

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1505 Prince Street
Suite 300
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00024968
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2009 through 02 28 2009

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

Type or Print Name of Treasurer Thomas E. Nye, O.D.

Signature of Treasurer Electronically Filed by Thomas E. Nye, O.D. Date 04 01 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		376610.34
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning 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								
8. 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									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	56263.44	92042.79
(i) Itemized (use Schedule A)	26208.11	54568.67
(ii) Unitemized	82471.55	146611.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	82471.55	146611.46
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	20.73	39.75
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	82492.28	146651.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	82492.28	146651.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2090.81	3854.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2090.81	3854.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	114000.00	124500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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 (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	6500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	116090.81	134854.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116090.81	134854.77

DETAILED SUMMARY PAGE
of Disbursements

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Allan L Barker	Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 500 Wildwood Ave	Transaction ID: 29292391
	City State Zip Code Rocky Mount NC 27803-1732	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr Samuel D Pierce	Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 4212 Waterford Lane	Transaction ID: 29294458
	City State Zip Code Trussville AL 35173-1587	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 125.00	

C.	Full Name (Last, First, Middle Initial) Dr Kenneth S Lawenda	Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 9033 Wilshire Boulevard #402	Transaction ID: 29299365
	City State Zip Code Beverly Hills CA 90211-1837	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1125.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Edward L Robbins

Mailing Address 11 Christine Court

City State Zip Code
Wayne NJ 07470

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: 29309770

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Darrin P Fleming

Mailing Address 992 Country Club Rd Ste 101

City State Zip Code
Eugene OR 97401-6023

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: 29309771

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Robert Carl Layman

Mailing Address 4937 Homerdale Avenue

City State Zip Code
Toledo OH 43623-2930

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: 29309772

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Matthew R Downs

Mailing Address 20 Kelly Ct

City State Zip Code
N Mankato MN 56003-3233

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

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

Transaction ID: 29309782

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Dr Hope Bernard-Marandola

Mailing Address 213 Spaulding Road

City State Zip Code
Plainfield CT 06374-2126

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

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

Transaction ID: 29309783

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Dr Lara Janell Martin

Mailing Address 139 Shelton Drive

City State Zip Code
Spartanburg SC 29307

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

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

Transaction ID: 29309784

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Samuel D Pierce	Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 4212 Waterford Lane	Transaction ID: 29309785
	City Trussville State AL Zip Code 35173-1587	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr Michelle Mesker Reeves	Date of Receipt MM / DD / YYYY 02 / 04 / 2009
	Mailing Address 35 Bellows Falls Dr	Transaction ID: 29315366
	City Greer State SC Zip Code 29650-4769	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr James William Kershaw	Date of Receipt MM / DD / YYYY 02 / 03 / 2009
	Mailing Address 30996 Pinehurst Drive	Transaction ID: 29327862
	City Westlake State OH Zip Code 44145-1770	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	1240.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 69
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr David B Gaudreau

Mailing Address 71 R I Line Road

City Putnam State CT Zip Code 06260

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 03 / 2009

Transaction ID: 29328110

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr Dale F Hardy

Mailing Address 10573 S Weeping Willow Dr

City Sandy State UT Zip Code 84070-4241

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 03 / 2009

Transaction ID: 29328111

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Dr William H Stephen

Mailing Address 4808 Tannery Place

City Tampa State FL Zip Code 33624-4532

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 03 / 2009

Transaction ID: 29328114

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **980.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Samuel Cooper Smart

Mailing Address 7 Derby Drive

City State Zip Code
Fredricksburg VA 22405

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: 29328115

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Mark Keith Davis

Mailing Address 6450 Nw Loop 410 Ste 115

City State Zip Code
San Antonio TX 78238-4209

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: 29328116

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Audie M Teague, Jr

Mailing Address 105 Friar Tuck Lane

City State Zip Code
Prescott AR 71857-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29331236

