FEC FORM 3X	AN	D DISE	BURSE	CEIPTS MENTS rized Commit	itee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING		Example:If typir over the lines	ng, type			
American Optomet	street)	Political Action						
Check if differ than previousl reported. (AC	ent Li	exandria					22314	
2. FEC IDENTIFICAT	, <u> </u>		CITY	<u> </u>	s			
C00024968]	3. IS T REP	HIS PORT	NEW (N) OR	X AME (A)	ENDED	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) Report(Q2) I5 Report(Q3) B1 Report(YE) Iid-Year on-election	(d) 30-Da	Election t for the:	(M3) (M4) Primary (12 Convention on General (30	(12C)	Sep 2	2G) in the State of	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	reasurer _1 Electronically	and to the bes	e, O.D. omas E. Nye,	O.D.	is true, correct a	ate 04		2 0 0 9 5.C 437g.
Office Use Only							FEC FORI (Rev. 12/200	

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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

F	Report Covering the Period: From:	D D Y Y W Y 2009	To:
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž009 Y Y		376610.34
	(b) Cash on Hand at Begining of Reporting Period	422005.31	
	(c) Total Receipts (from Line 19)	82492.28	146651.21
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	504497.59	523261.55
7.	Total Disbursements (from Line 31)	116090.81	134854.77
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	388406.78	388406.78
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

FE6AN026

Image# 29933403719

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Write or Type Committee Name American Optometric Association Political	Action Committee	Page 3
Report Covering the Period: From:		To: 0 2 2 8 2 0 0
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees	56263.44	92042.79
(i) Itemized (use Schedule A)	26208.11	54568.67
 (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii) 	82471.55	146611.46
(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) 	82471.55	146611.46
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
 Refunds of Contributions Made to Federal candidates and Other Political Committees 	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	20.73	39.75
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	82492.28	146651.21
Total Federal Receipts		

Image# 29933403720

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	2090.81	3854.77
(c) Total Operating Expenditures		0054.77
(add 21(a)(i), (a)(ii) and (b)) (2. Transfers to Affiliated/Other Party	2090.81	3854.77
Committees	0.00	0.00
Contributions to		
Federal Candidates/Committeesand Other Political Committees	114000.00	124500.00
4. Independent Expenditure	0.00	0.00
(use Schedule E) 5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
 Refunds of Contributions To: (a) Individuals/Persons Other 		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c)) >	0.00	0.00
9. Other Disbursements	0.00	6500.00
 60. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
	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
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	116090.81	134854.77
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	110000 81	104054 77

116090.81

134854.77

from Line 31).....

Image# 29933403721

DETAILED SUMMARY PAGE

	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)	82471.55	146611.46	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	82471.55	146611.46	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2090.81	3854.77	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2090.81	3854.77	

FE6AN026

		٦		FOR LINE NUMBER: PAGE 6/69
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Optometric Association Polit	tical Action C	Committee	
۷ A.	Full Name (Last, First, Middle Initial) Dr Allan L Barker			Date of Receipt
	Mailing Address 500 Wildwood Ave			M M / D D / Y Y Y Y 02 02 2009
	City	State	Zip Code	Transaction ID: 29292391
	Rocky Mount	NC	27803-1732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	-
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Other (specify)		500.00	1
		0.0	0 0 0 0 0 0 0	1
- В.	Full Name (Last, First, Middle Initial) Dr Samuel D Pierce	-		Date of Receipt
ο.	Mailing Address 4212 Waterford Lane			
	-			02 02 2009
	City	State	Zip Code	Transaction ID: 29294458
	Trussville	AL	35173-1587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation		
		1 1	Optometry	_
	Receipt For: Primary General	Aggregate	Year-to-Date V	1
	Other (specify) ▼	0 0	125.00	
- C.	Full Name (Last, First, Middle Initial) Dr Kenneth S Lawenda	I		Date of Receipt
	Mailing Address 9033 Wilshire Bouleva #402			M M / D D / Y Y Y Y Y 02 02 2009
		State	Zip Code	Transaction ID: 29299365
	Beverly Hills	CA	90211-1837	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	1 1	Year-to-Date V	
	Primary General		500.00	1
	Other (specify) 🔻	0 0		
ſ	SUBTOTAL of Receipts This Page (optional)	1		1125.00
┝	SUBTOTAL OF RECEIPTS THIS Page (optional)			
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 69
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person he name and address of any political committee to s	13 14 15 16 1 n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Po	plitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Edward L Robbins		Date of Receipt
Mailing Address 11 Christine Court		M M / D D / Y Y Y Y 02 02 2009
City	State Zip Code	Transaction ID: 29309770
Wayne	NJ 07470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dr Darrin P Fleming		Date of Receipt
Mailing Address 992 Country Club Ro	1 Ste 101	M M / D D / Y Y Y Y 02 02 2009
City	State Zip Code	Transaction ID: 29309771
Eugene	OR 97401-6023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Robert Carl Layman	-1	Date of Receipt
Mailing Address 4937 Homerdale Ave	enue	02 02 2009
City	State Zip Code	Transaction ID: 29309772
Toledo	OH 43623-2930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify) ▼	500.00	
SUBTOTAL of Receipte This Page (entionel)		1500.00
SUBTOTAL of Receipts This Page (optional)	er only)	1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 / 69 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
Γ	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Matthew R Downs			Date of Receipt
	Mailing Address 20 Kelly Ct			M M / D D / Y Y Y Y 02 02 2 02 2009
	City	State	Zip Code	Transaction ID: 29309782
	N Mankato	MN	56003-3233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio	on of Optometry	
	Receipt For:	1 1	e Year-to-Date V	-
	Primary General			
	Other (specify)	0 0	365.00	
- В.	Full Name (Last, First, Middle Initial) Dr Hope Bernard-Marandola			Date of Receipt
	Mailing Address 213 Spaulding Road			M M / D D / Y Y Y Y 02 02 2009
	City	State	Zip Code	Transaction ID: 29309783
	Plainfield	СТ	06374-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio	on of Optometry	
	Receipt For:	1 1	e Year-to-Date V	
	Primary General	7.99.094		
	Other (specify)	0 0	365.00	
- C.	Full Name (Last, First, Middle Initial) Dr Lara Janell Martin			Date of Receipt
	Mailing Address 139 Shelton Drive			M M / D D / Y Y Y Y 02 02 2009
	City	State	Zip Code	Transaction ID: 29309784
	Spartanburg	SC	29307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio Doctor o	on of Optometry	
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	365.00]
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1095.00
┝				
	TOTAL This Period (last page this line number	only)		

SCHEDULE	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 69 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
or for commercial	ppied from such Reports and Sta purposes, other than using the n MMITTEE (In Full)	atements may name and add	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	otometric Association Politic	cal Action (Committee	
Full Name (Las Dr Samuel D Pi	t, First, Middle Initial) erce			Date of Receipt
	s 4212 Waterford Lane			0 2 0 2 2 0 0 9
City		State	Zip Code	Transaction ID: 29309785
Trussville		AL	35173-1587	Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C		375.00
Name of Employed	byer	Occupation Doctor of	n ^r Optometry	
Receipt For:		Aggregate	Year-to-Date 🔻	
Other (sp	General General Decify) ▼	0 0	500.00	
Dr Michelle Mes				Date of Receipt
Mailing Addres	s 35 Bellows Falls Dr			M M / D D / Y
City		State	Zip Code	Transaction ID: 29315366
Greer	· · · · · ·	SC	29650-4769	Amount of Each Receipt this Period
federal political	r of contributing committee.	C		500.00
Name of Employed	byer	Occupation Doctor of	n Optometry	
Receipt For: Primary	General	Aggregate	Year-to-Date	_
Other (sp		0 0	500.00	
Full Name (Las Dr James Willia	t, First, Middle Initial) m Kershaw			Date of Receipt
Mailing Addres	s 30996 Pinehurst Drive			M · M / D · D / Y · Y · Y · Y Y
City		State	Zip Code	Transaction ID: 29327862
Westlake	· · · · · ·	ОН	44145-1770	Amount of Each Receipt this Period
FEC ID numbe federal political	r of contributing committee.	C		365.00
Name of Employed	byer		Optometry	
Receipt For: Primary	General	Aggregate	Year-to-Date 🔻	_
Other (sp		0 0	365.00	
SUBTOTAL of R	eceipts This Page (optional)			1240.00
	iod (last page this line number of			

	CHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 10 / 69 (check only one)
17	TEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee	
Ľ	Full Name (Last, First, Middle Initial) Dr David B Gaudreau		Date of Receipt
	Mailing Address 71 R I Line Road		0 2 0 3 2 0 0 9
	City	State Zip Code	Transaction ID: 29328110
	Putnam	CT 06260	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	250.00]
	Full Name (Last, First, Middle Initial) Dr Dale F Hardy	1	Date of Receipt
	Mailing Address 10573 S Weeping Will	ow Dr	M M / D D / Y Y Y Y 02 03 2009
	City	State Zip Code	Transaction ID: 29328111
	Sandy	UT 84070-4241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date	_
	Other (specify)	365.00]
	Full Name (Last, First, Middle Initial) Dr William H Stephen	1	Date of Receipt
	Mailing Address 4808 Tannery Place		M M / D D / Y Y Y Y 02 / 03 / 2009
	City	State Zip Code	Transaction ID: 29328114
	Tampa	FL 33624-4532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
		Aggregate Year-to-Date 🔻	
	Other (specify)	365.00]
		1	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 69 (check only one) X X 11a 11b 11c 12
Α	ny information copied from such Reports and S	Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions
	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			o solicit contributions from such committee.
Ż	American Optometric Association Poli	itical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Samuel Cooper Smart			Date of Receipt
	Mailing Address 7 Derby Drive			0 2 / D D / Y Y Y Y 0 3 / 2 0 0 9
	City Fredricksburg	State VA	Zip Code 22405	Transaction ID: 29328115
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	_
	Receipt For:	Aggregate	e Year-to-Date 500.00]
	Full Name (Last, First, Middle Initial) Dr Mark Keith Davis			Date of Receipt
	Mailing Address 6450 Nw Loop 410 Ste 115			M M / D D / Y Y Y Y 02 / 03 / 2009
	City	State	Zip Code	Transaction ID: 29328116
	San Antonio FEC ID number of contributing federal political committee.	TX C	78238-4209	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: General Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Dr Audie M Teague, Jr			Date of Receipt
	Mailing Address 105 Friar Tuck Lane			02 06 2009
	City	State AR	Zip Code	Transaction ID: 29331236
	Prescott FEC ID number of contributing federal political committee.	C	71857-2608	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)	1		2000.00

c	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12/69
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	I EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Ron Benner			Date of Receipt
	Mailing Address 1408 E Maryland			M M / D D / Y Y Y Y Y 02 / 07 / 2009
	City	State	Zip Code	Transaction ID: 29338056
	Laurel	MT	59044-2238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:	1 1	e Year-to-Date 🔻	-
	Primary General	33-594		
	Other (specify) v	0 0	250.00	
. –	Full Name (Last, First, Middle Initial) Dr Barbara L Horn			Date of Receipt
	Mailing Address 61269 Coralburst Dr			M M / D D / Y Y Y Y 02 09 2009
	City	State	Zip Code	Transaction ID: 29338070
	Washington	MI	48094-1746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		159.09
	Name of Employer Self Employed	Occupatio		
		1 1	of Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		409.09	
_	Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman			Date of Receipt
	Mailing Address 4535 Nw Aspen St			02 09 2009
	City	State	Zip Code	Transaction ID: 29338071
	Camas	WA	98607-8302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupatio Doctor o	on f Optometry	
	Receipt For:	1 '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		333.34]
Γ	SUBTOTAL of Receipts This Page (optional)	I		575.76
┢				
L	TOTAL This Period (last page this line number	oniy)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 69 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
A O	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee	
~	Full Name (Last, First, Middle Initial) Dr Mark J Cook		Date of Receipt
	Mailing Address 5698 Mountain Road		M M / D D / Y Y Y Y 02 09 2009
	City	State Zip Code	Transaction ID: 29338072
	Brighton	MI 48116-9732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	280.00	
	Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis	1	Date of Receipt
	Mailing Address 179 Wood Trace		M M / D D / Y Y Y Y 02 10 2009
	City	State Zip Code	Transaction ID: 29340555
	Benton	KY 42025-9400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	333.34	
	Full Name (Last, First, Middle Initial) Dr Travis L Kinderknecht	1	Date of Receipt
	Mailing Address P O Box 143 125 Garfield St		M M / D D / Y Y Y Y 02 06 2009
	City	State Zip Code	Transaction ID: 29342215
	Quinter	KS 67752-0143	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	250.00	
	SUBTOTAL of Receipts This Page (optional)	·	516.67

