

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

Office Use Only

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

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2009

through

09

30

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

10

15

2009

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		376610.34
(b) Cash on Hand at Beginning of Reporting Period	468563.94	
(c) Total Receipts (from Line 19)	74438.14	656365.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	543002.08	1032975.76
7. Total Disbursements (from Line 31)	124164.93	614138.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	418837.15	418837.15
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 108

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	47638.38	431489.87
(ii) Unitemized	26760.46	222822.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	74398.84	654311.88
(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)	74398.84	654311.88
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	39.30	1053.54
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))	74438.14	656365.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	74438.14	656365.42

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	2619.93	18828.61	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	2619.93	18828.61	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	121000.00	576900.00	
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	545.00	1910.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	545.00	1910.00	
29. Other Disbursements.....	0.00	16500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	124164.93	614138.61	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	124164.93	614138.61	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	74398.84	654311.88
34. Total Contribution Refunds (from Line 28(d))	545.00	1910.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73853.84	652401.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2619.93	18828.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2619.93	18828.61

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

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

FOR LINE NUMBER: PAGE 6 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr John D Coble

Mailing Address 1501 Sunset Hill

City

Rockwall

State

TX

Zip Code

75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.10

Date of Receipt

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

Transaction ID: 30469083

Amount of Each Receipt this Period

83.35

B.

Full Name (Last, First, Middle Initial)

Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City

Succasunna

State

NJ

Zip Code

07876-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: 30469084

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Kevin Katz

Mailing Address 1205 Pin Oak Drive

City

Dickinson

State

TX

Zip Code

77539-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.48

Date of Receipt

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

Transaction ID: 30474130

Amount of Each Receipt this Period

163.64

SUBTOTAL of Receipts This Page (optional)

446.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 108

(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 Kenneth R Braun

Mailing Address Po Box 747

City

Aiken

State

SC

Zip Code

29802-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30474837

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Kenneth E Knox

Mailing Address 4 Trotters Ridge

City

Simpsonville

State

SC

Zip Code

29681-5359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30474843

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Wendy Sowell Gibson

Mailing Address 1512 Main Street

City

Benton

State

KY

Zip Code

42025-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 30474849

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

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 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr John Howard Muto

Mailing Address 3146 North 24Th Way

City

Boise

State

ID

Zip Code

83702-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30474850

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert G Le Sage

Mailing Address 1027 Averly Street

City

Fort Myers

State

FL

Zip Code

33919-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30474851

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Nelson William Greeman, III

Mailing Address 15815 Bell Flower

City

San Antonio

State

TX

Zip Code

78232-2722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30474856

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 9 / 108

(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 Kevin C Pollard

Mailing Address 4200 W Conejos Pl Ste 105

City

Denver

State

CO

Zip Code

80204-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30474862

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr JAMES C BIGHAM

Mailing Address 634 Cross Valley Circle

City

Evansville

State

IN

Zip Code

47710-5238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30474863

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr James P Busche

Mailing Address 2 W Wilmert Lake Dr

City

Fairmont

State

MN

Zip Code

56031-5056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30474866

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 108

(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 Irene Koga

Mailing Address 1556 15Th Ave

City

San Francisco

State

CA

Zip Code

94122-3522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30474868

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr William P Beeaker

Mailing Address 461 Upper St

City

Turner

State

ME

Zip Code

04282-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30474870

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr GREGORY WILLARD HICKS

Mailing Address 419 Bogart Road East

City

Sandusky

State

OH

Zip Code

44870-6404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

966.68

Date of Receipt

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

Transaction ID: 30479349

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

716.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 108

(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 Nathaniel Roland

Mailing Address 12200 Academy Rd Ne Ste 1326

City

Albuquerque

State

NM

Zip Code

87111-7257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 30479352

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Tad Robert Kosanovich

Mailing Address 322 Sunset Road

City

Osprey

State

FL

Zip Code

34229-9207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30479398

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Gary Dana Linton

Mailing Address 5508 183Rd Avenue E

City

Bonney Lake

State

WA

Zip Code

98391-8845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30479411

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert L Jarrell, III

Mailing Address 50 Cedar Hill Rd

City

Albuquerque

State

NM

Zip Code

87122-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 30490900

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr Wanda C Batson

Mailing Address 8120 Rock Hill Rd

City

Baker

State

FL

Zip Code

32531-7337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: 30490901

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Dr Jason T Ortman

Mailing Address 8085 E Byers Avenue

City

Denver

State

CO

Zip Code

80230-6755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30490903

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

433.33

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 108

(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 Lori Ann Youngman

Mailing Address 4535 Nw Aspen St

City

Camas

State

WA

Zip Code

98607-8302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

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

Transaction ID: 30490904

Amount of Each Receipt this Period

166.67

B.

Full Name (Last, First, Middle Initial)

Dr Robert Craig Janot

Mailing Address 6910 Windmill Lane

City

Lake Charles

State

LA

Zip Code

70605-0536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

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

Transaction ID: 30490968

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City

Lakewood

State

NY

Zip Code

14750-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 30490969

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

333.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City

Fairview

State

NC

Zip Code

28730-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 30490973

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr Jeffrey S Williams, Jr

Mailing Address P O Box 463

City

Southold

State

NY

Zip Code

11971-0463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

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

Transaction ID: 30490975

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Dr ROBERT J BLUMTHAL

Mailing Address 119 Exmore Drive

City

Springfield

State

IL

Zip Code

62704-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1547.73

Date of Receipt

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

Transaction ID: 30491916

Amount of Each Receipt this Period

476.22

SUBTOTAL of Receipts This Page (optional)

759.55

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 108

(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 Wayne R Hemphill

Mailing Address 14627 S Hagan St

City

Olathe

State

KS

Zip Code

66062-9005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30494417

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Mark David Hansen

Mailing Address 1887 Isett Ave N

City

Muscatine

State

IA

Zip Code

52761-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 30504721

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Paul C Bruderer

Mailing Address 35 Cara Vella Lane

City

Centerville

State

UT

Zip Code

84014-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 30504723

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

400.00

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 16 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Brian F Rowley

Mailing Address 619 N 330 W

City

Santaquin

State

UT

Zip Code

84655-5099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 30504725

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr BARBARA L HORN

Mailing Address 61269 Coralburst Dr

City

Washington

State

MI

Zip Code

48094-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1522.72

Date of Receipt

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

Transaction ID: 30504727

Amount of Each Receipt this Period

159.09

C.

