : 35621922

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr Jonathan Toso

Mailing Address 1101 Angel Ln

City
Canton

State
SD

Zip Code
57013-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 / 13 / 2012

Transaction ID : 35621923

Amount of Each Receipt this Period

25.00

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

120.00

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

Full Name (Last, First, Middle Initial)

A. Dr Mark David Hansen

Mailing Address 1887 N Isett Ave

City

Muscatine

State

IA

Zip Code

52761-9747

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2012

Transaction ID : 35621928

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Mark G Everett

Mailing Address 3316 W Eagles Nest Ln

City

Spokane

State

WA

Zip Code

99208-8760

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
12 / 12 / 2012

Transaction ID : 35622747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Todd D Olson

Mailing Address 800 Bryant St

City

Alexandria

State

MN

Zip Code

56308-1713

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
12 / 12 / 2012

Transaction ID : 35622749

Amount of Each Receipt this Period

200.00

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

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

575.00

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)

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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

Full Name (Last, First, Middle Initial)

A. Dr Elliot M Kirstein

Mailing Address 9831 Orchard Club Dr

City

Montgomery

State

OH

Zip Code

45242-4467

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 ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 35622750

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr J. Steven Robinson

Mailing Address 118 Wagon Wheel Ln

City

New Britain

State

PA

Zip Code

18901-2027

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2012

Transaction ID : 35622751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Greg A Caldwell

Mailing Address 225 Terrace Dr

City

Lilly

State

PA

Zip Code

15938-5819

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 14 / 2012

Transaction ID : 35628316

Amount of Each Receipt this Period

166.67

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

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

781.67

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr William Benton Britt

Mailing Address 855 S Pitkin Ave

City

Superior

State

CO

Zip Code

80027-8032

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 Y
12 / 14 / 2012

Transaction ID : 35628317

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr Markus I Barth

Mailing Address 1346 Heller Dr

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : 35628318

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Brian Plattner

Mailing Address 917 S Market St

City

Knoxville

State

IL

Zip Code

61448-1299

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 ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : 35628319

Amount of Each Receipt this Period

85.00

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

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

146.67

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David S Cook

Mailing Address 6460 Devon Ln

City State Zip Code
 Cadillac MI 49601-9549

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 14 2012

Transaction ID : 35628320

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City State Zip Code
 Birmingham AL 35242-4834

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 14 2012

Transaction ID : 35628321

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr David Edward Magnus

Mailing Address Po Box 2144

City State Zip Code
 Corrales NM 87048-2144

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 14 2012

Transaction ID : 35628322

Amount of Each Receipt this Period

50.00

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

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

125.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kimberly Ocampo

Mailing Address 823 6th Ave Se

City

Decatur

State

AL

Zip Code

35601-3021

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
12 / 14 / 2012

Transaction ID : 35628323

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Zalaznick

Mailing Address 573 Sanderling Ct

City

Secaucus

State

NJ

Zip Code

07094-2220

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2012

Transaction ID : 35628707

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Ronald B Gantt

Mailing Address 144 Lonetree Dr

City

Advance

State

NC

Zip Code

27006-7061

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
12 / 11 / 2012

Transaction ID : 35628708

Amount of Each Receipt this Period

125.00

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

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

275.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark Lee Guisti

Mailing Address 592 12Th St

City

Elko

State

NV

Zip Code

89801-3405

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
12 / 11 / 2012

Transaction ID : 35628709

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David L Parker

Mailing Address 4889 Bobo Pl

City

Olive Branch

State

MS

Zip Code

38654-8223

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2012

Transaction ID : 35628906

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Scott L Nehring

Mailing Address 32840 S Meridian Rd

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 ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2012

Transaction ID : 35628907

Amount of Each Receipt this Period

42.00

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

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

333.67

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

Full Name (Last, First, Middle Initial)

A. Dr Katherine M Baughman

Mailing Address 2421 E White Ave

City

Moscow

State

ID

Zip Code

83843-5097

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2012

Transaction ID : 35628908

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Jared Walker

Mailing Address 609 Diamond Dr

City

Kimberly

State

ID

Zip Code

83341-1938

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2012

Transaction ID : 35628909

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Dr Gary P Walker

Mailing Address 1733 W Wildflower Ln

City

Twin Falls

State

ID

Zip Code

83301-3691

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2012

Transaction ID : 35628910

Amount of Each Receipt this Period

30.00

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

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

90.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gary R Pabalis

Mailing Address 11972 W Gamekeeper Dr

City State Zip Code
 Kuna ID 83634-2802

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 12 15 2012

Transaction ID : 35628911

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City State Zip Code
 Fishersville VA 22939-2123

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 15 2012

Transaction ID : 35628913

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

C. Dr Mary Anne C Murphy

Mailing Address 16683 Cathedral Way

City State Zip Code
 Broomfield CO 80023-4645

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 12 15 2012

Transaction ID : 35628914

Amount of Each Receipt this Period

25.00

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

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

86.00

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jessica L Peel

Mailing Address 3115 Silverwood St

City
Billings

State
MT

Zip Code
59102-0655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 / 15 / 2012

Transaction ID : 35628915

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Randy Andrege

Mailing Address 11368 W Hickory Hill Ct

City
Boise

State
ID

Zip Code
83713-2467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2012

Transaction ID : 35628916

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Jared E Birch

Mailing Address 1202 Ashland Dr

City
Ammon

State
ID

Zip Code
83406-4574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2012

Transaction ID : 35628917

Amount of Each Receipt this Period

90.00

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

181.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Raymond Greene

Mailing Address 3207 N 22nd St

City

Coeur D Alene

State

ID

Zip Code

83815-6321

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 ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2012