SCHEDULE A (FEC F	form 3X)	Lloo conorato achadula/a)	FOR LINE NUMBER: PAGE 14 / 69			
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
	•	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such or for commercial purposes, other	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to					
NAME OF COMMITTEE (In F		- •				
American Optometric Ass	,	Committee				
Full Name (Last, First, Middle Dr Robert Edward Edge	,		Date of Receipt			
Mailing Address 124 Vine			M M / D D Y			
City	State	Zip Code	Transaction ID: 29342220			
Jackson	AL	36545-3020	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self Employed	Occupation Doctor of	on of Optometry				
Receipt For:	Aggregat	e Year-to-Date 🔻				
Primary General Other (specify) ▼	a	250.00]			
Full Name (Last, First, Middle Dr Timothy D Johnson	Initial)		Date of Receipt			
Mailing Address 12 Northri P O Box 5			M M / D D / Y Y Y Y Y 02 / 06 / 2009			
City	State	Zip Code	Transaction ID: 29342224			
Bellows Falls	VT	05101-3126	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		300.00			
Name of Employer Self Employed	Occupation Doctor of	on of Optometry				
Receipt For:	Aggregat	e Year-to-Date 🔻				
Primary General Other (specify) ▼	a	300.00]			
Full Name (Last, First, Middle) Dr Daniel D Bishop	Initial)		Date of Receipt			
Mailing Address 4125 Rive	ercrest Drive No		M M / D D / Y Y Y Y 02 06 2009			
City	State	Zip Code	Transaction ID: 29342231			
Keizer	OR	97303-5910	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer Self Employed	Occupation Doctor of	on of Optometry				
Receipt For:		e Year-to-Date 🔻				
Primary General Other (specify) ▼	a	500.00]			
SUBTOTAL of Receipts This Pa	age (optional)		1050.00			
	nis line number only)	•				

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 69
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee	
لا A.	, Full Name (Last, First, Middle Initial) Dr David Leslie Evans	Date of Receipt	
	Mailing Address 112 Foxcrest Cove		M M / D D / Y Y Y Y 02 06 2009
	City	State Zip Code	Transaction ID: 29342233
	Jacksonville	AR 72076-2681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
– B.	Full Name (Last, First, Middle Initial) Dr Camile Louis Chiasson		Date of Receipt
	Mailing Address 900 N Canal Blvd		M M / D D / Y Y Y Y 02 06 2009
	City	State Zip Code	Transaction ID: 29342234
	Thibodaux	LA 70301-8096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1000.00	
– C.	Full Name (Last, First, Middle Initial) Dr Stephanie M White		Date of Receipt
	Mailing Address 5129 Citrus Blvd Apt		0 2 / D D / Y Y Y Y 0 2 0 6 2 0 0 9
	City	State Zip Code	Transaction ID: 29342235
	River Ridge	LA 70123-7114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	365.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1615.00
	TOTAL This Period (last page this line number	only)	

SCI	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 69				
			Use separate schedule(s) for each category of the	(check only one)				
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Any i or for	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	AME OF COMMITTEE (In Full)							
	merican Optometric Association Polit	tical Action	Committee					
A . <u>D</u>	ull Name (Last, First, Middle Initial) r James Oliver Morse		Date of Receipt					
M	lailing Address Po Box 106			0 2 / 0 6 / Y Y Y Y 0 2 0 0 9				
	ity	State	Zip Code	Transaction ID: 29342236				
	/id Granville	NY	12849	Amount of Each Receipt this Period				
	EC ID number of contributing ederal political committee.	C		365.00				
NS	ame of Employer elf Employed	Occupation Doctor of	ⁿ f Optometry					
R	eceipt For:	Aggregate	Year-to-Date V					
	Primary General Other (specify) ▼		365.00					
	ull Name (Last, First, Middle Initial) Ir Johnny Lee Lewis			Date of Receipt				
M	lailing Address 1109 Spivey Rd			M M / D D / Y Y Y Y 02 06 2009				
	ity	State	Zip Code	Transaction ID: 29342238				
_	Vhiteville	NC	28472-2910	Amount of Each Receipt this Period				
	EC ID number of contributing ederal political committee.	C		500.00				
N S	ame of Employer elf Employed	Occupation Doctor of	ⁿ f Optometry					
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	ull Name (Last, First, Middle Initial) Ir Mark E Allmaras			Date of Receipt				
	lailing Address 3107 Kesterel St			0 2 0 6 2 0 0 9				
	ity	State	Zip Code	Transaction ID: 29342240				
<u>_</u>	alaraiso	IN	46383-7090	Amount of Each Receipt this Period				
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Detailed Summary Page 113 114 115 16	E A (FEC Form 3X) RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17 / 69 (check only one)
or for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (in Ful) American Optometric Association Political Action Committee Full Name (Last. First. Middle Initial) Date of Receipt Dr. Jay H Messinger Maling Address 3267 Corinth Ave Date of Receipt City State Zip Code Transaction ID: 23942243 Amount of Each Receipt Imany Occupation Docupation PEC ID number of contributing tederal political committee Occupation Docupation Receipt For: Primary General Occupation Other (specify) ▼ 250.00 Transaction ID: 29342243 Date of Receipt Maling Address 255 Dawn Allan Dr Docupation 250.00 Full Name (Last, First, Middle Initial) Dr. Kenji Hamada Date of Receipt Misi Period Maling Address 255 Dawn Allan Dr 0ccupation 0ccupation FeC ID number of contributing federal political committee Occupation 0ccupation 0ccupation Periody Primary General Occupation 0ccupation 0ccupation 0ccupation Pice ID number of contributing federal political committee Occupation 0ccupation </th <th></th> <th></th> <th>13 14 15 16</th>			13 14 15 16
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Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Date of Receipt Mailing Address 3267 Corinth Ave City State Zip Code Cash Angeles CA 90066 FEC. ID number of contributing C 250.0 Test Receipt For: Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt Dr Kenji Hamada Date of Receipt Mailing Address 255 Dawn Allan Dr City State Zip Code Fell Name (Last, First, Middle Initial) Date of Receipt Dr Kenji Hamada Date of Receipt Mailing Address 255 Dawn Allan Dr City State Zip Code Fell Name (Last, First, Middle Initial) Doctor of Optometry Receipt For: Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ✓ Primary General Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ✓ O D (2 0 0 Via (L	, ,		
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Receipt For: Aggregate Year-to-Date Primary General			
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		365.00	
SUBTOTAL of Receipts This Page (optional)			980.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 69 (check only one) X X 11a 11b 11c 13 14				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributors for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commi						
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee					
	Full Name (Last, First, Middle Initial) Dr George B Symonds		Date of Receipt				
	Mailing Address 162 View Ridge Drive		M M / D D / Y Y Y Y 02 06 2009				
	City Dert Angeles	State Zip Code WA 98362-9579	Transaction ID: 29342246				
	Port Angeles FEC ID number of contributing federal political committee.	WA 98362-9579	Amount of Each Receipt this Period				
	Name of Employer Self Employed	Occupation Doctor of Optometry					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
_	Full Name (Last, First, Middle Initial) Dr Peter Jeffrey Stein		Date of Receipt				
	Mailing Address 26 Arrowhead Drive		0 2 / D 0 / Y Y Y Y 0 2 0 6 2 0 9				
	City Guilford	State Zip Code CT 06437-3137	Transaction ID: 29342248				
	FEC ID number of contributing federal political committee.	CT 06437-3137	Amount of Each Receipt this Period				
	Name of Employer Self Employed	Occupation Doctor of Optometry					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
	Full Name (Last, First, Middle Initial) Dr Linda T Arakaki	1	Date of Receipt				
	Mailing Address 99-923 Hulumanu Str	eet	M M / D D / Y Y Y Y 02 06 2009				
	City	State Zip Code	Transaction ID: 29342251				
	<u>Aiea</u> FEC ID number of contributing federal political committee.	HI 96701-3236	Amount of Each Receipt this Period				
	Name of Employer Self Employed	Occupation Doctor of Optometry					
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 19/69 (check only one)
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	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Pol	itical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Joseph J Grant	Date of Receipt		
	Mailing Address 13 Nixon Avenue			0 2 0 6 Y Y Y Y Y 0 2 0 6 2 0 0 9
	City	State	Zip Code	Transaction ID: 29342252
	<u>Plymouth</u>	MA	02360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	on of Optometry	
	Receipt For:	1 .	e Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr Thomas Eugene Smith			Date of Receipt
	Mailing Address 3806 East 150 N			0 2 0 6 2 0 0 9
	City	State	Zip Code	Transaction ID: 29342254
	Seymour	IN	47274	Amount of Each Receipt this Period
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	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
_	Full Name (Last, First, Middle Initial) Dr David S Mora			Date of Receipt
	Mailing Address 1818 Fremont			02 06 2009
	City	State	Zip Code	Transaction ID: 29342255
	Laredo	TX	78043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
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	Primary General Other (specify) ▼	0 0	500.00]
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 69 (check only one) X X 11a 11b 11c 12 13 14 15 16 11				
A	Iny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) American Optometric Association Pol						
. Z	Full Name (Last, First, Middle Initial) Dr Lacy Bordelon Shaw		Date of Receipt				
	Mailing Address 1824 Bryn Mawr		M M / D D / Y Y Y Y 02 06 2009				
	City	State Zip Code	Transaction ID: 29342256				
	Alexandria	LA 71301	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	300.00				
	Name of Employer Self Employed	Occupation Doctor of Optometry					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	300.00					
	Full Name (Last, First, Middle Initial) Dr Melvyn S Mazer	1	Date of Receipt				
	Mailing Address 20 Dell Circle		M M / D D / Y Y Y Y 02 06 2009				
	City	State Zip Code	Transaction ID: 29342282				
	Trumbull	CT 06611	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Self Employed	Occupation Doctor of Optometry					
	Receipt For:	Aggregate Year-to-Date V					
	Primary General Other (specify)	250.00					
	Full Name (Last, First, Middle Initial) Dr Philip Thomas Williams		Date of Receipt				
	Mailing Address 21811 42Nd Drive Ne		M M / D D / Y Y Y Y 02 06 2009				
	City	State Zip Code	Transaction ID: 29342284				
	Arlington	WA 98223-7278	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Self Employed	Occupation Doctor of Optometry					
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_				
	Other (specify)	250.00					
	SUBTOTAL of Receipts This Page (optional) .	1	800.00				