Full Name (Last, First, Middle Initial)

Dr David J Esplin

Mailing Address 34 South 590 East

City

Salem

State

UT

Zip Code

84653-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

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

Transaction ID: 30504728

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

229.09

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 108

(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 Maxwell Ernst

Mailing Address 14 Bittersweet Dr

City

Alexandria

State

KY

Zip Code

41001-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 30504729

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr David J J Shippee

Mailing Address Box 307

City

Sherman Oaks

State

ME

Zip Code

04777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

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

Transaction ID: 30504730

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

Dr Carey A Patrick

Mailing Address 970 Patrician Court

City

Fairview

State

TX

Zip Code

75069-8781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30504732

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

641.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 108

(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 MARK J COOK

Mailing Address 5698 Mountain Road

City

Brighton

State

MI

Zip Code

48116-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

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

Transaction ID: 30504733

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Bronte D Baker

Mailing Address 179 Redbird Ridge

City

Beeville

State

TX

Zip Code

78102-8465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30510895

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Donald W Furman

Mailing Address 855 11Th St Place

City

Garner

State

IA

Zip Code

50438-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

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

Transaction ID: 30510896

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr GARY W LASKEN

Mailing Address 10215 N North Forest Trail

City

Peoria

State

IL

Zip Code

61615-1378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

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

Transaction ID: 30510898

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

Dr RONALD J MEYER

Mailing Address 37038 60 Rd 496

City

Champion

State

MI

Zip Code

49814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30510899

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Jason K Dickerson

Mailing Address 2581 Bridlewood Drive

City

Helena

State

AL

Zip Code

35080-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

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

Transaction ID: 30510902

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

133.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 108

(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 Ron W Roelfs

Mailing Address 600 3Rd St Se

City

Waverly

State

IA

Zip Code

50677-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: 30510903

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Dr Thomas J Lany

Mailing Address 3 Taylor Street

City

Painted Post

State

NY

Zip Code

14870-9381

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30510904

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Paul D Batson

Mailing Address 5323 Whisper Wood Drive

City

Birmingham

State

AL

Zip Code

35226-1092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30510905

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

135.00

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 / 108

(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 Terry H Berner

Mailing Address 8210 Top Of The World Drive

City

Salt Lake City

State

UT

Zip Code

84121-6060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

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

Transaction ID: 30510906

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr Steven Thomas Reed

Mailing Address 4550 Simpson Hwy 28 W

City

Magee

State

MS

Zip Code

39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

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

Transaction ID: 30510907

Amount of Each Receipt this Period

90.00

C.

Full Name (Last, First, Middle Initial)

Dr Gregory C Russell

Mailing Address 2505 Rivermont Circle

City

Kingsport

State

TN

Zip Code

37660-2392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

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

Transaction ID: 30510908

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

215.33

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 108

(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 Barry J Jose

Mailing Address 2409 Wintersteen Rd

City

Plattsmouth

State

NE

Zip Code

68048-8958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 30510913

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert L Owens, II

Mailing Address 8 Century Lane

City

Newmanstown

State

PA

Zip Code

17073-8982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30510915

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr GILBERT E PIERCE

Mailing Address 8639 Olenbrook Drive

City

Lewis Center

State

OH

Zip Code

43035-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

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

Transaction ID: 30510917

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 108

(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 Stacie Layne Virden

Mailing Address 2432 Lake Air Drive

City

Waco

State

TX

Zip Code

76710-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.63

Date of Receipt

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

Transaction ID: 30510918

Amount of Each Receipt this Period

84.09

B.

Full Name (Last, First, Middle Initial)

Dr John S Bowen

Mailing Address 2570 Northshore Blvd Ste 200

City

Flower Mound

State

TX

Zip Code

75028-8386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 30510919

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Lisa C Bowen

Mailing Address 1813 Shadywood Lane

City

Flower Mound

State

TX

Zip Code

75028-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 30510920

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

284.09

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 108

(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 Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City

Auburn

State

ME

Zip Code

04210-8884

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: 30510921

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Dr Zoey K Loomis

Mailing Address 3750 Highway 144

City

Weldona

State

CO

Zip Code

80653-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30510923

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City

Aledo

State

TX

Zip Code

76008-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

724.94

Date of Receipt

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

Transaction ID: 30510924

Amount of Each Receipt this Period

91.66

SUBTOTAL of Receipts This Page (optional)

283.33

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 25 / 108

(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 Christopher L Eddy

Mailing Address 6306 Buchanan St

City

Fort Collins

State

CO

Zip Code

80525-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 30510925

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City

Benton

State

KY

Zip Code

42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

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

Transaction ID: 30510926

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Dr Steven Rowland Wilkins

Mailing Address 2568 Landview Circle

City

Virginia Beach

State

VA

Zip Code

23454-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30511845

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

581.67

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 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr David H Fisher, Jr