Transaction ID : 35628918

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Ron W Roelfs

Mailing Address 1304 Shepherd Ave

City

Waverly

State

IA

Zip Code

50677-9632

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
12 / 16 / 2012

Transaction ID : 35628925

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

c. Dr Michele R Haranin

Mailing Address 301 Concord Rd

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 ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2012

Transaction ID : 35628926

Amount of Each Receipt this Period

65.00

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

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

130.42

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John G Barron

Mailing Address 1217 Tammy St

City
Selma

State
CA

Zip Code
93662-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

12 / 16 / 2012

Transaction ID : 35628927

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Bruce L Manning

Mailing Address 487 Whitebark Cr

City

Wadsworth

State

OH

Zip Code

44281-2299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

12 / 16 / 2012

Transaction ID : 35628928

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

C. Dr Lee Ann Barrett

Mailing Address 1199 E Morgan St

City

Boonville

State

MO

Zip Code

65233-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 17 / 2012

Transaction ID : 35629158

Amount of Each Receipt this Period

50.00

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

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

131.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sarah J Hudson

Mailing Address 284 Richards Ave
Unit 2

City Portsmouth State NH Zip Code 03801-5238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2012

Transaction ID : 35629159

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Sally Ann Hartenstein

Mailing Address 3 Taylor River Rd

City Hampton Falls State NH Zip Code 03844-2012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2012

Transaction ID : 35629160

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr Freddie M Mayes

Mailing Address 117 Magnolia Dr

City Central City State KY Zip Code 42330-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2012

Transaction ID : 35629161

Amount of Each Receipt this Period

50.00

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

195.00

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Matthew R Ingram

Mailing Address 660 Bender Rd

City

Marietta

State

OH

Zip Code

45750-8345

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

12 / 17 / 2012

Transaction ID : 35629162

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr Larry C Wallis

Mailing Address 20 Kentshire Ct

City

Greenville

State

DE

Zip Code

19807-2583

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 ▼

600.00

Date of Receipt

12 / 17 / 2012

Transaction ID : 35629163

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Paul S Jensen

Mailing Address 4717 132Nd Ave Se

City

Bellevue

State

WA

Zip Code

98006-2132

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

12 / 17 / 2012

Transaction ID : 35629164

Amount of Each Receipt this Period

20.00

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

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

90.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Daniel J Kosterman

Mailing Address 16420 Carla St

City

Eagle River

State

AK

Zip Code

99577-7618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 17 / 2012

Transaction ID : 35629165

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Dennis A Swarner

Mailing Address Po Box 1669

City

Kenai

State

AK

Zip Code

99611-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 17 / 2012

Transaction ID : 35629166

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr Movses D'Janbatian

Mailing Address 1435 Stanley Ave #217

City

Glendale

State

CA

Zip Code

91206-3987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 18 / 2012

Transaction ID : 35631112

Amount of Each Receipt this Period

500.00

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

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

670.00

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Philip Dunne Flynn

Mailing Address 122 Palmetto Hall Dr

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 35636180

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Mitchell Todd Munson

Mailing Address 9940 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2003.28

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 35636181

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

c. Dr Paul Zerbinopoulos

Mailing Address 22 Carrie Ln

City

N Kingstown

State

RI

Zip Code

02852-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 35636182

Amount of Each Receipt this Period

30.42

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

322.36

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:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Dr Pamela J Blodgett

Mailing Address 22 Carrie Ln

City

N Kingstown

State

RI

Zip Code

02852-4138

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 ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 35636183

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Michael Bacigalupi

Mailing Address 622 Se 13Th St

City

Ft Lauderdale

State

FL

Zip Code

33316-2023

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 ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 35636184

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. 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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 35636185

Amount of Each Receipt this Period

166.67

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

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

227.51

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

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

FOR LINE NUMBER: PAGE 58 OF 118

(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

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 19 / 2012

Transaction ID : 35636186

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Nancy S Barr

Mailing Address 435 Conservatory Pt

City

Fayetteville

State

GA

Zip Code

30215-8609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 19 / 2012

Transaction ID : 35636187

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr Harue Jean Marsden

Mailing Address 1445 Prospect Ave

Unit D

City

Placentia

State

CA

Zip Code

92870-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1999.66

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 19 / 2012

Transaction ID : 35636189

Amount of Each Receipt this Period

194.40

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

381.07

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 59 OF 118

(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

Full Name (Last, First, Middle Initial)

A. Dr Scott Burks

Mailing Address Po Box 1351

City
BuffaloState
MOZip Code
65622-1351FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 35636190

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Susan M Brunnett

Mailing Address 9940 Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2012

Transaction ID : 35636191

Amount of Each Receipt this Period

333.06

Full Name (Last, First, Middle Initial)

C. Dr Janice M Mc Mahon

Mailing Address 308 Vernon Ave

City

Wheaton

State

IL

Zip Code

60187-4643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 / 19 / 2012

Transaction ID : 35636192

Amount of Each Receipt this Period

20.00

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

453.06

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

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(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

Full Name (Last, First, Middle Initial)