				FOR LINE NUMBER: PAGE 21 / 69				
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
_			Dotalioù oaninal y rugo	13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to s						
	NAME OF COMMITTEE (In Full)							
	American Optometric Association Pol	itical Action	Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Robert M Wlodek							
	Mailing Address 245 Elkins Circle			M M / D D / Y				
	City	State	Zip Code	Transaction ID: 29342287				
	Henderson	NV	89074	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupatio	on	_				
		- I - I	of Optometry	_				
	Receipt For:	Aggregat	te Year-to-Date 🔻					
	Primary General Other (specify)		500.00	11				
		0 0	0 0 0 0 0 0 0 0	1				
- В.	Full Name (Last, First, Middle Initial) Dr Dennis E Mathews			Date of Receipt				
D.	Mailing Address 1320 Carr Avenue			M M / D D / Y Y Y Y 02 06 2009				
	City	State	Zip Code	Transaction ID: 29342288				
	<u>Memphis</u>	TN	38104-4500	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry					
	Receipt For:		te Year-to-Date 🔻					
	Primary General		365.00	1				
	Other (specify)	0.0						
- С.	Full Name (Last, First, Middle Initial) Dr Richard E Falls			Date of Receipt				
0.	Mailing Address 213 Knox St							
				02 06 2009				
	City	State	Zip Code	Transaction ID: 29342292				
	Statesville	NC	28677-4220	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		275.00				
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry					
	Receipt For:	Aggregat	te Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	275.00]				
ſ	SUBTOTAL of Receipts This Page (optional)			1140.00				
ŀ								
	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 69 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 11					
Any information copied from such Reports or for commercial purposes, other than us	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) American Optometric Associatio							
Full Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle		Date of Receipt					
Mailing Address 310 Tea Farm R	oad	M M / D D / Y Y Y Y 02 06 2009					
City	State Zip Code	Transaction ID: 29342296					
Summerville FEC ID number of contributing federal political committee.	SC 29483-4218	Amount of Each Receipt this Period					
Name of Employer Self Employed	Occupation Doctor of Optometry	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) Dr George Kenneth Johnson Mailing Address 3025 W Beverly	lane	Date of Receipt					
		02 06 2009					
City Phoenix	State Zip Code AZ 85053-3050	Transaction ID: 29342298 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer Self Employed	Occupation Doctor of Optometry	-					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) Dr Travis P La Fayette		Date of Receipt					
Mailing Address 28273 Se Highw	ay 224	02 06 2009					
City	State Zip Code	Transaction ID: 29342299					
Eagle Creek FEC ID number of contributing federal political committee.	OR 97022-9721	Amount of Each Receipt this Period					
Name of Employer Self Employed	Occupation Doctor of Optometry	_					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
SUBTOTAL of Receipts This Page (opti-	onal)	1000.00					
	umber only)						

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 69 (check only one)
ľ	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Polit	ical Action	Committee	
× ۹.	Full Name (Last, First, Middle Initial) Mr Richard Cornett			Date of Receipt
	Mailing Address Ohio Optometric Assn, 250 E Wilson-Bridge R			M M / D D / Y Y Y Y 02 06 2009
	City	State	Zip Code	Transaction ID: 29342301
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Ohio Optometric Associati-	Occupatio	วท	-
	on, Inc.		e Director	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		1000.00	1
_		0 0		
3.	Full Name (Last, First, Middle Initial) Dr Eric Orava			Date of Receipt
	Mailing Address 641 - 41St St			02 06 2009
	City	State	Zip Code	Transaction ID: 29342302
	Brooklyn	NY	11232-3138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	on of Optometry	
	Receipt For:		e Year-to-Date V	
	Primary General	7.99.094		1
	Other (specify) v	0 0	500.00	
- c.	Full Name (Last, First, Middle Initial) Dr Mark W Harris			Date of Receipt
	Mailing Address 137 Pasture Drive			02 06 2009
	City	State	Zip Code	Transaction ID: 29342304
	Manchester	NH	03102-4961	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
			e Year-to-Date V	-
	Primary General	33 - 34	500.00	1
	Other (specify)	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 69 (check only one)
	or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Steve N Nguyen		Date of Receipt
	Mailing Address 7417 Primrose Dr		M M / D D / Y Y Y Y 02 10 2009
	City	State Zip Code	Transaction ID: 29342428
	Irving FEC ID number of contributing federal political committee.	TX 75063-5507	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Thomas J J Cullinane Mailing Address 221 Cordovan Comm		Date of Receipt
		-	02 11 2009
	City Chesterfield	State Zip Code MO 63017-2239	Transaction ID: 29393463 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
_	Full Name (Last, First, Middle Initial) Dr Ira M Fujisaki	1	Date of Receipt
	Mailing Address 2838 Oahu Ave		M M / D D / Y Y Y Y 02 11 2009
	City	State Zip Code	Transaction ID: 29393464
	Honolulu FEC ID number of contributing federal political committee.	HI 96822-1726	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Γ	SUBTOTAL of Receipts This Page (optional) .		750.00

Name of Employer Self Employed	e and address of any political committee to s	13 14 15 16 17 a for the purpose of soliciting contributions solicit contributions from such committee. 11 14 15 16 17 Date of Receipt 0 0 1 1 2 0 9 Transaction ID: 29393465 Amount of Each Receipt this Period 250.00 250.00
American Optometric Association Political Full Name (Last, First, Middle Initial) Dr Gail Bass-Derscheid Mailing Address 10800 E Cactus Rd #65 City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code AZ 85259-2507 C Decupation Doctor of Optometry	M M / D D / Y
A. Dr Gail Bass-Derscheid Mailing Address 10800 E Cactus Rd #65 City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	AZ 85259-2507 C C C C C C C C C C C C C C C C C C C	M M / D D / Y
City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	AZ 85259-2507 C C C C C C C C C C C C C C C C C C C	0 21 12 0 0 9Transaction ID: 29393465Amount of Each Receipt this Period
Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	AZ 85259-2507 C C C C C C C C C C C C C C C C C C C	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. [Name of Employer Self Employed [Receipt For: [Primary General Other (specify) ▼ [Full Name (Last, First, Middle Initial)	C Decupation Dector of Optometry	
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Doctor of Optometry	250.00
Receipt For: Primary General Other (specify) ▼	octor of Optometry	-
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		
Other (specify) ▼ Full Name (Last, First, Middle Initial)		1
	250.00	
		Date of Receipt
Mailing Address 505 Avocado Street		0 2 / 1 1 / Y Y Y Y 0 2 / 0 9
City	State Zip Code	Transaction ID: 29393467
Wahiawa	HI 96786-1822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Solf Employed '	Occupation Occtor of Optometry	
Receipt For:	Aggregate Year-to-Date V	-
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Lisa S Howard		Date of Receipt
Mailing Address 147 Glenstone Circle		0 2 1 1 2 0 0 9
City	State Zip Code	Transaction ID: 29393471
Harrogate	TN 37752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Solf Employed	Occupation Octor of Optometry	
Receipt For:	Aggregate Year-to-Date	1
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		1550.00

ç	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 26 / 69
		Use separate schedule(s) for each category of the	(check only one)
1		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and or for commercial purposes, other than using the second	Statements may not be sold or used by any pers he name and address of any political committee t	13 14 15 16 17 son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	American Optometric Association Po	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Stephen Brent Clark		Date of Receipt
	Mailing Address 10 Trenton Street		M M / D D / Y
	City	State Zip Code	Transaction ID: 29395581
	Chattanooga	TN 37415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	400.00	
. –	Full Name (Last, First, Middle Initial) Dr Michael Ray Parker		Date of Receipt
	Mailing Address Po Box 680595		M + M / D + D / Y + Y + Y Y Y + Y + Y Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y Y + Y + Y + Y + Y Y + Y + Y + Y + Y Y + Y + Y + Y + Y + Y Y + Y + Y + Y + Y + Y + Y + Y + Y + Y +
	City	State Zip Code	Transaction ID: 29395582
	Fort Payne	AL 35968-1606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	365.00	
_	Full Name (Last, First, Middle Initial) Dr James Mathew Hutchins		Date of Receipt
	Mailing Address 101 S Shore Drive		M M / D D / Y Y Y Y 02 10 2 2009
	City	State Zip Code	Transaction ID: 29395584
	Sleepy Eye	MN 56085-1038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	365.00	
	SUBTOTAL of Receipts This Page (optional)		1130.00
┢	TOTAL This Period (last page this line number		
L		······································	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 69 (check only one) X X 11a 11b 11c 12
Any information copied from such Reports a	ind Statements may not be sold or used by any person g the name and address of any political committee to s	13 14 15 16 17
NAME OF COMMITTEE (In Full) American Optometric Association		
Full Name (Last, First, Middle Initial) Dr William Allen Bordwell		Date of Receipt
Mailing Address 409 Robinson Driv	e	02 10 2009
City	State Zip Code	Transaction ID: 29395585
Geneseo	IL 61254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr Mark G Everett		Date of Receipt
Mailing Address 3316 West Eagles	Nest Lane	M M / D D / Y
City	State Zip Code	Transaction ID: 29395587
Spokane	WA 99208-8760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Alison A Arrants	1	Date of Receipt
Mailing Address P O Box 2250		M M / D D / Y
City	State Zip Code	Transaction ID: 29395590
Rock Springs	WY 82902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1115.00
	nber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 69 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso ress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action C	committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Rose Marie Betz			Date of Receipt
	Mailing Address 7300 N Bluff Drive			0 2 1 0 Y Y Y Y 1 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 29395596
	Tuscaloosa	AL	35406-2608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	Optometry	
	Receipt For:	- I	Year-to-Date V	1
	Primary General Other (specify) ▼	0 0	250.00]
— В.	Full Name (Last, First, Middle Initial) Dr Henry B Ford	1		Date of Receipt
	Mailing Address 110 Stanley Drive			0 2 1 0 Y Y Y Y 0 2 1 0 2 0 0 9
	City	State	Zip Code	Transaction ID: 29395597
	Galax	VA	24333-2215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	Optometry	
	Receipt For:		Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	500.00]
– C.	Full Name (Last, First, Middle Initial) Dr Gary Dean Jacobsen	1		Date of Receipt
	Mailing Address 713 N River Ave			0 2 1 0 2 0 0 9
	City	State	Zip Code	Transaction ID: 29395599
	Glendive	MT	59330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate `	Year-to-Date V	
	Primary General Other (specify)	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1000.00
	TOTAL This Period (last page this line number		· · ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 29 / 69 (check only one) X 11a 11b 11c 12
	Detailed Summary Page	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr Christine J Janty		Date of Receipt
Mailing Address 354 Brimhall St		M M / D D / Y Y Y Y 02 10 2009
City	State Zip Code	Transaction ID: 29395605
<u>St Paul</u>	MN 55105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr Alan Kyle Bugg	1	Date of Receipt
Mailing Address 1022 S Miles Avenue		0 2 1 0 / Y Y Y Y 0 2 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 29395607
Union City	TN 38261-5432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Evan A Lowry		Date of Receipt
Mailing Address 1101 Acorn Drive		0 2 / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9
City	State Zip Code	Transaction ID: 29395608
Greensburg	PA 15601-5323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	۱ 	1050.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 69 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action (Committee	
. Z	Full Name (Last, First, Middle Initial) Dr James L Price, Jr			Date of Receipt
	Mailing Address 120 Hazelwood			M M / D D / Y
	City	State	Zip Code	Transaction ID: 29395612
	Monticello FEC ID number of contributing federal political committee.	AR C	71655	Amount of Each Receipt this Period 400.00
	Name of Employer Self Employed	Occupation Doctor of	o Optometry	—
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 400.00]
	Full Name (Last, First, Middle Initial) Dr Robert J J Blumthal Mailing Address 119 Exmore Drive			Date of Receipt
	C'hu	Chata	Zin Onde	02 13 2009
	City Sprinafield	State IL	Zip Code 62704-3137	Transaction ID: 29396156 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.35
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 416.70	
_	Full Name (Last, First, Middle Initial) Dr J. Scott Simpson			Date of Receipt
	Mailing Address 2001 Ridgewood			M M / D D / Y Y Y Y 0 2 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 29396208
	El Dorado FEC ID number of contributing federal political committee.	AR	71730	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation		
	Receipt For: Primary General	1 1	Optometry Year-to-Date ▼ 365.00	
Г	Other (specify) 🔻			
	SUBTOTAL of Receipts This Page (optional).			973.35