Mailing Address 336 Charlotte Street

City

Lafayette

State

LA

Zip Code

70506-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 30511849

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr Nichole Q Soto

Mailing Address 101 Timber Lane Loop

City

Rockport

State

TX

Zip Code

78382-5740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30513623

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr MICHAEL HOWARD MOOREHEAD

Mailing Address 1720 Tatum Lane

City

Hamilton

State

OH

Zip Code

45013-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30513627

Amount of Each Receipt this Period

250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City

Littleton

State

CO

Zip Code

80125-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: 30520709

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City

San Jose

State

CA

Zip Code

95120-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

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

Transaction ID: 30520710

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

Dr Bruce D Krutsinger

Mailing Address 15901 Tahoe Dr

City

Houston

State

TX

Zip Code

77040-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 30520711

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

341.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 108

(check only one)

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Marion K Williams

Mailing Address 100 Shorebrook Drive

City

Williamston

State

SC

Zip Code

29697-9522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30521507

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Gary Lee Dietterick

Mailing Address 212 Applewood Drive

City

Easton

State

PA

Zip Code

18045-5806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30521510

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christopher N Clark

Mailing Address 2912 Esmerelda Drive

City

Bullhead City

State

AZ

Zip Code

86429-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30521515

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 29 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kathleen E Powell

Mailing Address 9710 Copper Drive

City

Anchorage

State

AK

Zip Code

99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

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

Transaction ID: 30523054

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert D O'Connell

Mailing Address Box 3187

City

Kenai

State

AK

Zip Code

99611-3187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30523055

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Dennis A Swarner

Mailing Address Box 1669

City

Kenai

State

AK

Zip Code

99611-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

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

Transaction ID: 30523056

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

218.00

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 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr CHARLOTTE F NIELSEN

Mailing Address 118 Whitehall Court

City

Grayslake

State

IL

Zip Code

60030-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 30523058

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Sheryl A Lentfer

Mailing Address 1345 West 9Th Avenue

City

Anchorage

State

AK

Zip Code

99501-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

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

Transaction ID: 30523059

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Dr Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City

Kent

State

WA

Zip Code

98030-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 30523060

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

434.00

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 31 / 108

(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 R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City

Cullman

State

AL

Zip Code

35055-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30523065

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Jeffrey David Hill

Mailing Address 126 Treymoor Drive

City

Alabaster

State

AL

Zip Code

35007-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30523066

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Sarah Gordon Miehle

Mailing Address 252 Inverness Center Dr

City

Birmingham

State

AL

Zip Code

35242-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30523067

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 108

(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 Brenden R White

Mailing Address 864 E Ranch Circle

City

Draper

State

UT

Zip Code

84020-9011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 30523068

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr David M Redman

Mailing Address 795 Foxhill Circle

City

Hollister

State

CA

Zip Code

95023-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.52

Date of Receipt

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

Transaction ID: 30523070

Amount of Each Receipt this Period

38.88

C.

Full Name (Last, First, Middle Initial)

Dr Peter V Candela

Mailing Address P O Box 614

City

Blythewood

State

SC

Zip Code

29016-0614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.50

Date of Receipt

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

Transaction ID: 30523071

Amount of Each Receipt this Period

87.12

SUBTOTAL of Receipts This Page (optional)

151.00

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 / 108

(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 G. Chad Green

Mailing Address 5960 Co Rd 19

City

Linden

State

AL

Zip Code

36748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 30528225

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Joseph J Jordan, Jr

Mailing Address 224 Laconia Rd

City

Tilton

State

NH

Zip Code

03276-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

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

Transaction ID: 30528226

Amount of Each Receipt this Period

166.66

C.

Full Name (Last, First, Middle Initial)

Dr Markus I Barth

Mailing Address 1346 Heller Drive

City

Yardley

State

PA

Zip Code

19067-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.36

Date of Receipt

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

Transaction ID: 30528227

Amount of Each Receipt this Period

66.67

SUBTOTAL of Receipts This Page (optional)

333.33

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 108

(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 Kimberly D Ocampo

Mailing Address 305 Courtney Dr Sw Apt 601

City

Decatur

State

AL

Zip Code

35603-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 30528230

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr Douglas L Huff

Mailing Address 16230 Forest Meadows Dr

City

Chesterfield

State

MO

Zip Code

63005-4764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30528295

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Neal S Jessup

Mailing Address 4018 Horsepen Mtn Drive

City

Vinton

State

VA

Zip Code

24179-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30528296

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

525.00

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 / 108

(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 Diane G Wilson

Mailing Address #7 Huntleigh Woods

City

Barnhart

State

MO

Zip Code

63012-1349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 30528299

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr Arlene T. H. Sokola

Mailing Address 213 Summer Winds Dr Se

City

Rio Rancho

State

NM

Zip Code

87124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30536154

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Scott L Nehring

Mailing Address 32840 S Meridian Road

City

Woodburn

State

OR

Zip Code

97071-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

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

Transaction ID: 30536155

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

1092.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 108

(check only one)

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Carl Wade Newton

Mailing Address 1019 South Kansas

City

Cherokee

State

OK

Zip Code

73728-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30536156

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City

Guthrie

State

OK

Zip Code

73044-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.91

Date of Receipt

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

Transaction ID: 30536989

Amount of Each Receipt this Period

303.04

C.