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Ron Benner	Date of Receipt MM / DD / YYYY 02 / 07 / 2009
	Mailing Address 1408 E Maryland	Transaction ID: 29338056
	City State Zip Code Laurel MT 59044-2238	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr Barbara L Horn	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 61269 Coralburst Dr	Transaction ID: 29338070
	City State Zip Code Washington MI 48094-1746	Amount of Each Receipt this Period 159.09
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 409.09	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman	Date of Receipt MM / DD / YYYY 02 / 09 / 2009
	Mailing Address 4535 Nw Aspen St	Transaction ID: 29338071
	City State Zip Code Camas WA 98607-8302	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 333.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	575.76
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Mark J Cook

Mailing Address 5698 Mountain Road

City State Zip Code
Brighton MI 48116-9732

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: 29338072

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City State Zip Code
Benton KY 42025-9400

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.34

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 29340555

Amount of Each Receipt this Period
166.67

C.

Full Name (Last, First, Middle Initial)
Dr Travis L Kinderknecht

Mailing Address P O Box 143
125 Garfield St

City State Zip Code
Quinter KS 67752-0143

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342215

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **516.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert Edward Edge

Mailing Address 124 Vine Ave

City Jackson State AL Zip Code 36545-3020

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 29342220

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Timothy D Johnson

Mailing Address 12 Northridge Rd
P O Box 517

City Bellows Falls State VT Zip Code 05101-3126

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 29342224

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dr Daniel D Bishop

Mailing Address 4125 Rivercrest Drive No

City Keizer State OR Zip Code 97303-5910

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 06 / 2009

Transaction ID: 29342231

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr David Leslie Evans

Mailing Address 112 Foxcrest Cove

City State Zip Code
Jacksonville AR 72076-2681

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342233

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Camile Louis Chiasson

Mailing Address 900 N Canal Blvd

City State Zip Code
Thibodaux LA 70301-8096

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342234

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr Stephanie M White

Mailing Address 5129 Citrus Blvd Apt 154

City State Zip Code
River Ridge LA 70123-7114

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342235

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr James Oliver Morse

Mailing Address Po Box 106

City State Zip Code
Mid Granville NY 12849

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342236

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Dr Johnny Lee Lewis

Mailing Address 1109 Spivey Rd

City State Zip Code
Whiteville NC 28472-2910

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342238

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Mark E Allmaras

Mailing Address 3107 Kesterel St

City State Zip Code
Valaraiso IN 46383-7090

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342240

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Jay H Messinger	Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 3267 Corinth Ave	Transaction ID: 29342243
	City State Zip Code Los Angeles CA 90066	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr Kenji Hamada	Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 255 Dawn Allan Dr	Transaction ID: 29342244
	City State Zip Code Grants Pass OR 97527	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr Charles George Beier	Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 4816 Sw West Hills Dr	Transaction ID: 29342245
	City State Zip Code Topeka KS 66606	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	980.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr George B Symonds

Mailing Address 162 View Ridge Drive

City State Zip Code
Port Angeles WA 98362-9579

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342246

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Peter Jeffrey Stein

Mailing Address 26 Arrowhead Drive

City State Zip Code
Guilford CT 06437-3137

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342248

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Linda T Arakaki

Mailing Address 99-923 Hulumanu Street

City State Zip Code
Aiea HI 96701-3236

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342251

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Joseph J Grant

Mailing Address 13 Nixon Avenue

City Plymouth State MA Zip Code 02360

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 06 / 2009
Transaction ID: 29342252
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Thomas Eugene Smith

Mailing Address 3806 East 150 N

City Seymour State IN Zip Code 47274

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 06 / 2009
Transaction ID: 29342254
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr David S Mora

Mailing Address 1818 Fremont

City Laredo State TX Zip Code 78043

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 06 / 2009
Transaction ID: 29342255
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Lacy Bordelon Shaw

Mailing Address 1824 Bryn Mawr

City State Zip Code
Alexandria LA 71301

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 29342256

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Melvyn S Mazer

Mailing Address 20 Dell Circle

City State Zip Code
Trumbull CT 06611

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 29342282

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Philip Thomas Williams

Mailing Address 21811 42Nd Drive Ne

City State Zip Code
Arlington WA 98223-7278

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 29342284

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert M Wlodek

Mailing Address 245 Elkins Circle

City Henderson State NV Zip Code 89074

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 06 / 2009
Transaction ID: 29342287
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Dennis E Mathews