A. Dr Michael Polasky

Mailing Address 5088 Breckenhurst Dr

City State Zip Code
 Hilliard OH 43026-8659

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 17 2012

Transaction ID : 35644722

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Mark A Taylor

Mailing Address 527 E 1500 S

City State Zip Code
 Kaysville UT 84037-3032

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 12 20 2012

Transaction ID : 35644977

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr Wayne Maltz

Mailing Address 10801 Valley Hills Dr

City State Zip Code
 Houston TX 77071-1610

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2012

Transaction ID : 35644978

Amount of Each Receipt this Period

100.00

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

370.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lynn D Greenspan

Mailing Address 77 N Iroquois Ln

City

Chester Sprgs

State

PA

Zip Code

19425-2929

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
12 / 20 / 2012

Transaction ID : 35644979

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr Marc Robert Bloomenstein

Mailing Address 5101 E Calavar Rd

City

Scottsdale

State

AZ

Zip Code

85254-2869

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 35644980

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin L Alexander

Mailing Address 2116 Wildwood Ct

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 35644981

Amount of Each Receipt this Period

50.00

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

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

170.00

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

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

FOR LINE NUMBER: PAGE 62 OF 118

(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert J Parks

Mailing Address 86 Darlene Drive

City
WakefieldState
RIZip Code
02879-8307FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.27

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 35644982

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

B. Dr Melissa PatrljaMailing Address 8925 Ridgeline Blvd
Ste 107City
Highlands RanchState
COZip Code
80129-2502FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 35644983

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr Jeffrey A Gonnason

Mailing Address 6721 Gloucester Pl

City
AnchorageState
AKZip Code
99504-3343FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2012

Transaction ID : 35644984

Amount of Each Receipt this Period

84.00

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

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

140.25

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

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

FOR LINE NUMBER: PAGE 63 OF 118

(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

Full Name (Last, First, Middle Initial)

A. Dr David S Hays

Mailing Address 8720 52Nd Street Ct W

City State Zip Code
 University Pl WA 98467-1758

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 21 2012

Transaction ID : 35646078

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Donald W Furman

Mailing Address 855 11Th Street Pl

City State Zip Code
 Garner IA 50438-1847

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 21 2012

Transaction ID : 35646079

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Dr Paul Gustafson

Mailing Address 159 Sunflower St

City State Zip Code
 Casper WY 82604-3805

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y
 12 21 2012

Transaction ID : 35646081

Amount of Each Receipt this Period

35.00

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

203.00

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 64 OF 118
(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

Full Name (Last, First, Middle Initial)

A. Dr Marty S Traylor

Mailing Address 4304 Wood Trce

City State Zip Code
Owensboro KY 42303-2274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : 35646082

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Kent Hillery

Mailing Address 16448 Country Club Dr

City State Zip Code
Peosta IA 52068-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : 35646083

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Mary Lynn Gregory

Mailing Address 3332 120th Ave

City State Zip Code
Clear Lake MN 55319-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.05

Date of Receipt

M M / D D / Y Y Y Y Y
12 21 2012

Transaction ID : 35646084

Amount of Each Receipt this Period

54.55

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

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

229.55

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

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

FOR LINE NUMBER: PAGE 65 OF 118

(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

Full Name (Last, First, Middle Initial)

A. Dr Jennifer L Planitz

Mailing Address 3537 Newcastle Dr Se

City State Zip Code
 Rio Rancho NM 87124-3672

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : 35646089

Amount of Each Receipt this Period

454.50

Full Name (Last, First, Middle Initial)

B. Dr David W Wineland

Mailing Address 8400 Concord Rd

City State Zip Code
 Johnstown OH 43031-8154

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.75

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2012

Transaction ID : 35646752

Amount of Each Receipt this Period

127.25

Full Name (Last, First, Middle Initial)

C. Dr Caroline Guerrero Cauchi

Mailing Address 3570 Trinas Way

City State Zip Code
 Jamul CA 91935-1644

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 18 2012

Transaction ID : 35646753

Amount of Each Receipt this Period

125.00

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

706.75

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 OF 118

(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

Full Name (Last, First, Middle Initial)

A. Dr Gary J Morgan

Mailing Address 167 Cawdor Ln

City

Inverness

State

IL

Zip Code

60067-8005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 18 / 2012

Transaction ID : 35646755

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Matthew J Maki

Mailing Address 135 W Church St

City

Williamston

State

MI

Zip Code

48895-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2012

Transaction ID : 35647630

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr David K Talley

Mailing Address 1698 Brookside Dr

City

Germantown

State

TN

Zip Code

38138-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2012

Transaction ID : 35647632

Amount of Each Receipt this Period

85.00

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

235.00

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

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2012

Transaction ID : 35647633

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.96

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2012

Transaction ID : 35647635

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Dr Joseph J Jordan Jr

Mailing Address 971 Suncook Valley Rd

City
Alton

State
NH

Zip Code
03809-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2012

Transaction ID : 35647641

Amount of Each Receipt this Period

166.67

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

280.42

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

Full Name (Last, First, Middle Initial)

A. Dr Paul Anton Hodge

Mailing Address 3042 118Th Ave

City

Allegan

State

MI

Zip Code

49010-9555

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2012

Transaction ID : 35647643

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Chris R Deibert

Mailing Address 8 Johnson Dr

City

Luray

State

VA

Zip Code

22835-9705

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2012

Transaction ID : 35647645

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Jeff A Hayden

Mailing Address 679 Plumtree Ln

City

Fenton

State

MI

Zip Code

48430-4207

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 23 / 2012

Transaction ID : 35647646

Amount of Each Receipt this Period

100.00

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

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

200.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Dr

City

Chesterfield

State

MO

Zip Code

63017-2142

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2012

Transaction ID : 35647647

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Chris R Fields

Mailing Address 173 Peterkin Hill Rd

City

S Woodstock

State

VT

Zip Code

05071-4500

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 ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2012

Transaction ID : 35647648

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. Dr Leon Michael Favede

Mailing Address 250 Harbel Dr

City

St Clairsvle

State

OH

Zip Code

43950-1081

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 ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2012