Full Name (Last, First, Middle Initial)

Dr Wesley D Kemp

Mailing Address P O Box 937

City

Bolivar

State

MO

Zip Code

65613-0937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.87

Date of Receipt

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

Transaction ID: 30543438

Amount of Each Receipt this Period

52.12

SUBTOTAL of Receipts This Page (optional)

605.16

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 37 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr John D Edwards

Mailing Address P O Box 1397

City

Elk City

State

OK

Zip Code

73648-1397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30544710

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Matt R Sullivan

Mailing Address 3217 Jack Drive

City

Prescott

State

AZ

Zip Code

86305-4155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30544712

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr David Carl Solseng

Mailing Address 803 Pleasant Dr

City

Ada

State

MN

Zip Code

56510-1664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30544713

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 38 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr LARRY J WOODS

Mailing Address 2130 River Bend Rd

City

Plover

State

WI

Zip Code

54467-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30544716

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr J. Rick Davis

Mailing Address 2721 Charleston Ct

City

Claremont

State

NC

Zip Code

28610-8658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30544718

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Dorothy L Hitchmoth

Mailing Address Po Box 302
106 Davis Hill Road

City

New London

State

NH

Zip Code

03257-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1494.00

Date of Receipt

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

Transaction ID: 30544726

Amount of Each Receipt this Period

166.00

SUBTOTAL of Receipts This Page (optional)

666.00

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 39 / 108

(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 PAUL ANTON HODGE

Mailing Address 3042 118Th Ave

City

Allegan

State

MI

Zip Code

49010-9555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 30571037

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr BRUCE L MANNING

Mailing Address 487 Whitebark Circle

City

Wadsworth

State

OH

Zip Code

44281-2299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

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

Transaction ID: 30571038

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Dr Daniel J Gordon

Mailing Address 19 Sunset Terr

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30571852

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

656.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 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 Todd E Wright

Mailing Address 2601 Brixton Road

City

Edmond

State

OK

Zip Code

73034-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30571860

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Mark A Wedekind

Mailing Address 18711 Se 42Nd Place

City

Issaquah

State

WA

Zip Code

98027-9745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30571862

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr LARRY L WOLF

Mailing Address N1778 Maple Road

City

Merrill

State

WI

Zip Code

54452-9554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30571866

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael D Moore

Mailing Address 3716 Holiday Dr Se

City

Olympia

State

WA

Zip Code

98501-4261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30571867

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Hale M Kell

Mailing Address 7973 Sagebrush Ct

City

Boulder

State

CO

Zip Code

80301-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30571872

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Marilyn A Carter

Mailing Address 355 Surrey Drive

City

Bonita

State

CA

Zip Code

91902-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30571873

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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FOR LINE NUMBER: PAGE 42 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Boyd L Walker

Mailing Address P O Box 3669

City

Homer

State

AK

Zip Code

99603-3669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30571876

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Carl C Cottrell

Mailing Address 168 Butte Drt

City

Newcastle

State

WY

Zip Code

82701-3126

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 ▼

350.00

Date of Receipt

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

Transaction ID: 30571877

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Dr James H Bell

Mailing Address 3519 Cherokee Road

City

Cody

State

WY

Zip Code

82414-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30571878

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Grant W Jones

Mailing Address 2117 Grandview Dr

City

Torrington

State

WY

Zip Code

82240-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30571879

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Scott Edward Saunders

Mailing Address 14 Heather Hill Road

City

Winsted N

State

CT

Zip Code

06098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30571882

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Timothy K Tippet

Mailing Address 5356 Magnolia Ct

City

Evans

State

GA

Zip Code

30809-7431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30571883

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr MICHAEL L TASHNER

Mailing Address 925 Golfview Dr

City

Platteville

State

WI

Zip Code

53818-9783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30571884

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Timothy G Koop

Mailing Address 4912 Bluff Run Drive

City

Greensboro

State

NC

Zip Code

27455-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30573757

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Randall N Reichle

Mailing Address 1818 Stacy Fall

City

Houston

State

TX

Zip Code

77008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

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

Transaction ID: 30573758

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

498.33

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Sarah J Hudson

Mailing Address 284 Richards Ave Unit 2

City

Portsmouth

State

NH

Zip Code

03801-5238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 30573759

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City

Central City

State

KY

Zip Code

42330-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30573760

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Lee Ann Barrett

Mailing Address 1199 E Morgan

City

Boonville

State

MO

Zip Code

65233-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30573761

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Mark Edward Winston

Mailing Address 9610 Melvin Ave

City

Northridge

State

CA

Zip Code

91324-2135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

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

Transaction ID: 30573762

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

Dr Jennifer L Planitz

Mailing Address 3537 New Castle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: 30573763

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Craig F Clatanoff

Mailing Address 3537 Newcastle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 30573764

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

341.66

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Dori M Carlson

Mailing Address P O Box 0

City

Park River

State

ND

Zip Code

58270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 30577385

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr BRADLEY J JORGENSEN

Mailing Address N7807 Lake Shore Dr

City

Sherwood

State

WI

Zip Code

54169-9634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30587626

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City

Anchorage

State

AK

Zip Code

99515-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

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

Transaction ID: 30587627

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

1449.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 48 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Linda M Yee

Mailing Address 48277 Hackeberry Street

City

Fremont

State

CA

Zip Code

94539-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 30587628

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr Patrick N Reber

Mailing Address 9650 Etolin Circle

City

Eagle River

State

AK

Zip Code

99577-8787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.85

Date of Receipt

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

Transaction ID: 30587629

Amount of Each Receipt this Period

55.55

C.

Full Name (Last, First, Middle Initial)

Dr ROBERT J BLUMTHAL

Mailing Address 119 Exmore Drive

City

Springfield

State

IL

Zip Code

62704-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1785.84

Date of Receipt

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

Transaction ID: 30587631

Amount of Each Receipt this Period

238.11

SUBTOTAL of Receipts This Page (optional)

318.66

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 49 / 108

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City

Succasunna

State

NJ

Zip Code

07876-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: 30590483

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr Susan M Brunnett

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.20

Date of Receipt

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

Transaction ID: 30593323

Amount of Each Receipt this Period

90.90

C.

Full Name (Last, First, Middle Initial)

Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1454.48

Date of Receipt

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

Transaction ID: 30593324

Amount of Each Receipt this Period

181.81

SUBTOTAL of Receipts This Page (optional)

472.71

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Pamela E Theriot

Mailing Address 120 W Vuelta Friso

City

Sahuarita

State

AZ

Zip Code

85629-8672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30593325

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1454.56

Date of Receipt

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

Transaction ID: 30593326

Amount of Each Receipt this Period

181.82

C.