Mailing Address 1320 Carr Avenue

City Memphis State TN Zip Code 38104-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 06 / 2009
Transaction ID: 29342288
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Dr Richard E Falls

Mailing Address 213 Knox St

City Statesville State NC Zip Code 28677-4220

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 06 / 2009
Transaction ID: 29342292
Amount of Each Receipt this Period 275.00

SUBTOTAL of Receipts This Page (optional) ► 1140.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Daniel Dawson Coyle

Mailing Address 310 Tea Farm Road

City State Zip Code
Summerville SC 29483-4218

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342296

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr George Kenneth Johnson

Mailing Address 3025 W Beverly Lane

City State Zip Code
Phoenix AZ 85053-3050

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342298

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Travis P La Fayette

Mailing Address 28273 Se Highway 224

City State Zip Code
Eagle Creek OR 97022-9721

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: 29342299

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr Richard Cornett

Mailing Address Ohio Optometric Assn, Inc
250 E Wilson-Bridge Rd #240

City State Zip Code
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Optometric Association, Inc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 06 / 2009
Transaction ID: 29342301
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr Eric Orava

Mailing Address 641 - 41St St

City State Zip Code
Brooklyn NY 11232-3138

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 06 / 2009
Transaction ID: 29342302
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Mark W Harris

Mailing Address 137 Pasture Drive

City State Zip Code
Manchester NH 03102-4961

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 06 / 2009
Transaction ID: 29342304
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Steve N Nguyen

Mailing Address 7417 Primrose Dr

City Irving State TX Zip Code 75063-5507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2009
Transaction ID: 29342428
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Thomas J J Cullinane

Mailing Address 221 Cordovan Commons Pkwy

City Chesterfield State MO Zip Code 63017-2239

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2009
Transaction ID: 29393463
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Ira M Fujisaki

Mailing Address 2838 Oahu Ave

City Honolulu State HI Zip Code 96822-1726

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2009
Transaction ID: 29393464
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Gail Bass-Derscheid

Mailing Address 10800 E Cactus Rd #65

City State Zip Code
Scottsdale AZ 85259-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 29393465

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Weslie M Hamada

Mailing Address 505 Avocado Street

City State Zip Code
Wahiawa HI 96786-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 29393467

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Dr Lisa S Howard

Mailing Address 147 Glenstone Circle

City State Zip Code
Harrogate TN 37752

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 29393471

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Stephen Brent Clark

Mailing Address 10 Trenton Street

City State Zip Code
Chattanooga TN 37415

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 29395581

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Dr Michael Ray Parker

Mailing Address Po Box 680595

City State Zip Code
Fort Payne AL 35968-1606

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 29395582

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr James Mathew Hutchins

Mailing Address 101 S Shore Drive

City State Zip Code
Sleepy Eye MN 56085-1038

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 29395584

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1130.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr William Allen Bordwell

Mailing Address 409 Robinson Drive

City State Zip Code
Geneseo IL 61254

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 29395585

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Mark G Everett

Mailing Address 3316 West Eagles Nest Lane

City State Zip Code
Spokane WA 99208-8760

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 29395587

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Alison A Arrants

Mailing Address P O Box 2250

City State Zip Code
Rock Springs WY 82902

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2009

Transaction ID: 29395590

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City State Zip Code
Tuscaloosa AL 35406-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 29395596

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Henry B Ford

Mailing Address 110 Stanley Drive

City State Zip Code
Galax VA 24333-2215

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 29395597

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr Gary Dean Jacobsen

Mailing Address 713 N River Ave

City State Zip Code
Glendive MT 59330

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 29395599

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Christine J Janty

Mailing Address 354 Brimhall St

City State Zip Code
St Paul MN 55105

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 10 / 2009
Transaction ID: 29395605
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr Alan Kyle Bugg

Mailing Address 1022 S Miles Avenue

City State Zip Code
Union City TN 38261-5432

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 10 / 2009
Transaction ID: 29395607
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Evan A Lowry