Detailed Summary rage 13 14 15 16 Any information copied from such Reports and Statements mush address of a publical committies oblicit contributions from such committee 13 14 15 16 Any information copied from such Reports and Statements mush address of a publical committee 13 14 15 16 Any Information Copiest (1000000000000000000000000000000000000		CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the	-	R LINE NUMBER: PAGE 31 / 69 eck only one) 11a 11b 11c 12
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME GF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Kewin F Adams, II Malling Address 36467 Oak Park Ave City State Prainteville LA Vame (Last, First, Middle Initial) C Terms of contributing C Receipt For: Occupation Primary General Other (specify) State Revere MA Maling Address Parkway Eyecare Maling Address Parkway Eyecare Maling Address Parkway Eyecare Maling Address Aggregate Year-to-Date ▼ Primary General Other (specify) State Prinnary General	4	ny information copied from such Reports and S	Statements ma	Detailed Summary Page		
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Edwin F Adams, III Maiing Address Getwin F Adams, III Maiing Address Getwin F Adams, III Maiing Address Getwin Polytow City FEC ID number of contributing federal political committee. City Maiing Address Getwin Polytow Doctor of Optometry Receipt For: Bottor G potimetry Primary Getwin Polytow Full Name (Last, First, Middle Initial) Dr Jaine M Cotor Maiing Address Bottor of Optometry Feel ID number of contributing feeral political committee. City Maiing Address Bottor of Optometry Receipt For: Bottor of Optometry Aggregate Year-Io-Date V Full Name (Last, First, Middle Initial) Dr Kristen A Langner Maiing Address 4 & E Irving Park Rd City State Zp Code Full Name (Last, First, Middle Initial) Dr Kristen A Langner Occupation Selie Employed	Ċ	r for commercial purposes, other than using the	e name and ad	Idress of any political committee t	o solicit	contributions from such committee.
✓ Full Name (Last, First, Middle Initial) Dr. Edwin F. Adams, III Date of Receipt Mailing Address 36467 Oak Park Ave City State Zip Code Prairieville LA 70799 FEC ID number of contributing idear a political committee. C State Bare of Engiptyer Occupation Date of Receipt its Period Normal of Each Receipt this Period S00.00 Full Name (Last, First, Middle Initial) Dr. Janis M Coder Magregate Year-to-Date ▼ S00.00 Mailing Address Park August S00.00 Full Name (Last, First, Middle Initial) Date of Receipt its Period Dr. Janis M Coder Magregate Year-to-Date ▼ S00.00 Mailing Address Park August Yip 20.09 Transaction ID: 29396210 Anount of Each Receipt this Period Price in purpherer Occupation Date of Receipt Name of Engiptyer Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ S00.00 Printary General S00.00 S00.00 Full Name (Last, First, Middle Initial) Dr. Krister A Langner						
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 69 (check only one)
	Any information copied from such Reports and St or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) American Optometric Association Polit			
A.	/ Full Name (Last, First, Middle Initial) Dr J. Michael Weil			Date of Receipt
	Mailing Address 2653 Wimbledon Point	Dr		02 12 2009
	City	State	Zip Code	Transaction ID: 29396213
	Virginia Beach FEC ID number of contributing federal political committee.	C	23454-1171	Amount of Each Receipt this Period
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 500.00	
В.	Full Name (Last, First, Middle Initial) Dr Michael Eugene Jacobs Mailing Address 573 Five Cities Drive			Date of Receipt 02 12 2009
	City	State	Zip Code	0 2 1 2 2 0 0 9 Transaction ID: 29396217
	Pismo Beach FEC ID number of contributing	CA	93449-3005	Amount of Each Receipt this Period
	federal political committee.	Occupatio		
	Receipt For: Primary General		f Optometry e Year-to-Date ▼ 250.00	
_	Other (specify) 🔻	0 0		
C.	Full Name (Last, First, Middle Initial) Dr Reginald H Jones			Date of Receipt
	Mailing Address 71 Cottage Circle			M M / D D / Y
	City West Leranon	State NH	Zip Code 03784	Transaction ID: 29396218
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 69 (check only one) X X 11a 11a 11b 113 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee	
⊻ ۹.	Full Name (Last, First, Middle Initial) Dr Albert J Hoffman		Date of Receipt
	Mailing Address 966 Lincoln Drive		0 2 / D D / Y Y Y Y 1 2 2 0 0 9
	City	State Zip Code OH 44030-2169	Transaction ID: 29396220
	Conneaut FEC ID number of contributing federal political committee.	OH 44030-2169	Amount of Each Receipt this Period 240.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Roger D Pabst Mailing Address 34453 Wacouta Trail		Date of Receipt
	City	State Zip Code	02 12 2009
	Redwood Falls	MN 56283-2752	Transaction ID: 29396221 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 500.00	
-	Full Name (Last, First, Middle Initial) Dr Stacie R Nichols		Date of Receipt
	Mailing Address P O Box 372		M M / D D / Y Y Y Y 02 12 2009
	City	State Zip Code	Transaction ID: 29396222
	Davenport FEC ID number of contributing federal political committee.	WA 99122	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association P Full Name (Last, First, Middle Initial) Dr Grisel Lagunas Mailing Address 4147 Galloway Drive	e State Zip Code	Date of Receipt
American Optometric Association P Full Name (Last, First, Middle Initial) Dr Grisel Lagunas	e State Zip Code	M M / D D / Y Y Y Y
Dr Grisel Lagunas	State Zip Code	M M / D D / Y Y Y Y
Mailing Address 4147 Calloway Drive	State Zip Code	
Maining Address 4147 Galloway DITVe	-	02 12 2009
City		Transaction ID: 29396223
Pearland	TX 77584	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	-
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Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr Lawrence Lefland		Date of Receipt
Mailing Address 260 Millbrook Road		02 / 12 / Y Y Y Y 02 / 12
City	State Zip Code	Transaction ID: 29396224
North Haven	CT 06473-4336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial)		
Dr Douglas C Morrow		Date of Receipt
Mailing Address 903 Midway Dr		M M / D D / Y
City Auburn	State Zip Code IN 46706	Transaction ID: 29396225
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
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Primary General Other (specify) ▼	500.00	
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	NAME OF COMMITTEE (In Full)		
	American Optometric Association Pc	litical Action Committee	
	Full Name (Last, First, Middle Initial) Dr J. Eric Paulsen		Date of Receipt
	Mailing Address 1801 Memorial Dr		M M / D D / Y Y Y Y 0 2 1 2 2 0 0 9
	City	State Zip Code	Transaction ID: 29396228
	Sturgeon Bay	WI 54235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	7
	Primary General Other (specify) ▼	365.00	
	Full Name (Last, First, Middle Initial) Dr Steven D Koch		Date of Receipt
	Mailing Address 1190 5th Street		M M / D + D / Y Y + Y Y 0 2 1 2 2 0 0 9 2 1 2 2 1 2 2 1 3 1 3
	City	State Zip Code	Transaction ID: 29396229
	Wenatchee	WA 98801-1825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Dr Steven Allen Degroff		Date of Receipt
	Mailing Address 7592 N 300 E		M M / D D / Y
	City	State Zip Code	Transaction ID: 29396230
	Decatur	IN 46733-9448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
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An	American Optometric Association Political Action Committee			
. <u>Dr</u>	Full Name (Last, First, Middle Initial) Dr Willard E Marionneaux, Jr			Date of Receipt
Ma	Mailing Address 598 Hwy 868			M M / D D / Y
City		State	Zip Code	Transaction ID: 29396232
Wi	innsboro	LA	71295	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		400.00
Na Se	me of Employer If Employed	Occupation Doctor of	0 Optometry	
Re			Year-to-Date V	1
	Primary General		400.00	1
	Other (specify)		400.00	1
	Full Name (Last, First, Middle Initial) Dr Matthew Allan Jones			Date of Receipt
Ma	Mailing Address E 2320 39Th			M M / D D / Y Y Y Y 02 12 2009
City		State	Zip Code	Transaction ID: 29396234
<u>Sp</u>	okane	WA	99223	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		300.00
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			Optometry	_
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	Other (specify) ▼	0 0	300.00	
	I Name (Last, First, Middle Initial) Anthony J Garreffa	1		Date of Receipt
	iling Address 7417 Madison St			M M / D D / Y Y Y Y 02 12 2009
City		State	Zip Code	Transaction ID: 29396236
<u>Fo</u>	rest Park	IL	60130	Amount of Each Receipt this Period
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A	ny information copied from such Reports and S for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee	
∠_ A.	Full Name (Last, First, Middle Initial) Dr David P Dozack		Date of Receipt
	Mailing Address 228 Timothy Lane		0 2 1 2 Y Y Y Y 0 2 1 2 0 0 9
	City	State Zip Code	Transaction ID: 29396237
	Horseheads	NY 14845-1837	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	500.00	
— В.	Full Name (Last, First, Middle Initial) Dr Steven R Landreth		Date of Receipt
	Mailing Address 1655 Mc Farland Blvd	0 2 1 2 Y Y Y Y 0 2 0 9	
	City	State Zip Code	Transaction ID: 29396238
	Tuscaloosa	AL 35406-2212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
 C.	Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten		Date of Receipt
	Mailing Address 7135 Shefford Lane		02 14 2009
	City	State Zip Code	Transaction ID: 29404626
	Louisville	KY 40242-2854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional)	۱ 	1000.00
	OTAL This Period (last page this line number		