Full Name (Last, First, Middle Initial)

Dr Desiree Tyer Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1454.56

Date of Receipt

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

Transaction ID: 30593327

Amount of Each Receipt this Period

181.82

SUBTOTAL of Receipts This Page (optional)

413.64

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 51 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert F Brooks

Mailing Address 452 Bluebird Dr

City

Russell

State

KY

Zip Code

41169-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30593328

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City

Rio Rancho

State

NM

Zip Code

87124-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.71

Date of Receipt

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

Transaction ID: 30593329

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr Mario Joseph Contaldi

Mailing Address 7728 Mid-Cities Blvd

City

North Richland Hil

State

TX

Zip Code

76180-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

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

Transaction ID: 30593331

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

216.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 52 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pamela L Shepard

Mailing Address 960 E Paces Ferry Rd Apt 233

City

Atlanta

State

GA

Zip Code

30326-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tulman Eye Group, P.C.

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30593335

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Kevin L Alexander

Mailing Address 2116 Wildwood Court

City

Fullerton

State

CA

Zip Code

92831-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30593336

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City

Aiea

State

HI

Zip Code

96701-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

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

Transaction ID: 30593337

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

341.66

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr THOMAS E NYE

Mailing Address 42 Tabor Lane

City

Hamilton

State

OH

Zip Code

45013-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.52

Date of Receipt

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

Transaction ID: 30593338

Amount of Each Receipt this Period

86.36

B.

Full Name (Last, First, Middle Initial)

Dr Tara L Dew

Mailing Address 2093 Attala Road 1177

City

Kosciusko

State

MS

Zip Code

39090-6917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30595493

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr William W Hatley

Mailing Address 23560 E Moraine Place

City

Aurora

State

CO

Zip Code

80016-7039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30595563

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

386.36

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 108

(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 Dirk Michael Beyer

Mailing Address 709 South 5Th St

City

Hamilton

State

MT

Zip Code

59840-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30597947

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Kathleen E Goff

Mailing Address 114 Crested Peak

City

Santa Teresa

State

NM

Zip Code

88008-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.88

Date of Receipt

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

Transaction ID: 30597948

Amount of Each Receipt this Period

86.36

C.

Full Name (Last, First, Middle Initial)

Dr Kevin L Gee

Mailing Address Po Box 18075
Gee Eye Care

City

Sugar Land

State

TX

Zip Code

77496-8075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.28

Date of Receipt

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

Transaction ID: 30597949

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)

227.27

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 108

(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 Larry D Gunnell

Mailing Address #7 Brenna Dr

City

Wichita Falls

State

TX

Zip Code

76302-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

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

Transaction ID: 30597950

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Dr Christy Lynn Warford

Mailing Address 3601 Lareforma

City

Baytown

State

TX

Zip Code

77521-9175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

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

Transaction ID: 30597951

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr Mario A Caballero

Mailing Address 1080 Loma De Alma

City

El Paso

State

TX

Zip Code

79934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.28

Date of Receipt

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

Transaction ID: 30597952

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)

257.58

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 56 / 108

(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 Deborah S Bernay

Mailing Address 1702 Rustic Oak Lane

City

Seabrook

State

TX

Zip Code

77586-4556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.28

Date of Receipt

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

Transaction ID: 30597953

Amount of Each Receipt this Period

90.91

B.

Full Name (Last, First, Middle Initial)

Dr Jeff S Phillips

Mailing Address 2804 Pine St

City

Texarkana

State

TX

Zip Code

75503-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30598145

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Denis L Mc Donald

Mailing Address 5659 Jonquil Lane

City

Ooltewah

State

TN

Zip Code

37363-5122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30598148

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

705.91

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 57 / 108

(check only one)

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Lincoln Joseph Daynes

Mailing Address 2737 Brewer Drive

City

Sierra Vista

State

AZ

Zip Code

85650-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30598156

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr C. Jeffrey Foster

Mailing Address 508 3Rd Street

City

Newport

State

TN

Zip Code

37821-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30598163

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Carl J Roth, III

Mailing Address 1048 Alderson Avenue

City

Billings

State

MT

Zip Code

59102-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: 30598428

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

780.00

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 58 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Cary S Labbe

Mailing Address 1212 Nw 6Th Avenue

City

Mineral Wells

State

TX

Zip Code

76067-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30598429

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City

Fishersville

State

VA

Zip Code

22939-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: 30598430

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Dr DENNIS M BRTVA

Mailing Address 57 Pebblebrook Ct

City

Bloomington

State

IL

Zip Code

61705-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

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

Transaction ID: 30598431

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Brian J Blount

Mailing Address 5830 N. Circuit

City

Beaumont

State

TX

Zip Code

77706-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1454.56

Date of Receipt

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

Transaction ID: 30598432

Amount of Each Receipt this Period

181.82

B.