Mailing Address 1101 Acorn Drive

City State Zip Code
Greensburg PA 15601-5323

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 10 / 2009
Transaction ID: 29395608
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr James L Price, Jr
Mailing Address 120 Hazelwood
City Monticello State AR Zip Code 71655
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
Date of Receipt 02 / 10 / 2009
Transaction ID: 29395612
Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Dr Robert J J Blumthal
Mailing Address 119 Exmore Drive
City Springfield State IL Zip Code 62704-3137
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70
Date of Receipt 02 / 13 / 2009
Transaction ID: 29396156
Amount of Each Receipt this Period 208.35

C. Full Name (Last, First, Middle Initial)
Dr J. Scott Simpson
Mailing Address 2001 Ridgewood
City El Dorado State AR Zip Code 71730
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 02 / 12 / 2009
Transaction ID: 29396208
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 973.35
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Edwin F Adams, III

Mailing Address 36467 Oak Park Ave

City State Zip Code
Prairieville LA 70769

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396209

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Janis M Cotter

Mailing Address Parkway Eyecare
80 Broadway

City State Zip Code
Revere MA 02151

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396210

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Kristen A Langner

Mailing Address 46 E Irving Park Rd

City State Zip Code
Roselle IL 60172

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396212

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr J. Michael Weil

Mailing Address 2653 Wimbledon Point Dr

City State Zip Code
Virginia Beach VA 23454-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396213

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Michael Eugene Jacobs

Mailing Address 573 Five Cities Drive

City State Zip Code
Pismo Beach CA 93449-3005

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396217

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Reginald H Jones

Mailing Address 71 Cottage Circle

City State Zip Code
West Leranon NH 03784

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396218

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Albert J Hoffman

Mailing Address 966 Lincoln Drive

City State Zip Code
Conneaut OH 44030-2169

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396220

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
Dr Roger D Pabst

Mailing Address 34453 Wacouta Trail

City State Zip Code
Redwood Falls MN 56283-2752

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396221

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Stacie R Nichols

Mailing Address P O Box 372

City State Zip Code
Davenport WA 99122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396222

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 990.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Grisel Lagunas	Date of Receipt MM / DD / YYYY 02 / 12 / 2009
	Mailing Address 4147 Galloway Drive	Transaction ID: 29396223
	City State Zip Code Pearland TX 77584	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Dr Lawrence Lefland	Date of Receipt MM / DD / YYYY 02 / 12 / 2009
	Mailing Address 260 Millbrook Road	Transaction ID: 29396224
	City State Zip Code North Haven CT 06473-4336	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Douglas C Morrow	Date of Receipt MM / DD / YYYY 02 / 12 / 2009
	Mailing Address 903 Midway Dr	Transaction ID: 29396225
	City State Zip Code Auburn IN 46706	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1115.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 35 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr J. Eric Paulsen

Mailing Address 1801 Memorial Dr

City State Zip Code
Sturgeon Bay WI 54235

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396228

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Steven D Koch

Mailing Address 1190 5th Street

City State Zip Code
Wenatchee WA 98801-1825

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396229

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Steven Allen Degroff

Mailing Address 7592 N 300 E

City State Zip Code
Decatur IN 46733-9448

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396230

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 69

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Willard E Marionneaux, Jr

Mailing Address 598 Hwy 868

City State Zip Code
Winnsboro LA 71295

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: 29396232

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Dr Matthew Allan Jones

Mailing Address E 2320 39Th

City State Zip Code
Spokane WA 99223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: 29396234

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Anthony J Garreffa

Mailing Address 7417 Madison St

City State Zip Code
Forest Park IL 60130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 29396236

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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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 37 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr David P Dozack

Mailing Address 228 Timothy Lane

City State Zip Code
Horseheads NY 14845-1837

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396237

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Steven R Landreth

Mailing Address 1655 Mc Farland Blvd N #127

City State Zip Code
Tuscaloosa AL 35406-2212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2009

Transaction ID: 29396238

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Elliott M Rosengarten

Mailing Address 7135 Shefford Lane

City State Zip Code
Louisville KY 40242-2854

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2009

Transaction ID: 29404626

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 69
(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Joseph J Jordan, Jr

Mailing Address 224 Laconia Rd

City State Zip Code
Tilton NH 03276-5223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt
MM / DD / YYYY
02 / 14 / 2009

Transaction ID: 29404628

Amount of Each Receipt this Period
166.66

B.