Transaction ID : 35647650

Amount of Each Receipt this Period

126.00

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

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

459.67

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

Full Name (Last, First, Middle Initial)

A. Dr Dori M Carlson

Mailing Address 121 Briggs Ave N

City

Park River

State

ND

Zip Code

58270-4507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1963.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2012

Transaction ID : 35647651

Amount of Each Receipt this Period

163.64

Full Name (Last, First, Middle Initial)

B. Dr Steven Thomas Reed

Mailing Address 4550 Simpson Highway 28 W

City

Magee

State

MS

Zip Code

39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2012

Transaction ID : 35647652

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th Street 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 24 / 2012

Transaction ID : 35647654

Amount of Each Receipt this Period

50.00

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

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

303.64

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Pierre J Anctil

Mailing Address 12 Garden Dr

City

Colorado Spgs

State

CO

Zip Code

80904-4414

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
12 / 24 / 2012

Transaction ID : 35647656

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Lynn F Hellerstein

Mailing Address 8611 E Otero Pl

City

Centennial

State

CO

Zip Code

80112-3317

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
12 / 24 / 2012

Transaction ID : 35647657

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Peter V Candela

Mailing Address Po 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 ▼

1066.72

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2012

Transaction ID : 35647659

Amount of Each Receipt this Period

100.00

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert E Prouty

Mailing Address 8886 N Awl Rd

City State Zip Code
Parker CO 80138-6840

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 24 2012

Transaction ID : 35647660

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City State Zip Code
Monterey CA 93940-5811

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 25 2012

Transaction ID : 35647661

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Steven D Sloan

Mailing Address 1723 Carriage Hill Ct

City State Zip Code
Dubuque IA 52003-8584

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 25 2012

Transaction ID : 35647663

Amount of Each Receipt this Period

20.00

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

620.00

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

Full Name (Last, First, Middle Initial)

A. Dr Joe Wesley De Loach

Mailing Address 504 Edgelake Dr

City
Dallas

State
TX

Zip Code
75218-2111

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 ▼

1308.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647664

Amount of Each Receipt this Period

109.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647665

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Dr Stacie Layne Virden

Mailing Address 4324 Green Point Dr

City

Waco

State

TX

Zip Code

76710-1406

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 ▼

1090.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647666

Amount of Each Receipt this Period

90.91

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

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

283.91

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ashley K Mc Ferron

Mailing Address 5079 W Sunset Dr

City

Lake Oswego

State

OR

Zip Code

97035-4253

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647667

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Charles K Atwell

Mailing Address 238 Chasse Cir

City

St Charles

State

IL

Zip Code

60174-1418

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 ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647668

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647669

Amount of Each Receipt this Period

84.00

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

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

167.67

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)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Rustin M Hatch

Mailing Address 1425 Evergreen Dr

City

Twin Falls

State

ID

Zip Code

83301-3423

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 ▼

479.97

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647670

Amount of Each Receipt this Period

53.33

Full Name (Last, First, Middle Initial)

B. Dr David M Redman

Mailing Address 795 Foxhill Cir

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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647671

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Robert Owens

Mailing Address 8 Century Ln

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 Y
12 / 25 / 2012

Transaction ID : 35647672

Amount of Each Receipt this Period

50.00

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

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

145.00

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

Use separate schedule(s)
for each category of the
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

Full Name (Last, First, Middle Initial)

A. Dr Frederick P Darin

Mailing Address 405 Tirrell Rd

City

Charlotte

State

MI

Zip Code

48813-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

599.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 25 / 2012

Transaction ID : 35647673

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Dr Frank McAlliste Akers II

Mailing Address 8410 W Salter Dr

City

Peoria

State

AZ

Zip Code

85382-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 25 / 2012

Transaction ID : 35647674

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Mamie Cassandra Chan

Mailing Address 13713 Vic Rd Ne

City

Albuquerque

State

NM

Zip Code

87112-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 25 / 2012

Transaction ID : 35647675

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**

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark R Lee

Mailing Address Po Box 184

City

Blue Diamond

State

NV

Zip Code

89004-0184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 25 / 2012

Transaction ID : 35647676

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 25 / 2012

Transaction ID : 35647677

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 25 / 2012

Transaction ID : 35647679

Amount of Each Receipt this Period

41.67

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

155.01

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:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Dr Mario Joseph Contaldi

Mailing Address 7728 Mid Cities Blvd

City

N Richlnd Hls

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 ▼

1090.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 25 / 2012

Transaction ID : 35647680

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

B. Dr Richard L Talkington

Mailing Address Po Box 521

City

Franklin

State

NH

Zip Code

03235-0521

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : 35647681

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr Pamela E Theriot

Mailing Address 612 University Ave

City

Syracuse

State

NY

Zip Code

13210-1807

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : 35647682

Amount of Each Receipt this Period

50.00

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

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

240.91

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

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

FOR LINE NUMBER: PAGE 79 OF 118

(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

Full Name (Last, First, Middle Initial)

A. Dr D. Cory Rath

Mailing Address 10748 Sprucedale Ave

City State Zip Code
 Las Vegas NV 89144-4401

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2012

Transaction ID : 35647683

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Robert Carl Layman

Mailing Address 4937 Homerdale Ave

City State Zip Code
 Toledo OH 43623-2930

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2012

Transaction ID : 35647685

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Audie M Teague Jr

Mailing Address 105 Friar Tuck Ln

City State Zip Code
 Prescott AR 71857-2608

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 26 2012

Transaction ID : 35647686

Amount of Each Receipt this Period

84.00

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

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

684.00

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)