Full Name (Last, First, Middle Initial)

Dr Gerald G Gerdes, Jr

Mailing Address 414 E 7Th Ave

City

Oakdale

State

LA

Zip Code

71463-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30598433

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Cheryl T Stoker

Mailing Address 825 Parkway Dr

City

Natchitoches

State

LA

Zip Code

71457-5535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30598434

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

556.82

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 60 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Gordon Stanley Johnson

Mailing Address 506 Riello Dr

City

Greer

State

SC

Zip Code

29650-0966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30598438

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr CHARLES B BROWNLOW

Mailing Address P O Box 85

City

Wild Rose

State

WI

Zip Code

54984-0085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 30598502

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr JOSEPH B STUDEBAKER

Mailing Address 719 North Main Street

City

Union

State

OH

Zip Code

45322-9704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 30598808

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 61 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr JASON R MILLER

Mailing Address 250 Andover Dr

City

Powell

State

OH

Zip Code

43065-8457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 30599212

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr THOMAS MATTHEW BOBST

Mailing Address 21285 Avalon Drive

City

Rocky River

State

OH

Zip Code

44116-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30599325

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Diane E Reddin

Mailing Address P O Box 66

City

Crawford

State

CO

Zip Code

81415-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30599332

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 62 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr David Bryce Reber

Mailing Address 18 Fairmont Court

City

Hobbs

State

NM

Zip Code

88240-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30600939

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Tasker N Rodman, II

Mailing Address 5 Hyde Ct

City

Little Rock

State

AR

Zip Code

72212-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30600940

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Paul M Spivak

Mailing Address 120 Grienbriar Drive

City

Carnegie

State

PA

Zip Code

15106-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30600955

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**

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Paul D Dunderland

Mailing Address Box 169

City

Bottineau

State

ND

Zip Code

58318-0169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 30600964

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Dr Larry E Harris

Mailing Address 6021 Nw Glenwood Drive

City

Topeka

State

KS

Zip Code

66617-1333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30600979

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr CHERYL ARCHER

Mailing Address 216 Orange Drive

City

Wapakoneta

State

OH

Zip Code

45895-1352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30601129

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 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 TERESA A GOSSARD

Mailing Address 6323 Grand Vista Avenue

City

Cincinnati

State

OH

Zip Code

45213-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eye Care Associates of Gr-
eater Cincinn

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.25

Date of Receipt

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

Transaction ID: 30601481

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City

Monterey

State

CA

Zip Code

93940-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 30601486

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Marcus D Yeager

Mailing Address 300 Tupawek Drive

City

West Monroe

State

LA

Zip Code

71291-7019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 30602082

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 108

(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 Peter Jeffery Shoji

Mailing Address 1910 Puu Nanea Place

City

Honolulu

State

HI

Zip Code

96822-1776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30602085

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City

Snohomish

State

WA

Zip Code

98296-8649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: 30602091

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Mark Joseph Page

Mailing Address 3102 E Desert Broom Way

City

Phoenix

State

AZ

Zip Code

85048-8316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 30602093

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

815.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 108

(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 Todd M Hamilton

Mailing Address 278 Falmouth Road

City

Windham

State

ME

Zip Code

04062-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.97

Date of Receipt

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

Transaction ID: 30602094

Amount of Each Receipt this Period

33.33

B.

Full Name (Last, First, Middle Initial)

Dr Blaine A Littlefield

Mailing Address 27 Wilderness Drive

City

Freeport

State

ME

Zip Code

04032-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.97

Date of Receipt

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

Transaction ID: 30602095

Amount of Each Receipt this Period

33.33

C.

Full Name (Last, First, Middle Initial)

Dr Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City

Freeport

State

ME

Zip Code

04032-6297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

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

Transaction ID: 30602096

Amount of Each Receipt this Period

33.34

SUBTOTAL of Receipts This Page (optional)

100.00

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 67 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Steven C Ezzell

Mailing Address 649 Mathew Ct

City

Abilene

State

TX

Zip Code

79602-5246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 30602098

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City

Birmingham

State

AL

Zip Code

35242-6886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30602099

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr JEFFREY A MYERS

Mailing Address 4089 Marlowa Drive
P O Box 116

City

Groveport

State

OH

Zip Code

43125-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 30602100

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 108

(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 Beth A Kneib

Mailing Address 602 Nw 163Rd St

City

Shoreline

State

WA

Zip Code

98177-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

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

Transaction ID: 30602103

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

Dr Trevor J Cleveland

Mailing Address 1610 Wilson Court

City

Eugene

State

OR

Zip Code

97402-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30602104

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr PETER H KEHOE

Mailing Address 789 N Broad

City

Galesburg

State

IL

Zip Code

61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

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

Transaction ID: 30602105

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

266.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 108

(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 Sue E Lowe

Mailing Address 1704 Skyline Drive

City

Laramie

State

WY

Zip Code

82070-8932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

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

Transaction ID: 30602106

Amount of Each Receipt this Period

166.66

B.

Full Name (Last, First, Middle Initial)

Dr William R Burges

Mailing Address 988 Cr 477

City

Castroville

State

TX

Zip Code

78009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

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

Transaction ID: 30602107

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr Larry G Obie

Mailing Address 1330 12Th Ave

City

Havre

State

MT

Zip Code

59501-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 30602108

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Anea P Thau

Mailing Address 170 East 83 Street

City

New York

State

NY

Zip Code

10028-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

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

Transaction ID: 30602109

Amount of Each Receipt this Period

166.67

B.

Full Name (Last, First, Middle Initial)