Full Name (Last, First, Middle Initial)
Dr Bardha Fejzo

Mailing Address 19 Princeton Oval

City State Zip Code
Freehold NJ 07728-8226

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2009

Transaction ID: 29406290

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Mona Ruth Dewart

Mailing Address 11036 Scarlet Oak Run

City State Zip Code
Fort Wayne IN 46845

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 29406627

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **916.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 69

(check only one)

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

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

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Dorothy L Hitchmoth

Mailing Address Po Box 302
106 Davis Hill Road

City State Zip Code
New London NH 03257-0302

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
332.00

Date of Receipt

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

Transaction ID: 29420121

Amount of Each Receipt this Period

166.00

B.

Full Name (Last, First, Middle Initial)
Dr James A Stephens

Mailing Address 1404 Rachel Lane

City State Zip Code
Tallahassee FL 32308-7723

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt

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

Transaction ID: 29420125

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Dr Jeffrey Kraushaar

Mailing Address 20 East Amber Lane

City State Zip Code
Wading River NY 11792

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 29420126

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

781.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr David Samuel Davis

Mailing Address 4762 Marnell Drive

City State Zip Code
Las Vegas NV 89121-6940

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 29420131

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr Henry Allen Hull

Mailing Address 160 Timber Ridge Drive

City State Zip Code
New Braunfels TX 78132

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 29420132

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr Matthew R Waner

Mailing Address 1651 New Bern Street

City State Zip Code
Newport NC 28570

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 29420133

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **965.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Thomas G Peterson

Mailing Address Po Box 513

City State Zip Code
Shawano WI 54166

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 29420135

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Tracy J J Waner

Mailing Address 1651 New Bern St

City State Zip Code
Newport NC 28570-9635

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 29420138

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Teruo Watanabe

Mailing Address 3311 S Olaf Hill Dr

City State Zip Code
Hacienda Hghts CA 91745

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 29420139

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **980.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kevin T Kissel

Mailing Address Po Box 1789

City State Zip Code
Pineville WV 24874-1789

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 29420143

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Leroy W Gilge

Mailing Address 4733 Madrona Hgts

City State Zip Code
Silverton OR 97381

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

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

Transaction ID: 29420149

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Barry A Winston

Mailing Address 586 Arrowhead Trail

City State Zip Code
Knoxville TN 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 29420150

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Jerry M Winston

Mailing Address 8417 Highlark Lane

City State Zip Code
Knoxville TN 37923-6746

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 29420151

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Mark L Smith

Mailing Address Rr 2
Foxboro Subdivision

City State Zip Code
Greenville KY 42345-9802

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 29420152

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Morgan Brent Moore

Mailing Address 1520 Chaparral

City State Zip Code
Burkburnett TX 76354

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: 29420166

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Teresa F Theobald

Mailing Address 4230 Ugstad Road

City State Zip Code
Hermantown MN 55811-3649

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 29422321

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr Paul B Snowden

Mailing Address 9313 Sw 28Th

City State Zip Code
Oklahoma City OK 73128

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 29422565

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Jeffrey A A Wilson

Mailing Address 1460 N Riverbend Dr

City State Zip Code
Green River WY 82935

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 29422566

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Clarke D Newman

Mailing Address 9325 Stratford Way

City State Zip Code
Dallas TX 75220-5084

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 29422567

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr Steven E Eriksen

Mailing Address 4518 164Th Court Ne

City State Zip Code
Redmond WA 98052-5454

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 29422568

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Douglas R Weberling

Mailing Address 455 Arlington Avenue

City State Zip Code
Bristol VA 24201

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 29422569

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 69
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Brent D Johnson