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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

Full Name (Last, First, Middle Initial)

A. Dr Stephen Greene Langsford

Mailing Address 1501 Ebony Dr

City

Oxnard

State

CA

Zip Code

93030-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 26 / 2012

Transaction ID : 35647687

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Richard K Lodwick

Mailing Address 3008 Bent Creek Rd

City

Williamsburg

State

VA

Zip Code

23185-8738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 26 / 2012

Transaction ID : 35649726

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

c. Dr C. Thomas Crooks III

Mailing Address 1229 Highland Lakes Trl

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 27 / 2012

Transaction ID : 35649734

Amount of Each Receipt this Period

50.00

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

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

280.00

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 81 OF 118

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas E Nye

Mailing Address 42 Tabor Ln

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 35649735

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Maryjane Healey

Mailing Address 6710 124Th Pl 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 ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 35649736

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr David B Gaudreau

Mailing Address 169 Grove St

City

Putnam

State

CT

Zip Code

06260-2115

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
12 / 14 / 2012

Transaction ID : 35649888

Amount of Each Receipt this Period

250.00

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

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

550.00

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

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

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(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Willa A Hisle

Mailing Address 30 Portola Ave

City State Zip Code
 Monterey CA 93940-3732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 27 2012

Transaction ID : 35649897

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr David A Jacoby

Mailing Address 1111 Schenk St

City State Zip Code
 Osage City KS 66523-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : 35649903

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr David J Vinci

Mailing Address 1900 N James St

City State Zip Code
 Rome NY 13440-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : 35649913

Amount of Each Receipt this Period

250.00

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

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

625.00

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

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

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(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 35649922

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey S Nevitt

Mailing Address 545 Ballentine St

City

Raymond

State

WA

Zip Code

98577-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 35649923

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Melvin Gehrig Jr

Mailing Address 3208 Cyprien Ln

City

Lake Charles

State

LA

Zip Code

70605-2253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2012

Transaction ID : 35649926

Amount of Each Receipt this Period

200.00

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

815.00

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 OF 118

(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

Full Name (Last, First, Middle Initial)

A. Dr Donald B Bogue

Mailing Address 217 Trailwood Cir

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : 35649928

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jill Susann Anderson

Mailing Address 3915 Potosi Rd

City

Pensacola

State

FL

Zip Code

32504-8423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : 35649930

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Dorothy L Hitchmoth

Mailing Address Po Box 302

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1056.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : 35649938

Amount of Each Receipt this Period

88.00

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

1338.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Dr Calvert Ross Bregel Jr

Mailing Address 401 W Chesapeake Ave

City

Baltimore

State

MD

Zip Code

21204-4343

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
12 / 21 / 2012

Transaction ID : 35649940

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Gerald M Resnick

Mailing Address 2303 Kennwynn Rd

City

Wilmington

State

DE

Zip Code

19810-2725

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
12 / 21 / 2012

Transaction ID : 35649941

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin L Gee

Mailing Address 9119 Highway 6
Ste 200

City

Missouri City

State

TX

Zip Code

77459-4876

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 ▼

1090.92

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650178

Amount of Each Receipt this Period

90.91

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

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

655.91

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

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

FOR LINE NUMBER: PAGE 86 OF 118
(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

Full Name (Last, First, Middle Initial)

A. Dr Lillian T Kalaczinski

Mailing Address 7421 Treeline Dr Se

City

Grand Rapids

State

MI

Zip Code

49546-7465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650179

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Sue E Lowe

Mailing Address 1704 Skyline Rd

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650180

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Ron Benner

Mailing Address 1408 E Maryland Ln

City

Laurel

State

MT

Zip Code

59044-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650181

Amount of Each Receipt this Period

166.67

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

358.34

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 87 OF 118

(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

Full Name (Last, First, Middle Initial)

A. Dr Neil W Draisin

Mailing Address 21 Fairway Village Ln

City	State	Zip Code
Isle Of Palms	SC	29451-2732

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : 35650182

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Jennifer M. Smi Zolman

Mailing Address 141 Sea Cotton Cir

City	State	Zip Code
Charleston	SC	29412-8296

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : 35650183

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Dr Sarah L LopperMailing Address 3827 Paxton Ave
Apt 635

City	State	Zip Code
Cincinnati	OH	45209-2417

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : 35650184

Amount of Each Receipt this Period

20.00

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

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

103.34

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)

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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

Full Name (Last, First, Middle Initial)

A. Dr Robert G Goerss

Mailing Address 3120 Brookford Dr

City

Saint Charles

State

MO

Zip Code

63303-6356

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650185

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Trevor J Cleveland

Mailing Address 1610 Wilson Ct

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650186

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Lanny F Duclos Jr

Mailing Address 3795 Sun Valley Dr

City

Grantsville

State

UT

Zip Code

84029-8512

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650187

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

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(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

Full Name (Last, First, Middle Initial)

A. Dr Craig M Brammer

Mailing Address Po Box 487

City State Zip Code
 Crowley LA 70527-0487

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 12 28 2012

Transaction ID : 35650188

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr William L Ratcliff

Mailing Address 530 10Th St

City State Zip Code
 Huntington WV 25701-2222

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 35650189

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr Peter H Kehoe

Mailing Address 789 N Broad St

City State Zip Code
 Galesburg IL 61401-2766

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 35650191

Amount of Each Receipt this Period

175.00

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

467.00

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lynn A Davis

Mailing Address 6546 Jacal Ct Nw

City

Albuquerque

State

NM

Zip Code

87114-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650192

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr Diana W Gilbert

Mailing Address 8629 N Pavillion

City

West Chester

State

OH

Zip Code

45069-4885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650193

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Dr Dean E Riskedahl

Mailing Address 2092 32Nd Ave Ne

City

Issaquah

State

WA

Zip Code

98029-7349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650194

Amount of Each Receipt this Period

25.00

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

128.34

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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FOR LINE NUMBER:
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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