Dr ALBERT S LICUP

Mailing Address 226 S Harvey Ave

City

Oak Park

State

IL

Zip Code

60302-3312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

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

Transaction ID: 30602110

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City

Huntsville

State

AL

Zip Code

35801-1555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30602111

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

258.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th St Ln

City

Greeley

State

CO

Zip Code

80634-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30602112

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Scott M Burks

Mailing Address P O Box 1351

City

Buffalo

State

MO

Zip Code

65622-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: 30602113

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Michele R Haranin

Mailing Address 301 Concord Road

City

Dover

State

DE

Zip Code

19904-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 30602114

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 72 / 108

(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 Alan Altfillisch

Mailing Address 1 Sawgrass Trail

City

Ottumwa

State

IA

Zip Code

52501-8994

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30602117

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Frederick E Bodenhamer

Mailing Address 409 Virginia Trail

City

Jefferson City

State

MO

Zip Code

65109-6840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 30602202

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr Lori Ehlers Swopes

Mailing Address 718 S Sunset Lane

City

Raymore

State

MO

Zip Code

64083-8498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30602203

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 108

(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 Brian Connelly

Mailing Address 3243 Evergreen Road

City

Fargo

State

ND

Zip Code

58102-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30602204

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Donald B Leach

Mailing Address 221 Wittwer Ct Nw
P O Box 129

City

Los Lunas

State

NM

Zip Code

87031-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30602215

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Stephen Harold Spencer

Mailing Address 1998 W 12Th Ln

City

Yuma

State

AZ

Zip Code

85364-4358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30602218

Amount of Each Receipt this Period

365.00

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 74 / 108

(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 Eugene Joseph Bernal, Jr

Mailing Address Rr 1, Box 480C

City

Norwich

State

VT

Zip Code

05055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30602220

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Sheila Lee Hastie

Mailing Address 850 King'S Highway

City

White River Juncti

State

VT

Zip Code

05001-9655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30602221

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Andrew M Jones

Mailing Address 850 King'S Highway

City

White River Juncti

State

VT

Zip Code

05001-9655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30602222

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 75 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael Sean Alexander

Mailing Address 770 Mockingbird Ln

City

Marietta

State

GA

Zip Code

30068-2356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 30602234

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Dr Joseph E Droter

Mailing Address 4726 Twin Hickory Lake Dr

City

Glen Allen

State

VA

Zip Code

23059-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30602238

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Nathaniel D Robinson

Mailing Address Rr 1 Box 1276

City

Huntington

State

TX

Zip Code

75949-9717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30602240

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael J Haynes

Mailing Address 1460 Avant Road

City

West Monroe

State

LA

Zip Code

71291-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

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

Transaction ID: 30618548

Amount of Each Receipt this Period

91.25

B.

Full Name (Last, First, Middle Initial)

Dr Walter Ray Dunlap

Mailing Address 1802 Mesa Verde Road

City

Lawton

State

OK

Zip Code

73507-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30618556

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Thomas William Dawson

Mailing Address 230 SW Kingsbay Dr

City

Crystal River

State

FL

Zip Code

34429-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30618558

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

841.25

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 77 / 108

(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 Gordon Stanley Johnson

Mailing Address 506 Riello Dr

City

Greer

State

SC

Zip Code

29650-0966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 30618821

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Thomas Edward Dunlap, Jr

Mailing Address 809 Lauras Lane
Po Drawer 1249

City

Albemarle

State

NC

Zip Code

28001-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30618825

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Clark Lee Seyboth

Mailing Address 50 Cherrywood Ct

City

Hunt Valley

State

MD

Zip Code

21030-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30618827

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 108

(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 Todd L Richardson

Mailing Address 14317 Se 23Rd

City

Vancouver

State

WA

Zip Code

98683-8459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30618835

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr David J Helfman

Mailing Address 7 Pierce Lane

City

Hollis

State

NH

Zip Code

03049-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 30618839

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Dr Harriett Bedsol Foshee

Mailing Address 411 Hamilton St

City

Greenville

State

AL

Zip Code

36037-2007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30618847

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1015.00

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 79 / 108

(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 Paul W Beaver

Mailing Address 386 9Th Street Sw

City

Sioux Center

State

IA

Zip Code

51250-1366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30618855

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr ROBERT J DITTOE

Mailing Address 449 Buckingham Lane

City

Lancaster

State

OH

Zip Code

43130-8891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30618868

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr John Biestek

Mailing Address 17 Whiffle Tree Road

City

Wallingford

State

CT

Zip Code

06492-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 30618875

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 80 / 108

(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 Vincente A Calderon

Mailing Address 455 W 34Th St, Apt 2C

City

New York

State

NY

Zip Code

10001-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 30618877

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Amy A Crigler

Mailing Address 108 Langston Cove

City

Starkville

State

MS

Zip Code

39759-4242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30618884

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Jason T Ortman

Mailing Address 8085 E Byers Avenue

City

Denver

State

CO

Zip Code

80230-6755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 30706086

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$150.00 This changes the YTD Total to \$30-0.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Gary C Slaugh

Mailing Address 4850 Kiwana Dr

City

Ogden

State

UT

Zip Code

84403-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 30706087

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$30.00 This changes
the YTD Total to \$210-
00

B.

Full Name (Last, First, Middle Initial)

Dr Miriam Elsbeth Pearson

Mailing Address 282 Pigeon Creek Rd

City

Pottstown

State

PA

Zip Code

19465-8641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 30706088

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$365.00 This changes
the YTD Total to \$36-
5.00

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

47638.38

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 82 / 108

<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)

Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 06

Transaction ID: 30472991

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Ros-Lehtinen For Congress

Mailing Address P O Box 52-2784

City
Miami

State
FL

Zip Code
33152

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Ileana Ros-Lehtinen

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 18

Transaction ID: 30494405

Date of Disbursement

09 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Shore PAC

Mailing Address P O Box 3157

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name
Shore PAC

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 30512561

Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

5000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

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 83 / 108

<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

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)

Ed Royce For Congress

Mailing Address P.O. Box 2525

City
Orange

State
CA

Zip Code
92859

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Edward R. Royce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 40

Transaction ID: 30532973

Date of Disbursement

09 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

A Lot Of People For Dave Obey

Mailing Address P O Box 1322

City
Wausau

State
WI

Zip Code
54402

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. David R. Obey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WI District: 07

Transaction ID: 30533133

Date of Disbursement

09 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Capuano For Congress Committee

Mailing Address PO Box 440305

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael E. Capuano

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MA District: 08

Transaction ID: 30540528

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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)