Mailing Address 118 East 9Th Street

City State Zip Code
Blue Earth MN 56013

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 29422572

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr Sandra J Maley

Mailing Address 1969 Robinson Rd

City State Zip Code
Tomahawk WI 54487

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 29422577

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Mark Richard Chasse

Mailing Address 168 Wildermere Road

City State Zip Code
Berlin CT 06037-3049

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 29422578

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Duane Lee Rana

Mailing Address P O Box 578

City State Zip Code
Brewster WA 98812-0578

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

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

Transaction ID: 29422580

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Mark C Hurst

Mailing Address Rr 6, Box 49

City State Zip Code
Mount Vernon IL 62864-9205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 29422581

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Bardha Fejzo

Mailing Address 19 Princeton Oval

City State Zip Code
Freehold NJ 07728-8226

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 29433942

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks	Date of Receipt MM / DD / YYYY 02 / 24 / 2009
	Mailing Address 419 Bogart Road East	Transaction ID: 29433945
	City State Zip Code Sandusky OH 44870-6404	Amount of Each Receipt this Period 166.67
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

B.	Full Name (Last, First, Middle Initial) Dr Maryjane Healey	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 6710 124Th Place Se	Transaction ID: 29452007
	City State Zip Code Snohomish WA 98296-8649	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Dr Louise A Sclafani	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 5733 N Sheridan Rd Unit 14C	Transaction ID: 29454240
	City State Zip Code Chicago IL 60660	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	731.67
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Peter H Kehoe

Mailing Address 789 N Broad

City State Zip Code
Galesburg IL 61401-2766

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: 29454424

Amount of Each Receipt this Period

175.00

B.

Full Name (Last, First, Middle Initial)

Dr Sue E Lowe

Mailing Address 1704 Skyline Drive

City State Zip Code
Laramie WY 82070-8932

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 333.32

Date of Receipt

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

Transaction ID: 29454425

Amount of Each Receipt this Period

166.66

C.

Full Name (Last, First, Middle Initial)

Dr Andrea P Thau

Mailing Address 170 East 83 Street

City State Zip Code
New York NY 10028-1920

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 333.34

Date of Receipt

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

Transaction ID: 29454428

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

508.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr William E Sterling, Jr

Mailing Address 1540 Ariana Blvd.

City State Zip Code
Auburndale FL 33823-2001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 29457614

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Teresa A Erickson

Mailing Address P O Box 1930

City State Zip Code
Milton WA 98354-1930

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

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

Transaction ID: 29457615

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Dr. Stephen M Montaquila

Mailing Address 28 Peveril Road

City State Zip Code
Cranston RI 02921-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 29457617

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Scott M Schwartz		Date of Receipt
	Mailing Address 1311 Kenton Way		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Troy	OH	45373
	FEC ID number of contributing federal political committee. C		Transaction ID: 29457622
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Dr Dale Sherman Barr		Date of Receipt
	Mailing Address 894 E Court Street		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sidney	OH	45365-2816
	FEC ID number of contributing federal political committee. C		Transaction ID: 29457623
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Dr John E Beigel		Date of Receipt
	Mailing Address 350 Oakridge Drive		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sidney	OH	45365-8430
	FEC ID number of contributing federal political committee. C		Transaction ID: 29457624
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Jeffrey Richard Ahms

Mailing Address 05062 Loretta Ln

City State Zip Code
Minster OH 45865

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: 29457625

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Karen T Fortman

Mailing Address 11613 St Rt 362

City State Zip Code
Minster OH 45865

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: 29457626

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Denise L Gutman

Mailing Address 1348 Spruce Ave

City State Zip Code
Sidney OH 45365-3453

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: 29457627

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 69
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Glenn Morgan Cochran

Mailing Address 103 Patton Place
P O Box 690

City State Zip Code
Quitman MS 39355-2649

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: 29457633

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr Cynthia A Ann Cid

Mailing Address 217 Saddlemountain Rd

City State Zip Code
Colorado Springs CO 80918

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: 29457634

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Rod L Rallo

Mailing Address 1483 Sable Wing Circle

City State Zip Code
Louisville KY 40223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: 29457637

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr Michelle L Spittler		Date of Receipt
Mailing Address 4125 Shorebrook Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 9
City	State	Zip Code
Columbia	SC	29206-2127
FEC ID number of contributing federal political committee.		Transaction ID: 29457639
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 365.00
Name of Employer Self Employed	Occupation	
	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text"/> 365.00	

B.