Full Name (Last, First, Middle Initial)

A. Dr Blaine G Zieman

Mailing Address 2400 32Nd Ave S

City

Fargo

State

ND

Zip Code

58103-5800

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
12 / 28 / 2012

Transaction ID : 35650196

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr John L Walters

Mailing Address 47 Mast Hill Rd

City

Saco

State

ME

Zip Code

04072-9338

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 ▼

536.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650197

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

C. Dr Andrea P Thau

Mailing Address 145 E 84Th St
Apt 11A

City

New York

State

NY

Zip Code

10028-2058

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 ▼

2000.04

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650198

Amount of Each Receipt this Period

166.67

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

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

278.67

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Daniel L Gauerke

Mailing Address 815 W Fulton St
Ste 3

City State Zip Code
Waupaca WI 54981-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 / 28 / 2012

Transaction ID : 35650199

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Dr Paul W Bohac

Mailing Address 5775 Wynclyff Rd

City State Zip Code
N Charleston SC 29418-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.08

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650200

Amount of Each Receipt this Period

33.34

Full Name (Last, First, Middle Initial)

c. Dr Douglas J Walker

Mailing Address Po Box 988

City State Zip Code
Brookings OR 97415-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 / 28 / 2012

Transaction ID : 35650202

Amount of Each Receipt this Period

25.00

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

78.34

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

Full Name (Last, First, Middle Initial)

A. Dr Robert A Sorensen

Mailing Address 11528 N Avondale Loop

City

Hayden

State

ID

Zip Code

83835-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650203

Amount of Each Receipt this Period

126.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas A Lucas Jr

Mailing Address 2023 Sandy Point Rd

City

Harker Hts

State

TX

Zip Code

76548-8680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650205

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Richard Edlow

Mailing Address 8913 Griffin Way

City

Baltimore

State

MD

Zip Code

21208-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650207

Amount of Each Receipt this Period

91.00

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

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

417.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Carey A Patrick

Mailing Address 970 Patrician Ct

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650208

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Derek J Louie

Mailing Address 5079 W Sunset Drive

City

Lake Oswego

State

OR

Zip Code

97035-4253

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 ▼

344.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650209

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr Steven Leon Haleo

Mailing Address 458 Cranborne Chase

City

Fort Mill

State

SC

Zip Code

29708-7922

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 ▼

321.68

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35650214

Amount of Each Receipt this Period

30.42

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

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

172.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 118
(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

Full Name (Last, First, Middle Initial)

A. Dr James Boccuzzi

Mailing Address 689 Mansfield City Rd

City	State	Zip Code
Storrs Mansfield	CT	06268-2728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : 35650215

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Michael E Bennett

Mailing Address 4940 Victoria Pl

City	State	Zip Code
Guthrie	OK	73044-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : 35650216

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Hilaire A PressleyMailing Address 8635 W Sahara Ave
Pmb 443

City	State	Zip Code
Las Vegas	NV	89117-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : 35650217

Amount of Each Receipt this Period

50.00

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

716.67

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr C. Garry Collins

Mailing Address 409 Royal Xing

City

Franklin

State

TN

Zip Code

37064-8909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : 35681346

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Stephen Chinn

Mailing Address Po Box 7256

City

Rcho Santa Fe

State

CA

Zip Code

92067-7256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : 35681356

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Paul Alan Seibert

Mailing Address 295 200Th Ave

City

Fairmont

State

MN

Zip Code

56031-5080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 35681397

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Patti S Fuhr

Mailing Address 5720 11Th Ave S

City

Birmingham

State

AL

Zip Code

35222-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 35681405

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Michael J Haynes

Mailing Address 1460 Avant Rd

City

West Monroe

State

LA

Zip Code

71291-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 35681406

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

c. Dr Duane R Snyder

Mailing Address 6307 E Lake Rd

City

Burt

State

NY

Zip Code

14028-9706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 35681754

Amount of Each Receipt this Period

125.00

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

246.25

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard G Jarvis

Mailing Address 14 Hanks Hill Rd

City

Westminster

State

MA

Zip Code

01473-1624

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
12 / 27 / 2012

Transaction ID : 35681755

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Dan Hock

Mailing Address 600 Eagle Nest Trl

City

Evergreen

State

CO

Zip Code

80439-4242

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
12 / 27 / 2012

Transaction ID : 35681762

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr John E Orlando

Mailing Address 3 W Butterfly Way

City

Lincoln

State

RI

Zip Code

02865-3932

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
12 / 27 / 2012

Transaction ID : 35681765

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**

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Benjamin Kachelman

Mailing Address 175 Cedarbrook Ln

City
Killen

State
AL

Zip Code
35645-6866

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
12 / 27 / 2012

Transaction ID : 35681766

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Lisa S Howard

Mailing Address 147 Glenstone Cir

City

Harrogate

State

TN

Zip Code

37752-3740

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
12 / 27 / 2012

Transaction ID : 35681779

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Robert J Esposito

Mailing Address 2902 W Espartero Way

City

Phoenix

State

AZ

Zip Code

85086-4203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Eyecare & Vision Therapy