			i	FOR LINE NUMBER: PAGE 38 / 69
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
I	TEMIZED RECEIPTS	for each categ Detailed Sum		X 11a 11b 11c 12
-			, · · · · · · ·	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	for the purpose of soliciting contributions olicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	tical Action Committee		
۹.	Full Name (Last, First, Middle Initial) Dr Joseph J Jordan, Jr			Date of Receipt
	Mailing Address 224 Laconia Rd			0 2 / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 9
	City	State Zip Code		Transaction ID: 29404628
	Tilton	NH 03276-5223	}	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		166.66
	Name of Employer Self Employed	Occupation Doctor of Optometry		
	Receipt For:	Aggregate Year-to-Date V		1
	Primary General		000.00	
	Other (specify)	0 0 0 0 0	333.32	
- 3.	Full Name (Last, First, Middle Initial) Dr Bardha Fejzo			Date of Receipt
	Mailing Address 19 Princeton Oval			0 2 / D D / Y Y Y Y 0 2 1 6 2 0 0 9
	City	State Zip Code		Transaction ID: 29406290
	Freehold	NJ 07728-8226	6	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		1
		Doctor of Optometry		4
	Receipt For:	Aggregate Year-to-Date 🔻		
	Other (specify)		500.00	
-	Full Name (Last, First, Middle Initial) Dr Mona Ruth Dewart			Date of Receipt
	Mailing Address 11036 Scarlet Oak Ru	١		M M / D D / Y Y Y Y 02 13 2009
	City	State Zip Code		Transaction ID: 29406627
	Fort Wayne	IN 46845		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry		
	Receipt For:	Aggregate Year-to-Date V		
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		916.66
┝	CODICIAL OF RECEIPTS THIS Fage (Optional)		•••••	
	TOTAL This Period (last page this line number	only)	►	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 69 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action	Committee	
. Z	Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth			Date of Receipt
	Mailing Address Po Box 302 106 Davis Hill Road			M M / D D / Y
	City	State	Zip Code	Transaction ID: 29420121
	New London FEC ID number of contributing federal political committee.	NH C	03257-0302	Amount of Each Receipt this Period 166.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 332.00	
	Full Name (Last, First, Middle Initial) Dr James A Stephens Mailing Address 1404 Rachel Lane			Date of Receipt
				02 17 2009
	City	State	Zip Code	Transaction ID: 29420125
	Tallahassee FEC ID number of contributing federal political committee.	FL C	32308-7723	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00]
_	Full Name (Last, First, Middle Initial) Dr Jeffrey Kraushaar			Date of Receipt
	Mailing Address 20 East Amber Lane			02 17 2009
	City	State	Zip Code	Transaction ID: 29420126
	Wading River FEC ID number of contributing federal political committee.	NY C	11792	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio		
	Receipt For: Primary General Other (specify) ▼	1 1	f Optometry e Year-to-Date ▼ 250.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		781.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 69 (check only one) X X 11a 13 14 15 16
r for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr David Samuel Davis		Date of Receipt
Mailing Address 4762 Marnell Drive		0 2 1 7 2 0 0 9
City	State Zip Code	Transaction ID: 29420131
Las Vegas	NV 89121-6940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00]
 Full Name (Last, First, Middle Initial) Dr Henry Allen Hull	1	Date of Receipt
Mailing Address 160 Timber Ridge Dri	02 17 Y Y Y Y 02 17	
City	State Zip Code	Transaction ID: 29420132
New Braunfels	TX 78132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
 Full Name (Last, First, Middle Initial) Dr Matthew R Waner		Date of Receipt
Mailing Address 1651 New Bern Stree	t	M M / D D / Y Y Y Y 02 17 2009
City	State Zip Code	Transaction ID: 29420133
Newport	NC 28570	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional).		965.00

-		1	FOR LINE NUMBER: PAGE 41/69
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
_		Dotaliou Ourinnally Fugo	
(Any information copied from such Reports and sor for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	American Optometric Association Pol	litical Action Committee	
	Full Name (Last, First, Middle Initial) Dr Thomas G Peterson	Date of Receipt	
	Mailing Address Po Box 513		0 2 / 1 7 / Y Y Y Y 0 2 0 0 9
	City	State Zip Code	Transaction ID: 29420135
	Shawano	WI 54166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		
	Other (specify) ▼	250.00	
. –	Full Name (Last, First, Middle Initial) Dr Tracy J J Waner		Date of Receipt
	Mailing Address 1651 New Bern St		M M / D D / Y Y Y Y 02 17 2009
	City	State Zip Code	Transaction ID: 29420138
	Newport	NC 28570-9635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer	Occupation	1
	Self Employed	Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) Image: Constraint of the second seco	365.00	
_	Full Name (Last, First, Middle Initial) Dr Teruo Watanabe		Date of Receipt
-	Mailing Address 3311 S Olaf Hill Dr		02 17 2009
	City	State Zip Code	Transaction ID: 29420139
	Hacienda Hghts	CA 91745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	365.00	
	Other (specify)		
Γ	SUBTOTAL of Receipts This Page (optional) .		980.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 69 (check only one) X X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any person sing the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association		
Full Name (Last, First, Middle Initial) Dr Kevin T Kissel		Date of Receipt
Mailing Address Po Box 1789		M · M / D · D / Y · Y · Y · Y Y 0 2 / 1 7 2 0 0 9
City	State Zip Code	Transaction ID: 29420143
Pineville FEC ID number of contributing federal political committee.	WV 24874-1789	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Leroy W Gilge		Date of Receipt
Mailing Address 4733 Madrona H	0 2 / 1 7 Y Y Y Y 0 2 / 1 7 2 0 0 9	
City	State Zip Code	Transaction ID: 29420149
Silverton	OR 97381	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Barry A Winston		Date of Receipt
Mailing Address 586 Arrowhead	Trail	02 17 2009
City	State Zip Code	Transaction ID: 29420150
Knoxville FEC ID number of contributing federal political committee.	TN 37919	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	-
Receipt For: Primary General	Doctor of Optometry Aggregate Year-to-Date 500.00	_
Other (specify) 🔻		
SUBTOTAL of Receipts This Page (opti	onal)	1365.00
TOTAL This Period (last page this line r	number only)	L

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 69 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
, C	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee	
. Z	Full Name (Last, First, Middle Initial) Dr Jerry M Winston		Date of Receipt
	Mailing Address 8417 Highlark Lane		M M / D D / Y
	City	State Zip Code	Transaction ID: 29420151
	Knoxville FEC ID number of contributing federal political committee.	TN 37923-6746	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr Mark L Smith		Date of Receipt
	Mailing Address Rr 2 Foxboro Subdivision		0 2 / 1 7 2 0 0 9
	City Greenville	State Zip Code KY 42345-9802	Transaction ID: 29420152 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr Morgan Brent Moore		Date of Receipt
	Mailing Address 1520 Chaparral		M M / D D / Y Y Y Y 02 18 2009
	City	State Zip Code	Transaction ID: 29420166
	Burkburnett FEC ID number of contributing federal political committee.	TX 76354	Amount of Each Receipt this Period 2000.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Γ	SUBTOTAL of Receipts This Page (optional)		3000.00

SCHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 44 / 69 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} (1) & (1) \\ \hline X & 11a \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ 17 \\$
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Teresa F Theobald		Date of Receipt
Mailing Address 4230 Ugstad Road		M M / D D / Y Y Y Y 02 21 2009
City	State Zip Code	Transaction ID: 29422321
Hermantown	MN 55811-3649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr Paul B Snowden		Date of Receipt
Mailing Address 9313 Sw 28Th		M M / D D / Y Y Y Y 02 20 2009
City	State Zip Code	Transaction ID: 29422565
Oklahoma City	OK 73128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey A A Wilson		Date of Receipt
Mailing Address 1460 N Riverbend I	Dr	M M M / D D / Y Y Y Y Y Y 0 2 2 0 2 0 2 0 0 9
City	State Zip Code	Transaction ID: 29422566
Green River	WY 82935	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optiona	u)	1650.00
TOTAL This Period (last page this line num	·	

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 45 / 69 (check only one)			
	ITEMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person r for commercial purposes, other than using the name and address of any political committee to s					
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action Co	ommittee				
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt			
А.	Mailing Address 9325 Stratford Way	Dr Clarke D Newman Mailing Address 9325 Stratford Way					
	City	State	Zip Code	Transaction ID: 29422567			
	Dallas	TX	75220-5084	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00			
	Name of Employer Self Employed	Occupation Doctor of (Optometry				
	Receipt For:	Aggregate Y	'ear-to-Date ▼				
	Primary General Other (specify) ▼	0 0 0	1000.00]			
В.	Full Name (Last, First, Middle Initial) Dr Steven E Eriksen			Date of Receipt			
	Mailing Address 4518 164Th Court Ne	0 2 / 2 0 / Y Y Y Y 0 2 / 2 0 / 2 0 0 9					
	City	State	Zip Code	Transaction ID: 29422568			
	Redmond	WA	98052-5454	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation Doctor of 0	Optometry				
		Aggregate Y	'ear-to-Date ▼				
	Other (specify)	0 0 0	250.00				
C.	Full Name (Last, First, Middle Initial) Dr Douglas R Weberling	<u>I</u>		Date of Receipt			
	Mailing Address 455 Arlington Avenue	Mailing Address 455 Arlington Avenue					
	City	State	Zip Code	Transaction ID: 29422569			
	Bristol	VA	24201	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation Doctor of 0	Optometry				
	Receipt For:	Aggregate Y	'ear-to-Date ▼				
	Other (specify) ▼	0 0 0	250.00				
	SUBTOTAL of Receipts This Page (optional)		•••••	1500.00			
	TOTAL This Period (last page this line number	only)					