Full Name (Last, First, Middle Initial) Dr William Ken Mc Carty		Date of Receipt
Mailing Address 3510 Edgewood		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 9
City	State	Zip Code
Amarillo	TX	79109-4036
FEC ID number of contributing federal political committee.		Transaction ID: 29457648
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer Self Employed	Occupation	
	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼	<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1365.00
TOTAL This Period (last page this line number only)	<input type="text"/> 56263.44

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
Candidate Contribution

Category/
Type

Candidate Name
Rep. Edward Whitfield

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 01

Transaction ID: 29309759
Date of Disbursement

/

Amount of Each Disbursement this Period

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Kurt Schrader For Congress

Mailing Address 607 N. Main St
Suite 240

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Candidate Contribution

Category/
Type

Candidate Name
Mr. Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 05

Transaction ID: 29309773
Date of Disbursement

/

Amount of Each Disbursement this Period

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Walter Jones Committee 2006

Mailing Address PO Box 99667

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
Candidate Contribution

Category/
Type

Candidate Name
Rep. Walter B. Jones, Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NC District: 03

Transaction ID: 29309774
Date of Disbursement

/

Amount of Each Disbursement this Period

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 01</p>	<p>Transaction ID: 29309775</p> <p>Date of Disbursement MM / DD / YYYY 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress</p> <p>Mailing Address P O Box 52-2784</p> <p>City Miami State FL Zip Code 33152</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Ileana Ros-Lehtinen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 18</p>	<p>Transaction ID: 29323778</p> <p>Date of Disbursement MM / DD / YYYY 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Olson For Congress Committee</p> <p>Mailing Address PO Box 16381</p> <p>City Sugar Land State TX Zip Code 77496</p> <p>Purpose of Disbursement Void Check</p> <p>Candidate Name Peter Olson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 22</p>	<p>Transaction ID: 29335735</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p> <p>Void Check</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name National Republican Congressional Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29340028 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Republican National Committee</p> <p>Mailing Address 310 First Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29340030 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Avenue, N.E.</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29340032 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

45000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 69

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) America Works Committee</p> <p>Mailing Address 607-14TH Street, N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name America Works Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29340033</p> <p>Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29407039</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee</p> <p>Mailing Address 430 S. Capitol Street, S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Democratic Congressional Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29407040</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

21500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) BRIDGE PAC	Transaction ID: 29407043 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9	
	Mailing Address 499 South Capitol St., SW Suite 114		Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003		
	Purpose of Disbursement Committee Contribution	011 Category/ Type	
	Candidate Name BRIDGE PAC		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Committee Contribution
B.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: 29407045 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9	
	Mailing Address PO Box 12567		Amount of Each Disbursement this Period 2500.00
	City Columbia State SC Zip Code 29211		
	Purpose of Disbursement Candidate Contribution	011 Category/ Type	
	Candidate Name Rep. James E. Clyburn		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Levin For Congress	Transaction ID: 29407046 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9	
	Mailing Address PO Box 37		Amount of Each Disbursement this Period 2500.00
	City Roseville State MI Zip Code 48066		
	Purpose of Disbursement Candidate Contribution	011 Category/ Type	
	Candidate Name Rep. Sander M. Levin		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) HOUSE BACKPAC Mailing Address PO BOX 30344 City Bethesda State MD Zip Code 20824 Purpose of Disbursement Committee Contribution Candidate Name HOUSE BACKPAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29407048 Date of Disbursement 02 / 17 / 2009 Amount of Each Disbursement this Period 5000.00 Committee Contribution	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Larry Kissell For Congress Mailing Address 106 East Main Street PO Box 1530 City Biscoe State NC Zip Code 27209 Purpose of Disbursement Candidate Contribution Candidate Name Mr. Larry Kissell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08	Transaction ID: 29407403 Date of Disbursement 02 / 17 / 2009 Amount of Each Disbursement this Period 1000.00 Candidate Contribution	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Committee To Elect Alan Grayson Mailing Address 8419 Oak Park Road City Orlando State FL Zip Code 32819 Purpose of Disbursement Candidate Contribution Candidate Name Alan Mark Grayson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 08	Transaction ID: 29407424 Date of Disbursement 02 / 17 / 2009 Amount of Each Disbursement this Period 1000.00 Candidate Contribution	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave. 50 D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Steven Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29407435 Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Blumenauer For Congress</p> <p>Mailing Address 830 Ne Holladay Suite 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419477 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund</p> <p>Mailing Address 426 C Street, NE Rear Bldg</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Searchlight Leadership Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419479 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Schakowsky For Congress</p> <p>Mailing Address P.O. Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Janice D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419481 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Fortney Peter Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419482 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419483 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) PAC to the Future</p> <p>Mailing Address PMB 3230 268 Bush Street</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name PAC to the Future</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419484 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Cantor For Congress</p> <p>Mailing Address P. O. Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419485 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Priority PAC</p> <p>Mailing Address 420 C Street, N.E.</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Priority PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419486 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis</p> <p>Mailing Address 5956 W. Race Avenue</p> <p>City Chicago State IL Zip Code 60644</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Danny K. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419487 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Steve Austria For Congress</p> <p>Mailing Address 2537 Obetz Drive</p> <p>City Beavercreek State OH Zip Code 45434</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Steve Austria</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419488 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419489 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 69