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
12 / 27 / 2012

Transaction ID : 35681780

Amount of Each Receipt this Period

125.00

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Stephen F Bolick

Mailing Address 509 Lake Boone Trl

City

Raleigh

State

NC

Zip Code

27608-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2012

Transaction ID : 35681781

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Nathan H Drum

Mailing Address 410 Slate Ledge Rd

City

Littleton

State

NH

Zip Code

03561-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35681854

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr James R Eakin

Mailing Address Po Box 1325

City

Laconia

State

NH

Zip Code

03247-1325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35681855

Amount of Each Receipt this Period

50.00

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

1100.00

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

Full Name (Last, First, Middle Initial)

A. Dr Mark Harris

Mailing Address 137 Pasture Dr

City State Zip Code
 Manchester NH 03102-4961

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 35681860

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr David J Helfman

Mailing Address 7 Pierce Ln

City State Zip Code
 Hollis NH 03049-6209

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

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
 12 28 2012

Transaction ID : 35681861

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Sarah J HudsonMailing Address 284 Richards Ave
Unit 2

City State Zip Code
 Portsmouth NH 03801-5238

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 28 2012

Transaction ID : 35681862

Amount of Each Receipt this Period

50.00

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

150.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard L Talkington

Mailing Address Po Box 521

City State Zip Code
Franklin NH 03235-0521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2012

Transaction ID : 35681889

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

B. Dr Brian J Weber

Mailing Address 3 Campbell Rd

City State Zip Code
Bedford NH 03110-4504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 28 2012

Transaction ID : 35681895

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Mark Alan Arneson

Mailing Address 5131 S Bristolwood Ln

City State Zip Code
Lincoln NE 68516-1688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 28 2012

Transaction ID : 35682198

Amount of Each Receipt this Period

60.00

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

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

142.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeremy D Baumfalk

Mailing Address 8201 Russwood Cir

City
LincolnState
NEZip Code
68505-2737FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 / 28 / 2012

Transaction ID : 35682199

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Dr Kyle M Cheatham

Mailing Address 18472 Van Camp Dr

City
OmahaState
NEZip Code
68130-4251FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 / 28 / 2012

Transaction ID : 35682201

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Dr Karen Ann Culbertson

Mailing Address 1204 N 128Th Cir

City
OmahaState
NEZip Code
68154-1286FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35682202

Amount of Each Receipt this Period

64.00

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

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

524.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Janet Rose Fett

Mailing Address 517 S Ridge Dr

City

S Sioux City

State

NE

Zip Code

68776-3828

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
12 / 28 / 2012

Transaction ID : 35682203

Amount of Each Receipt this Period

133.34

Full Name (Last, First, Middle Initial)

B. Dr Gary D Finn

Mailing Address 6708 N 160Th St

City

Omaha

State

NE

Zip Code

68116-4073

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 ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35682205

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

C. Dr Teri Geist

Mailing Address 15620 Grant Cir

City

Omaha

State

NE

Zip Code

68116-2416

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
12 / 28 / 2012

Transaction ID : 35682207

Amount of Each Receipt this Period

300.00

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

505.34

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donald E Koeber

Mailing Address 1010 Lilac Ln

City

Wayne

State

NE

Zip Code

68787-1108

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
12 / 28 / 2012

Transaction ID : 35682211

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Dr Walter C Mc Cormick

Mailing Address 924 Tibbals St

City

Holdrege

State

NE

Zip Code

68949-1653

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 ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35682215

Amount of Each Receipt this Period

102.00

Full Name (Last, First, Middle Initial)

C. Dr Richard L Powell

Mailing Address 820 Manchester Cir

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
12 / 28 / 2012

Transaction ID : 35682219

Amount of Each Receipt this Period

100.00

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

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

262.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35682221

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Joseph Leon Shetler

Mailing Address 136 N Pine St

City

Gordon

State

NE

Zip Code

69343-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35682222

Amount of Each Receipt this Period

64.00

Full Name (Last, First, Middle Initial)

C. Dr Mark Toelle

Mailing Address 16258 Craig Ave

City

Bennington

State

NE

Zip Code

68007-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35682223

Amount of Each Receipt this Period

100.03

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

464.03

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

Full Name (Last, First, Middle Initial)

A. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35682224

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr Ellen L Weiss

Mailing Address 13603 Pflug Rd

City

Springfield

State

NE

Zip Code

68059-4838

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
12 / 28 / 2012

Transaction ID : 35682228

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Dr Darren J Wright

Mailing Address 1702 M St

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 ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : 35682231

Amount of Each Receipt this Period

100.00

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

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

800.00

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Alan Peaslee

Mailing Address 4552 Tillman Bluff Rd

City State Zip Code
 Valdosta GA 31602-0851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : 35687714

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Shane E Ford

Mailing Address 615 Fieldstone Dr

City State Zip Code
 Conway AR 72034-7633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : 35687719

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Joe L Bunch

Mailing Address 4212 Rosita Ct

City State Zip Code
 Plano TX 75074-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2012

Transaction ID : 35687721

Amount of Each Receipt this Period

500.00

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

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

1115.00

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John Howard Muto

Mailing Address 3146 N 24Th St

City

Boise

State

ID

Zip Code

83702-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : 35687724

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Bennett D Mc Allister

Mailing Address 1674 Windsor Ct

City

San Bernardino

State

CA

Zip Code

92407-3363

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : 35687726

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Shauna B Lushko

Mailing Address 471 Orchard Spring Rd

City

Pittsburgh

State

PA

Zip Code

15220-1717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : 35687732

Amount of Each Receipt this Period

500.00

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

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

1500.00

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)

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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