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 46 / 69 (check only one)	
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	
Any information copied from such a or for commercial purposes, other t	Reports and Statements may	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Fu	ll)			
American Optometric Asso	ociation Political Action	Committee		
Full Name (Last, First, Middle Ir Dr Brent D Johnson	,		Date of Receipt	
Mailing Address 118 East 9	Th Street		M M / D D / Y Y Y Y 02 20 20 20 9	
City	State	Zip Code	Transaction ID: 29422572	
Blue Earth	MN	56013	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1000.00	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
Receipt For:	I !	e Year-to-Date V	-	
Primary General				
Other (specify)		1000.00		
Full Name (Last, First, Middle Ir Dr Sandra J Maley	nitial)		Date of Receipt	
Mailing Address 1969 Robir	Mailing Address 1969 Robinson Rd			
City	State	Zip Code	Transaction ID: 29422577	
Tomahawk	WI	54487	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
Receipt For:	i +	Year-to-Date 🔻		
Primary General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Ir Dr Mark Richard Chasse	nitial)		Date of Receipt	
Mailing Address 168 Wilder	mere Road		M M / D D / Y Y Y Y 02 20 20 2009	
City	State	Zip Code	Transaction ID: 29422578	
<u>Berlin</u>	CT	06037-3049	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry		
Receipt For:	I I	Year-to-Date V		
Primary General Other (specify) ▼		250.00		
SUBTOTAL of Receipts This Pac	e (ontional)		1500.00	
JUDIVIAL OF RECEIPTS THIS PAG				
TOTAL This Period (last page this	s 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 47 / 69 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	litical Action C	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Duane Lee Rana			Date of Receipt
	Mailing Address P O Box 578			0 2 2 0 Y Y Y Y 0 2 2 0 2 0 9
	City	State	Zip Code	Transaction ID: 29422580
	Brewster	WA	98812-0578	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate `	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	365.00	
- В.	Full Name (Last, First, Middle Initial) Dr Mark C Hurst			Date of Receipt
	Mailing Address Rr 6, Box 49	M M / D D / Y Y Y Y 02 20 2009		
	City	State	Zip Code	Transaction ID: 29422581
	Mount Vernon		62864-9205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00	
- с.	Full Name (Last, First, Middle Initial) Dr Bardha Fejzo			Date of Receipt
	Mailing Address 19 Princeton Oval			02 / 23 / 2009
	City	State	Zip Code	Transaction ID: 29433942
	Freehold	NJ	07728-8226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	1	Optometry	
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻	_
	Other (specify) ▼	0.0	1000.00]
ſ	SUBTOTAL of Receipts This Page (optional)	•		1115.00
ŀ	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 69 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any per Idress of any political committee	son for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) American Optometric Association Politi	tical Action	Committee			
∠ A.	Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks			Date of Receipt		
	Mailing Address 419 Bogart Road East			M M / D D / Y Y Y Y 02 24 2009		
	City	State	Zip Code	Transaction ID: 29433945		
	Sandusky FEC ID number of contributing federal political committee.	<u>он</u>	44870-6404	Amount of Each Receipt this Period 166.67		
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 333.34			
- B.	Full Name (Last, First, Middle Initial) Dr Maryjane Healey			Date of Receipt		
	Mailing Address 6710 124Th Place Se	0 2 / 2 7 / Y Y Y Y 0 2 0 0 9				
	City	State	Zip Code	Transaction ID: 29452007		
	Snohomish FEC ID number of contributing federal political committee.	C	98296-8649	Amount of Each Receipt this Period		
	Name of Employer Self Employed		of Optometry			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 400.00			
- C.	Full Name (Last, First, Middle Initial) Dr Louise A Sclafani			Date of Receipt		
	Mailing Address 5733 N Sheridan Rd U	Mailing Address 5733 N Sheridan Rd Unit 14C				
	City	State	Zip Code	0 2 2 7 2 0 0 9 Transaction ID: 29454240		
	Chicago FEC ID number of contributing		60660	Amount of Each Receipt this Period 365.00		
	federal political committee.	C				
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 365.00			
ſ	SUBTOTAL of Receipts This Page (optional)			731.67		
ŀ	TOTAL This Period (last page this line number	only)		•		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sch for each category Detailed Summar	
A o	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	tical Action Committee	
. <u> </u>	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe		Date of Receipt
	Mailing Address 789 N Broad		0 2 / D D / Y Y Y Y 0 2 0 0 9
	City	State Zip Code	Transaction ID: 29454424
	Galesburg FEC ID number of contributing federal political committee.	L 61401-2766	Amount of Each Receipt this Period 175.00
	Name of Employer Self Employed	Occupation	
		Doctor of Optometry	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	350.00
	Full Name (Last, First, Middle Initial)		
	Dr Sue E Lowe Mailing Address 1704 Skyline Drive		Date of Receipt
	City	State Zip Code	Transaction ID: 29454425
	Laramie	WY 82070-8932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.66
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	333.32
	Full Name (Last, First, Middle Initial) Dr Andrea P Thau		Date of Receipt
	Mailing Address 170 East 83 Street		M M / D D / Y Y Y Y 02 28 2009
	City	State Zip Code	Transaction ID: 29454428
	New York	NY 10028-1920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	333.34
	SUBTOTAL of Receipts This Page (optional)	1	508.33

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 69 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Re or for commercial purposes, other that	ports and Statements may not be sold or used by any perso In using the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ation Political Action Committee	
Full Name (Last, First, Middle Initia Dr William E Sterling, Jr	al)	Date of Receipt
Mailing Address 1540 Ariana	Blvd.	M M / D D / Y
City	State Zip Code	Transaction ID: 29457614
Auburndale	FL 33823-2001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	_
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initia Dr Teresa A Erickson	al)	Date of Receipt
Mailing Address P O Box 193	0	M M / D D / Y Y Y Y Y 02 / 25 / 2009
City	State Zip Code	Transaction ID: 29457615
<u>Milton</u>	WA 98354-1930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	365.00	
Full Name (Last, First, Middle Initia Dr. Stephen M Montaquila	al)	Date of Receipt
Mailing Address 28 Peveril Ro	pad	M M / D D / Y Y Y Y 0 2 25 2 0 0 9
City	State Zip Code	Transaction ID: 29457617
<u>Cranston</u>	RI 02921-2422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date V	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page ((optional)	1115.00
	ne number only)	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	rm 3X) Use separate schedule(s for each category of the Detailed Summary Page	
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full)	eports and Statements may not be sold or used by any an using the name and address of any political commit	person for the purpose of soliciting contributions
	iation Political Action Committee	
Full Name (Last, First, Middle Init) Dr Scott M Schwartz		Date of Receipt
Mailing Address 1311 Kenton	Way	0 2 / 2 5 / Y Y Y Y 0 2 0 0 9
City	State Zip Code	Transaction ID: 29457622
Troy	OH 45373	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	250.00	0
Full Name (Last, First, Middle Init Dr Dale Sherman Barr		Date of Receipt
Mailing Address 894 E Court	Street	02 / 25 / Y Y Y 2009
City	State Zip Code	Transaction ID: 29457623
Sidney	OH 45365-2816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	250.00	0
Full Name (Last, First, Middle Init Dr John E Beigel	ial)	Date of Receipt
Mailing Address 350 Oakridg	e Drive	M M / D D / Y Y Y Y 02 25 2009
City	State Zip Code	Transaction ID: 29457624
Sidney	OH 45365-8430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	D
SUBTOTAL of Receipts This Page	(optional)	750.00
TOTAL This Period (last page this	ine number only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 69 (check only one) X X 11a 11b 11c 12
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may	/ v not be sold or used by any pers dress of any political committee to	13 14 15 16 1 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol			
. Z	Full Name (Last, First, Middle Initial) Dr Jeffrey Richard Ahrns			Date of Receipt
	Mailing Address 05062 Loretta Ln			M M / D D / Y Y Y Y 02 25 2009
	City	State	Zip Code	Transaction ID: 29457625
	Minster FEC ID number of contributing federal political committee.	ОН	45865	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Dr Karen T Fortman Mailing Address 11613 St Rt 362			Date of Receipt
				02 25 2009
	City <u>Minster</u>	State OH	Zip Code 45865	Transaction ID: 29457626
	FEC ID number of contributing federal political committee.	C	4,000	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	
	Full Name (Last, First, Middle Initial) Dr Denise L Gutman			Date of Receipt
	Mailing Address 1348 Spruce Ave			02 25 2009
	City	State	Zip Code	Transaction ID: 29457627
	Sidney FEC ID number of contributing federal political committee.	ОН	45365-3453	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 250.00]
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 69 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	Ind Statements may not be sold or used by any person g the name and address of any political committee to s	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Glenn Morgan Cochran		Date of Receipt
Mailing Address 103 Patton Place P O Box 690		02 / 25 / Y Y Y Y 02 / 25
City	State Zip Code	Transaction ID: 29457633
Quitman FEC ID number of contributing federal political committee.	MS 39355-2649	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of Optometry	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr Cynthia A Ann Cid		Date of Receipt
Mailing Address 217 Saddlemounta	ain Rd	0 2 D D / Y Y Y Y 0 2 2 5 2 0 0 9
City	State Zip Code	Transaction ID: 29457634
Colorado Sprngs	CO 80918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Rod L Rallo		Date of Receipt
Mailing Address 1483 Sable Wing (Circle	M M / D D / Y Y Y Y 02 25 2009
City Louisville	State Zip Code KY 40223	Transaction ID: 29457637 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (option	al)	1300.00
	al) nber only)	1300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate scher for each category o Detailed Summary	f the	FOR LINE NUMBER: PAGE 54 / 69 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by dress of any political co	y any person mmittee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action	Committee		
А.	Full Name (Last, First, Middle Initial) Dr Michelle L Spittler				Date of Receipt
	Mailing Address 4125 Shorebrook Dr				0 2 / 2 5 / Y Y Y Y 0 2 0 0 9
	City	State	Zip Code		Transaction ID: 29457639
	<u>Columbia</u>	SC	29206-2127		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	65.00	
В.	Full Name (Last, First, Middle Initial) Dr William Ken Mc Carty				Date of Receipt
	Mailing Address 3510 Edgewood				M M / D D / Y Y Y Y 02 25 2009
	City	State	Zip Code		Transaction ID: 29457648
	Amarillo	ТХ	79109-4036		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 100	00.00	

SUBTOTAL of Receipts This Page (optional)	►	1365.00
TOTAL This Period (last page this line number only)	▶	56263.44

SCHEDULE B (FEC Form 3X)	Use separate schedule	s)			NE NUMBER: PAGE 55 / 6						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	,		21b 27	y one) 22 28a		23 28b	24 28		25 29	
Any Information copied from such Reports and State	nents may not be sold or us	ed bv	anv								 \$
or for commercial purposes, other than using the nan											
NAME OF COMMITTEE (In Full)											
American Optometric Association Politica	Action Committee										
Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	293	0975	9	
Whitfield For Congress Committee		Date o	of Dis	sburse	ement	X		X			
Mailing Address P.O. Box 391	Mailing Address P.O. Box 391									2005	9
City Hopkinsville	State Zip Code KY 42241				Amou	nt of	Each	Disbur	seme	nt this I	Perio
Purpose of Disbursement	42241								2	0.000	0
Candidate Contribution			01	1							
Candidate Name Rep. Edward Whitfield			ateg Typ	-							
5 <u>X</u>	ement For: 2010 C Primary General Other (specify) ▼				Candi	date	e Cor	ntributi	on		
State: KY District: 01											
Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	293	0977	3	
Kurt Schrader For Congress					Date						
Mailing Address 607 N. Main St Suite 240					0 ^M 2	M /	^D 0	3	Y	2 0 Ò 9	€,
City Oregon City	State Zip Code OR 97045				Amou	nt of	Each	Disbur	seme	nt this I	Perio
Purpose of Disbursement Candidate Contribution			011 Category/ Type		L.	0			1	500.0	0
Candidate Name Mr. Kurt Schrader											
5 <u>X</u>	ement For: 2010 Primary Genera Other (specify) ▼				Candidate Contribution						
Full Name (Last, First, Middle Initial)					Tropo	ootio		293	0077	1	
Walter Jones Committee 2006					Date				0977	4	
Mailing Address PO Box 99667					0 ^M 2	M /	^D 0	3	Y	žo ò s) ^Y
City Raleigh	State Zip Code NC 27624				Amount of Each Disbursement this Period						
Purpose of Disbursement Candidate Contribution		Γ	01	1					1	000.0	0
Candidate Name Rep. Walter B. Jones, Jr.			ateg Typ	ory/							
Senate > President	ement For: 2010 Primary Genera Other (specify) ▼				Candi	date	e Cor	ntributi	on		
State: NC District: 03											
SUBTOTAL of Disbursements This Page (optional)				•					4	500.0	D
TOTAL This Period (last page this line number only)										