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress Mailing Address P.O. Box 490286 City Chicago State IL Zip Code 60649 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jesse L. Jackson, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 02	Transaction ID: 29444403 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00
			Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Friends Of Patrick J. Kennedy Inc. Mailing Address P.O. Box 321 City Pawtucket State RI Zip Code 02860 Purpose of Disbursement Void Check Candidate Name Rep. Patrick J. Kennedy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 01	Transaction ID: 29497606 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period -1000.00
			Void Check
C.	Full Name (Last, First, Middle Initial) Friends For Harry Reid Mailing Address P.O. Box 19163 City Las Vegas State NV Zip Code 89132 Purpose of Disbursement Candidate Contribution Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:	Transaction ID: 29583788 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
			Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 69

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends For Harry Reid

Transaction ID: 29583791

Date of Disbursement

Mailing Address P.O. Box 19163

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

City	State	Zip Code
Las Vegas	NV	89132

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Candidate Contribution

011
Category/ Type

Candidate Name
Sen. Harry Reid

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District:

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

114000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Virginia Department of Taxation	Transaction ID: 29414747 Date of Disbursement 02 / 19 / 2009
	Mailing Address P O Box 1500	Amount of Each Disbursement this Period 146.00
	City Richmond State VA Zip Code 23218-1500	
	Purpose of Disbursement Income Tax Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Income Tax

B.	Full Name (Last, First, Middle Initial) Wachovia Federal	Transaction ID: 29495121 Date of Disbursement 02 / 10 / 2009
	Mailing Address 1650 Tyson Blvd.	Amount of Each Disbursement this Period 731.27
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Wachovia Bank Fee 2/10/2009 Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Wachovia Bank Fee 2/10/20-09

C.	Full Name (Last, First, Middle Initial) Wachovia Federal	Transaction ID: 29497755 Date of Disbursement 02 / 06 / 2009
	Mailing Address 1650 Tyson Blvd.	Amount of Each Disbursement this Period 35.00
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Wachovia Fee 2/6/2009 Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Wachovia Fee 2/6/2009

SUBTOTAL of Disbursements This Page (optional)	912.27
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement American Express Fee 2/5/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29506916</p> <p>Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 304.63</p> <p>001 Category/ Type</p> <p>American Express Fee 2/5/- 2009</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Bank of America Fee 2/2/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29506966</p> <p>Date of Disbursement 02 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 751.95</p> <p>001 Category/ Type</p> <p>Bank of America Fee 2/2/- 009</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Bank of America Fee 2/17/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29507050</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 97.58</p> <p>001 Category/ Type</p> <p>Bank of America Fee 2/17/- 2009</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1154.16

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City State Zip Code
St. Louis MO 63179

Purpose of Disbursement
Discover Fee 2/3/2009

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 29507094

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

24.38

Discover Fee 2/3/2009

SUBTOTAL of Disbursements This Page (optional)

24.38

TOTAL This Period (last page this line number only)

2090.81