Full Name (Last, First, Middle Initial)

A. Dr Andrew Stephen Peyton Jr

Mailing Address 3473 Crystal Ln

City
Lancaster

State
PA

Zip Code
17601-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : 35687733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr William C Mc Millin

Mailing Address 1060 Woodstone Dr

City
Kingsport

State
TN

Zip Code
37663-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
12 / 31 / 2012

Transaction ID : 35687734

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

350.00

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

44638.52

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

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

FOR LINE NUMBER:
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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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City

St. Louis

State

MO

Zip Code

63179

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.78

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : 35644975

Amount of Each Receipt this Period

12.43

Bank Interest

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City

St. Louis

State

MO

Zip Code

63179

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

332.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : 35705215

Amount of Each Receipt this Period

16.59

BoA Interest

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

29.02

29.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/MC Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2012
Transaction ID : 35705221

Amount of Each Disbursement this Period

1006.70

Visa/MC Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
AE Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2012
Transaction ID : 35705223

Amount of Each Disbursement this Period

244.71

AE Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 17 / 2012
Transaction ID : 35705225

Amount of Each Disbursement this Period

90.72

Bank Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1342.13

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

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 12 / 11 / 2012

Transaction ID : 35705226

Amount of Each Disbursement this Period

1322.56

Bank Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1322.56

2664.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

Full Name (Last, First, Middle Initial)

A. Heidi For Senate

Mailing Address PO Box 1577

City Bismarck	State ND	Zip Code 58502
------------------	-------------	-------------------

Purpose of Disbursement
Debt Retirement

Candidate Name

Ms. Heidi HeitkampOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2012

Transaction ID : 35603251

Amount of Each Disbursement this Period

5000.00

Debt Retirement

Full Name (Last, First, Middle Initial)

B. Cartwright For Congress

Mailing Address 672 N River Street Suite 310

City Plains	State PA	Zip Code 18705
----------------	-------------	-------------------

Purpose of Disbursement
Debt Retirement

Candidate Name

Mr. Matthew CartwrightOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2012

Transaction ID : 35635898

Amount of Each Disbursement this Period

5000.00

Debt Retirement

Full Name (Last, First, Middle Initial)

C. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas	State NV	Zip Code 89137
-------------------	-------------	-------------------

Purpose of Disbursement
Debt Retirement

Candidate Name

Sen. Dean HellerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2012

Transaction ID : 35635899

Amount of Each Disbursement this Period

1000.00

Debt Retirement

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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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

Full Name (Last, First, Middle Initial)

A. Montanans For Tester

Mailing Address PO Box 3171

City State Zip Code
 Billings MT 59103

Purpose of Disbursement
 Debt Retirement

Candidate Name

Sen. Jon Tester

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 12 18 2012

Transaction ID : 35636080

Amount of Each Disbursement this Period

5000.00

Debt Retirement

Full Name (Last, First, Middle Initial)

B. TAC PAC

Mailing Address 228 S. Washington Street
 Suite 115

City State Zip Code
 Alexandria VA 22314

Purpose of Disbursement
 Committee Contribution

Candidate Name

TAC PAC

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : 35646739

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. REINVENTING A NEW DIRECTION - RANDPAC

Mailing Address PO BOX 72598

City State Zip Code
 NEWPORT KY 41072

Purpose of Disbursement
 Committee Contribution

Candidate Name

REINVENTING A NEW DIRECTION - RANDPAC

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 12 21 2012

Transaction ID : 35646751

Amount of Each Disbursement this Period

1000.00

Committee Contribution

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

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

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

Full Name (Last, First, Middle Initial)

A. Reclaim America PACMailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Committee Contribution

Candidate Name

Reclaim America PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2012

Transaction ID : 35646758

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Wenstrup For Congress

Mailing Address 512 Missouri Ave

City Cincinnati State OH Zip Code 45226

Purpose of Disbursement
Debt Retirement

Candidate Name

Mr. Brad WenstrupOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2012

Transaction ID : 35646761

Amount of Each Disbursement this Period

2500.00

Debt Retirement

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Void Check

Candidate Name

Rep. Pete StarkOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2012

Transaction ID : 35709477

Amount of Each Disbursement this Period

-1000.00

Void Check

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 118

<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

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress

Mailing Address PO Box 823047

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement
Void Check

011

Candidate Name

Rep. Pete SessionsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : 35709478

Amount of Each Disbursement this Period

-1500.00

Void Check

Full Name (Last, First, Middle Initial)

B. Lucille Roybal-Allard For Congress

Mailing Address 6 E Street, Se

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Void Check

011

Candidate Name

Rep. Lucille Roybal-AllardCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : 35709479

Amount of Each Disbursement this Period

-1000.00

Void Check

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address PO Box 540098

City	State	Zip Code
Omaha	NE	68154

Purpose of Disbursement
Void Check

011

Candidate Name

Rep. Lee TerryCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : 35709480

Amount of Each Disbursement this Period

-1000.00

Void Check

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

Full Name (Last, First, Middle Initial)

A. ORRINPACMailing Address 310 South Main
Suite 1420

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Void Check

Candidate Name

ORRINPACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2012

Transaction ID : 35709481

Amount of Each Disbursement this Period

-2500.00

Void Check

Full Name (Last, First, Middle Initial)

B. Republican Majority Fund

Mailing Address P O Box 19897

City Alexandria State VA Zip Code 22320-0897

Purpose of Disbursement
Void Check

Candidate Name

Republican Majority FundOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2012

Transaction ID : 35709482

Amount of Each Disbursement this Period

-1000.00

Void Check

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3500.00

15000.00