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINI (check on	E NUMBER: Ily one)	PAGE 56 / 69)
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 28c 29	26 30
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	,,				
American Optometric Association Political	Action Committee				
Full Name (Last, First, Middle Initial) Braley For Congress			Transaction ID: Date of Disburser		
Mailing Address PO Box 390			0 ² / 0:	^D ['] ^Y	(
Waterloo	State Zip Code IA 50704		Amount of Each I		eriod
Purpose of Disbursement Candidate Contribution		011		1000.00	
Candidate Name Rep. Bruce Braley		Category/ Type			
President	ment For: 2010 Primary General Other (specify) ▼		Candidate Cont	tribution	
State: IA District: 01					
Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress			Date of Disburser	ment	7
Mailing Address P O Box 52-2784				5´´ <u>`</u> 2009`	
,	State Zip Code FL 33152		Amount of Each I		eriod
Purpose of Disbursement Candidate Contribution		011] L	2500.00	
Candidate Name Rep. Ileana Ros-Lehtinen		Category/ Type			
	ment For: 2010 Primary General Other (specify) ▼		Candidate Cont	tribution	
Full Name (Last, First, Middle Initial) Olson For Congress Committee			Date of Disburser	ment	
Mailing Address PO Box 16381			0 ^M 2 ^M / ^D 0		ſ
,	State Zip Code TX 77496		Amount of Each I	Disbursement this Pe	eriod
Purpose of Disbursement Void Check		011	1	x 23 24 25 29 pose of soliciting contributions from such committee action ID: 29309775 f Disbursement 4° 2° 9° at of Each Disbursement 4° 2° 9° action ID: 29309775 1000.00 d of Each Disbursement 1000.00 d of Each Disbursement 1000.00 d of Each Disbursement 4° 2° 9° nt of Each Disbursement 4° 2° 9° nt of Each Disbursement 4° 2° 9° atte Contribution 2500.00 2500.00 d of Each Disbursement 4° 2° 9° nt of Each Disbursement this Paragenetic state of the paragenetic st	
Candidate Name Peter Olson		Category/ Type			
President X	Primary General Other (specify)		Void Check		
State: TX District: 22 2008 Ge	eneral Debt Re				
SUBTOTAL of Disbursements This Page (optional)		►		1000.00	
TOTAL This Period (last page this line number only)		►			

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CHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 57 / 69						
EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)						
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29						
y Information copied from such Reports and Sta	ements may not be sold or used								
for commercial purposes, other than using the na	ame and address of any political	committee to so	licit contributions from such committee						
NAME OF COMMITTEE (In Full)									
American Optometric Association Politic	al Action Committee								
Full Name (Last, First, Middle Initial) National Republican Congressional Con	nmittee		Transaction ID: 29340028 Date of Disbursement						
Mailing Address 320 First Street, S.E			$ \begin{array}{c} M & 2 \\ 0 & 2 \\ \end{array} \begin{array}{c} M & 2 \\ \end{array} \begin{array}{c} D & D \\ 0 & 9 \\ \end{array} \begin{array}{c} T \\ 0 \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T \\ T \\ T \\ \end{array} \begin{array}{c} T \\ T $						
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period						
Purpose of Disbursement	20003		15000.00						
Committee Contribution		011							
Candidate Name National Republican Congressional Con	nmittee	Category/ Type							
	rsement For:	21 -	Committee Contribution						
Senate	Primary General								
State: District:	Other (specify)								
Full Name (Last, First, Middle Initial)			Transaction ID: 29340030						
Republican National Committee			Date of Disbursement						
Mailing Address 310 First Street, S.E.									
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Perio						
Purpose of Disbursement Committee Contribution		011	15000.00						
Candidate Name		Category/ Type							
Office Sought: House Disbu	rsement For: Primary General	. 760	Committee Contribution						
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Comn	nittee		Transaction ID: 29340032 Date of Disbursement						
Mailing Address 120 Maryland Avenu,	N.E.		$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 9 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 9 \end{pmatrix} $						
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio						
Washington Purpose of Disbursement Committee Contribution			15000.00						
Committee Contribution Candidate Name		011 Category/ Type							
Senate	rsement For: Primary General	, Nhe	Committee Contribution						
State: District:	Other (specify)								
	al)	►	45000.00						

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		ing the name and add	ress of any politica	con	nmitte	e to so	licit contr	ribut	ions fr	rom	such c	omm	ittee	
	. ,		O											
American Opto	metric Associatio	n Political Action (Committee											
Full Name (Last, F	irst, Middle Initial)						Trans	acti	on ID	: 2	29340	033		
America Works	Committee								isburs	eme				
Mailing Address		et, N.W.					0 ^M 2	М	[′] °	0 9 [₽]	/ Y	ž	o ò́ 9	Y
City		State	Zip Code				Amou	int o	f Each	ו Dis	sburse	ment	this P	Perio
		DC	20005					Ŷ	-			50	00.00)
					011							00	00.00	
Candidate Name				С	atego	ory/								
	Committee				Туре	•								
Office Sought: State:	Senate President	Disbursement For Primary Other (s	: General specify) ▼				Comr	nitte	ee Co	ontr	ibutio	n		
							Tropo		ID		0407	020		
							Date		isburs	eme	29407 ent		V	V
Mailing Address	PO Box 1547						0 2			1 [⊅]	/ 1	ź	0 ð 9)
City New Smyrna Be	each	State FL	Zip Code 32170				Amou	int o	f Each	ו Dis	sburse			
Candidate Contrib					011		L.					15	00.00)
Candidate Name Suzanne Kosm				С	atego Type									
Office Sought: State: FL	Senate President	Disbursement For X Primary Other (s	: 2010 General specify) ▼				Candidate Contribution							
		paign Committee							on ID isburs		29407 ent	040		
Mailing Address	430 S. Capitol	Street, S.E.					0 ^M 2	М	/ 1	17	/ Y	ž	o ò́ ə	Y
City Washington		State DC	Zip Code 20003				Amou	int o	f Each	ו Dis	sburse			
						-						150	00.00)
	pution				011									
	ngressional Camp	paign Committee		U	atego Type									
Office Sought:	House Senate President District:	Disbursement For Primary Other (s			-		Comr	nitte	ee Co	ontr	ibutio	n		
State:		1								-				, ,
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SCH	HEDULE B (FEC Form 3X)			arate schedule(s)		-		E NUMBER: PAGE 59 / 69								
ITEI	MIZED DISBURSEMENT formation copied from such Reports ar commercial purposes, other than using AME OF COMMITTEE (In Full) merican Optometric Association III Name (Last, First, Middle Initial) RIDGE PAC ailing Address 499 South Capito Suite 114 ty tashington urpose of Disbursement ommittee Contribution andidate Name RIDGE PAC ffice Sought: House Senate President	TS	for each	category of the Summary Page			21b 27	y one) 22 28a	X	23 28b		24 28c	П	25 29	\square	
								person f	for the pu		se of s	oliciti	ng co		utions	Ш
	•		ng the name	and addres	ss of any political	con	nmitt	ee to so	licit contr	ibut	ions fr	om sı	ich c	omm	nittee	
<u>۱</u>		. ,														
/ A	merican Opto	ometric Association	n Political A	Action Co	ommittee											
		First, Middle Initial)							Trans	acti	on ID	: 29	407	043		
В	BRIDGE PAC										isburs		t			14
M	lailing Address		itol St., SW	1					0 ^M 2	М	/ ^D	7	/ Y	Ž	0 ð 9	Y
	ity Vachington			tate DC	Zip Code 20003				Amou	int o	f Each	l Disb	urse	ment	this P	erio
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							01	1					0	0		
	andidate Name RIDGE PAC					С	ateg Typ	-								
	ffice Sought: tate:	Senate President		nent For: Primary Other (spe	General ecify)				Comr	nitte	ee Co	ontrib	utio	n		
Fu	ull Name (Last,	First, Middle Initial)							Trans	acti	on ID	• 20	407	045		
Fi	Friends Of Jim Clyburn										isburs	-	-	0-0		
M	Mailing Address PO Box 12567									М	/ D	^D 7	Y	ž	0 ð 9	Y
	ity olumbia		State Zip Code SC 29211					Amou	int o	f Each	ı Disb	ursei			-	
Ca	urpose of Disbu andidate Contri					01	· · · · · ·						25	00.00)	
	andidate Name lep. James E.	Clyburn			С	ateg Typ										
	ffice Sought: tate: SC	X House Senate President District: 06		nent For: Primary Other (spe	2010 General ecify) ▼				Candidate Contribution							
		First, Middle Initial)							T				407	040		
	evin For Con									of D	isburs	emen	-	046		
M	lailing Address	PO Box 37							0 ^M 2	М	/ 1	[⊅] 7	/ Y	ž	0 ð 9	Y
Ci R	ity loseville			tate /II	Zip Code 48066				Amou	Amount of Each Disbursement this Pe						erio
	urpose of Disbu andidate Contri					Γ	01	1						25	00.00)
	andidate Name lep. Sander M				С	ateg Typ	ory/									
	ffice Sought: tate: MI	X House Senate President District: 12		nent For: Primary Other (spe	2010 General ecify) ▼				Candi	idat	e Cor	ntribu	ition	l		
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CHEDULE B (FEC Form 3X)		arate schedule(s)				NUMBE	R:			PA	GE	60 / 6	69
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ny Information copied from such Reports and Stater					person f	or the pu		e of s		iting co		outions	 S
r for commercial purposes, other than using the nam	ne and addres	ss of any political	con	nmitt	ee to so	licit contr	ibuti	ons fr	rom	such c	omn	nittee	
American Optometric Association Politica	I Action Co	mmittee											
Full Name (Last, First, Middle Initial) HOUSE BACKPAC						Trans Date		sburs	sem		048		
Mailing Address PO BOX 30344						0 ^M 2	M	D	17	/ Y	ž	o ò s) [^]
City Bethesda	State MD	Zip Code 20824				Amou	nt o	Each	n Di	sburse	-		
Purpose of Disbursement Committee Contribution											50	00.00	0
Candidate Name HOUSE BACKPAC				011 atego Type	ory/								
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼				Comr	nitte	e Co	onti	ibutio	n		
Full Name (Last, First, Middle Initial)						Trans	acti	on ID): 2	29407	403		
Larry Kissell For Congress						Date	of Di		-				
Mailing Address 106 East Main Street PO Box 1530						0 ^M 2	М	D .	17	/ Y	ž	o ò s) ^Y
City Biscoe	State Zip Code NC 27209						nt o	Each	n Di	sburse	-		
Purpose of Disbursement Candidate Contribution				011							10	00.00	0
Candidate Name Mr. Larry Kissell				atego Type	ory/								
ů X	ement For: Primary Other (spe	2010 General ccify) ▼				Cand	idat	e Co	ntri	butior	1		
Full Name (Last, First, Middle Initial) Committee To Elect Alan Grayson						Trans Date				29407 ent	424		
Mailing Address 8419 Oak Park Road						0 ^M 2	M	D	17	/ Y	ž	o ò s) [^]
City Orlando	State FL	Zip Code 32819				Amou	nt o	Each	n Di	sburse			
Purpose of Disbursement Candidate Contribution			Г	014					0		10	00.00	U
Candidate Contribution Candidate Name Alan Mark Grayson				011 atego Type	ory/								
ů X	ement For: Primary Other (spe	2010 General cify) ▼				Cand	idat	e Co	ntri	butior	1		
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SCHEDULE B (FEC Form 3X)	Use sens	arate schedule(s)				NUMBE	R:			PA	GE	61 / 6	39
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or for commercial purposes, other than using the nam	e and addres	ss of any political	con	nmitt	ee to so	licit contr	ibuti	ions fr	rom	such c	omn	nittee	
American Optometric Association Political	Action Co	mmittee											
Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: :	29407	435		
Kagen 4 Congress								isburs		_	N		X
Mailing Address 100 W. College Ave. 50 D						0 ^M 2	М	/ D	17	/ Y	ź	0 ð 9) [*]
City Appleton	State WI	Zip Code 54911				Amou	nt o	f Each	ו Di	sburse	-		_
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Mr. Steven Kagen				Тур	-								
5 <u>X</u>	ement For: Primary Other (spe	2010 General ccify) ▼				Candi	dat	e Coi	ntri	bution	I		
Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: :	29419	477		
Blumenauer For Congress						Date	of Di	isburs	em	ent			
Mailing Address 830 Ne Holladay Suite 1	05					0 ^M 2	M	/ 0	19	/ Y	ž	o ò́ 9) Y
City Portland	State OR	Zip Code 97232				Amou	nt o	f Each	ו Di	sburse			
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Candidate Name Rep. Earl Blumenauer				ateg Typ									
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Full Name (Last, First, Middle Initial)						Trans	acti	on ID		29419	170		
Searchlight Leadership Fund								isburs	-		473		
Mailing Address 426 C Street, NE Rear Bldg						0 ^M 2	M	/ D	1 ^D	/ Y	ž	0 ð 9) Y
City Washington	State DC	Zip Code 20002				Amou	nt o	f Each	ו Di	sburse	ment	this F	Perio
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American Optometric Association Politica	al Action Co	mmittee											
Full Name (Last, First, Middle Initial) Schakowsky For Congress						Date	of Di	sburs	: 294 ement	1194	481		
Mailing Address P.O. Box 5130						[™] 2	М	1	9	Y	ž	o ò s) ^Y
City Evanston	State IL	Zip Code 60204				Amou	int of	f Each	ı Disbu	irser	-		-
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Candidate Name Rep. Janice D. Schakowsky				-	jory/								
5 7	sement For: Verimary Other (spe	2010 General ccify) ▼				Cand	idat	e Cor	ntribu	tion			
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee									: 294 ement	1194	182		
Mailing Address P.O. Box 8331						0 ^M 2	М	^D 1	9 /	Y	ž	o ò s) ^Y
City Fremont	State CA	Zip Code 94537				Amou	int of	fEach	ı Disbu	irser			
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3 X	sement For: C Primary Other (spe	2010 General ccify) ▼				Cand	idat	e Cor	ntribu	tion			
Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress									: 294 ement	4194	483		
Mailing Address 235 Montgomery Street Suite 610						0 ^M 2	М	^D 1	9 /	Y	ž	o ò s) ^Y
City San Francisco	State CA	Zip Code 94104				Αποι	int of	f Each	ı Disbu	irser			
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Candidate Name Rep. Nancy Pelosi				-	jory/	5							
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NAME OF COMMITTEE (In Full)													
American Optometric Association Politica	I Action Co	mmittee											
Full Name (Last, First, Middle Initial) PAC to the Future						Trans Date o		-			484		
Mailing Address PMB 3230 268 Bush Street						[™] 2	M	^D 1	9 /	Y	ž	0 ð S) Y
City San Francisco	State CA	Zip Code 94104				Amou	nt of	Each	Disbu	urse	-		
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	ement For: Primary Other (spe	General		Тур	3	Comn	nitte	e Co	ntribı	utio	n		
Full Name (Last, First, Middle Initial)						Trans	acti		20	110	185		
Cantor For Congress						Date		-			400		
Mailing Address P. O. Box 17813						0 ^M 2	M	D 1	9	Y	ž	o ò s) Y
City	State	Zip Code				Amou	nt of	Each	Disbu	urse	ment	t this F	Perio
Richmond	VA	23226					v				10	00.0	<u>_</u>
Purpose of Disbursement Candidate Contribution			Γ	01			0				10	00.00	0
Candidate Name Rep. Eric I. Cantor			С	ateg Typ	ory/								
5 <u>X</u>	ement For: Primary Other (spe	2010 General cify) ▼				Candi	dat	e Cor	ntribu	tion	I		
Full Name (Last, First, Middle Initial) Priority PAC						Trans Date o			-	-	486		
Mailing Address 420 C Street, N.E.						0 ^M 2	M	^D 1	^D 9	Y	ž	o ò s) Y
City Washington	State DC	Zip Code 20002				Amou	nt of	Each	Disbu	urse	-		_
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	NUMBER:	PAGE 64 / 69
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NAME OF COMMITTEE (In Full)		committee to so		om such committee
American Optometric Association Politica	Action Committee			
Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis			Transaction ID: Date of Disburse	
Mailing Address 5956 W. Race Avenue			0 ^M 2 ^M / ^D 1	9 / Y Y Y Y Y 9 2009
City Chicago	State Zip Code IL 60644		Amount of Each	Disbursement this Period
Purpose of Disbursement Candidate Contribution		011		1000.00
Candidate Name Rep. Danny K. Davis		Category/ Type		
0 X	ement For: 2010 Primary General Other (specify) ▼		Candidate Con	tribution
Full Name (Last, First, Middle Initial) Steve Austria For Congress			Transaction ID: Date of Disburse	ement
Mailing Address 2537 Obetz Drive			0 ^M 2 ^M / ^D 1	9 ′ ^Y ^Y ^Y ^Y ^Y ^Y ^Y
City Beavercreek	StateZip CodeOH45434		Amount of Each	Disbursement this Period
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Candidate Name Steve Austria		Category/ Type		
	ement For: 2010 Primary General Other (specify) ▼		Candidate Con	tribution
Full Name (Last, First, Middle Initial) Friends Of Joe Pitts			Transaction ID: Date of Disburse	ement
Mailing Address PO Box 775			0 ² ¹	9 / Y Y Y Y Y 9 2009
City Unionville	StateZip CodePA19375		Amount of Each	Disbursement this Period
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Candidate Name Rep. Joseph R. Pitts		Category/ Type		
v r	ement For: 2010 Primary General Other (specify) ▼		Candidate Con	tribution
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SCHEDULE	B (FEC Form 3X)		arate schedule(c)				NUMBE	R:		F	AGE	65/	69
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•	urposes, other than using the n	ame and addres	ss of any political	con	nmitt	ee to so	licit contr	ibutio	ons fro	om such	com	mittee	
\	MITTEE (In Full)												
/ American Op	tometric Association Politi	cal Action Co	ommittee										
Full Name (Last	, First, Middle Initial)						Trans	actio	on ID:	2944	440	3	
Jesse Jackso	n Jr For Congress						Date of					•	
Mailing Address	P.O. Box 490286						^M 2	M /	□2	4	Y	źoós) ^Y
City Chicago		State IL	Zip Code 60649				Amou	nt of	Each	Disburs	eme	nt this I	Perio
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Rep. Jesse L.					Тур	e							
Office Sought: State: IL	X House Disbu Senate President District: 02	Arsement For: X Primary Other (spe	2010 General ecify) ▼				Candi	date	e Cor	ntributio	on		
	, First, Middle Initial) atrick J. Kennedy Inc.						Trans Date o		-	2949 ement	760	6	
Mailing Address	P.O. Box 321						[™] 2	M /	D 0	6	Y	źoós) ^Y
City Pawtucket		State RI	Zip Code 02860				Amou	nt of	Each	Disburs	eme	nt this I	Perio
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Candidate Name Rep. Patrick	J. Kennedy			С	ateg Typ								
Office Sought: State: RI	X House Disbu Senate President District: 01	Ursement For: X Primary Other (spe	2008 General ecify) ▼				Void (Cheo	ck				
	, First, Middle Initial)						Trono			2050	070	0	
Friends For H							Date o	of Dis	sburse			-	
Mailing Address	P.O. Box 19163						0 ^M 2	M /	^D 1	^D /	Y	žo ò s) ^Y
City		State	Zip Code				Amou	nt of	Each	Disburs	eme	nt this I	Perio
Las Vegas		NV	89132									500.0	n
Purpose of Disk Candidate Contr				Г	01	1						500.0	
Candidate Name Sen. Harry Re	9			С	ateg Typ	ory/							
Office Sought:	X Senate President	Ursement For: X Primary Other (spe	2010 General ecify) ▼				Candi	date	e Cor	ntributio	n		
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	$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	Political	Action Co	ommittee											
Α.		Full Name (Last, First, Middle Initial) Friends For Harry Reid Mailing Address P.O. Box 19163	1						Date	e of D	lisbur	_	29583 ent / Y		0 ^ў 9	Y
		City Las Vegas	-	State NV	Zip Code 89132				Amo	ount o	of Eac	h Dis	sburser		t this P	eriod
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		Candidate Name Sen. Harry Reid				Cate Ty	egoi /pe	-								
		Office Sought: House X Senate President	Disburser	nent For: Primary Other (spe	2010 X General ecify) ▼				Can	dida	te Co	ontril	oution			
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		irst, Middle Initial) ment of Taxation								Date o	of D	i on ID isburs	eme	-	474			
Ma	lailing Address	P O Box 1500								0 2	М	/ 1	9 1		Y	ž o ŏ	9	
Cit Ri	^{ity} lichmond			State /A	Zip Code 23218-1500	_				Amou	nt o	f Each	ı Dis	burs	eme	ent this	-	bd
	urpose of Disbur	sement					00	-		<u> </u>						146.0	00	
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W	/achovia Fede	ral										isburs		nt				
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	andidate Name	56 2/10/2003				Ca		gory/										
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	andidate Name	2003				Ca	_	gory/										
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SCHEDULE B (FE		arate schedule(s)			R LINE		R:			PAG	ìΕ	68 / 6	9	
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r for commercial purposes, o		ame and addres	ss of any political	con	nmitte	ee to sol	cit contr	ibut	ions fro	om suc	h co	mmı	ttee	
American Optometric	. ,	cal Action Co	ommittee											
Full Name (Last, First, Mic Bank of America	Idle Initial)								on ID:	: 295 ement	069	16		
Mailing Address PO I	Box 790251							M		5	Y	ž (рýа	Y
City St. Louis		State MO	Zip Code 63179				Amou	nt o	f Each	Disbu	rsem	ent	this P	erio
Purpose of Disbursement American Express Fee 2/5	5/2009			Г	001							30	04.63	
Candidate Name	,			С	atego Type	ory/								
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Full Name (Last, First, Mic Bank of America	Idle Initial)								on ID:	: 295 ement	069	66		
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City St. Louis		State MO	Zip Code 63179				Amou	nt o	f Each	Disbu	rsem	ent	this P	erio
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Full Name (Last, First, Mic Bank of America	dle Initial)								on ID:	: 295 ement	070	50		
Mailing Address PO	Box 790251						^м 2	М	′ 1	7 /	Y	ž (оòэ	Y
City St. Louis		State MO	Zip Code 63179				Amou	nt o	f Each	Disbu	rsem	ent	this P	erio
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Candidate Name				С	atego Type	-								
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	\rangle	NAME OF COMMITTEE (In Full) American Optometric Association	Political /	Action Co	ommittee	Э													
Α.		Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251									Trans Date c	of Di	sburs	_	9507(nt / Y		0 ð 9	Y	
		City St. Louis	-	State MO	Zip Coo 63179						Amou	nt of	f Each	ı Dis	burser		: this P 24.38		d
		Purpose of Disbursement Discover Fee 2/3/2009 Candidate Name					Cate	•	y/										
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