PAGE 84 / 108

<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

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) Courtney For Congress	Transaction ID: 30571814 Date of Disbursement																				
Mailing Address 38 Risley Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	6		2	0	0	9												
City State Zip Code Vernon CT 06066	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Joseph D. Courtney	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Candidate Contribution																					
B. Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress	Transaction ID: 30573701 Date of Disbursement																				
Mailing Address P.O. Box 9336	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	6		2	0	0	9												
City State Zip Code Fargo ND 58106	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Earl Pomeroy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Candidate Contribution																					
C. Full Name (Last, First, Middle Initial) Gallegly For Congress	Transaction ID: 30587810 Date of Disbursement																				
Mailing Address P.O. Box 940001	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	9												
City State Zip Code Simi Valley CA 93094	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Elton Gallegly	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24	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)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ciro Rodriguez For Congress

Mailing Address PO Box 14528

City
San Antonio

State
TX

Zip Code
78214

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Ciro Rodriguez

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 23

Transaction ID: 30596512

Date of Disbursement

09 / 22 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Martin Heinrich For Congress

Mailing Address 2118 Central Avenue SE
#71

City
Albuquerque

State
NM

Zip Code
87106

Purpose of Disbursement
Candidate Contribution

Candidate Name
Martin Heinrich

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NM District: 01

Transaction ID: 30598037

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Harry Teague For Congress

Mailing Address PO Box 5153

City
Hobbs

State
NM

Zip Code
88241

Purpose of Disbursement
Candidate Contribution

Candidate Name
Harry Teague

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NM District: 02

Transaction ID: 30598038

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 30602246 Date of Disbursement																				
Mailing Address P.O. Box 8508	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	9												
City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Michael A. Arcuri	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Candidate Contribution																					
B. Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 30602247 Date of Disbursement																				
Mailing Address P.O. Box 8508	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	9												
City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Michael A. Arcuri	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Candidate Contribution																					
C. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: 30602248 Date of Disbursement																				
Mailing Address P.O. Box 8331	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	9												
City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Fortney Peter Stark	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	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)

3500.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chet Edwards For Congress

Mailing Address PO Box 23273

City
Waco

State
TX

Zip Code
76702

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Chet Edwards

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 17

Transaction ID: 30602249

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Dave Wu For Us Congress

Mailing Address 818 Sw Third Ave. #1182

City
Portland

State
OR

Zip Code
97204

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. David Wu

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OR District: 01

Transaction ID: 30602250

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Clarke For Congress

Mailing Address 111-36 200th Street

City
Hollis

State
NY

Zip Code
11412

Purpose of Disbursement
Candidate Contribution

Candidate Name
Yvette Clarke

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 11

Transaction ID: 30602251

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Phil Hare

Mailing Address 224 18th Street
P.O. Box 4183

City State Zip Code
Rock Island IL 61204

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Philip Hare

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 17

Transaction ID: 30602252

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Moore For Congress

Mailing Address PO Box 16646

City State Zip Code
Milwaukee WI 53216

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Gwen Moore

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WI District: 04

Transaction ID: 30602253

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Baron Hill

Mailing Address P O Box 1071

City State Zip Code
Seymour IN 47274

Purpose of Disbursement
Candidate Contribution

Candidate Name
Baron P Hill

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IN District: 09

Transaction ID: 30602254

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Schauer For Congress	Transaction ID: 30602255 Date of Disbursement
Mailing Address PO Box 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div>
City State Zip Code Battle Creek MI 49016	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>1000.00</div>
Candidate Name Rep. Mark Schauer	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution
B. Full Name (Last, First, Middle Initial) Friends Of Farr	Transaction ID: 30602256 Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div>
City State Zip Code Sacramento CA 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>1000.00</div>
Candidate Name Rep. Sam Farr	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17 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) Nita Lowey For Congress	Transaction ID: 30602257 Date of Disbursement
Mailing Address PO Box 271	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div>
City State Zip Code White Plains NY 10605	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>1000.00</div>
Candidate Name Rep. Nita M. Lowey	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18 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)

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Loeb sack For Congress	Transaction ID: 30602258 Date of Disbursement <div> <div>09</div> <div>28</div> <div>2009</div> </div>
Mailing Address PO Box 1457	
City Iowa City State IA Zip Code 52244	Amount of Each Disbursement this Period <div>2500.00</div>
Purpose of Disbursement Candidate Contribution	<div>011</div>
Candidate Name Rep. Dave Loeb sack	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Candidate Contribution
B. Full Name (Last, First, Middle Initial) Frank Kratovil For Congress	Transaction ID: 30602259 Date of Disbursement <div> <div>09</div> <div>28</div> <div>2009</div> </div>
Mailing Address 222 Main Sail Drive PO Box 518	
City Stevensville State MD Zip Code 21666	Amount of Each Disbursement this Period <div>2500.00</div>
Purpose of Disbursement Candidate Contribution	<div>011</div>
Candidate Name Rep. Frank Kratovil, Jr.	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	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) Tim Ryan For Congress	Transaction ID: 30602260 Date of Disbursement <div> <div>09</div> <div>28</div> <div>2009</div> </div>
Mailing Address 1600 Roosevelt Avenue Suite 804	
City Niles State OH Zip Code 44446	Amount of Each Disbursement this Period <div>1000.00</div>
Purpose of Disbursement Candidate Contribution	<div>011</div>
Candidate Name Rep. Timothy J. Ryan	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	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)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kathy Dahlkemper For Congress

Mailing Address 530 Seminole Drive

City Erie State PA Zip Code 16505

Purpose of Disbursement
Candidate Contribution

Candidate Name
Kathleen Dahlkemper

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 03

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

011
Category/
Type

Transaction ID: 30602261

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael H. Michaud

Office Sought: ☒ House
☐ Senate
☐ President

State: ME District: 02

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

011
Category/
Type

Transaction ID: 30602262

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Marion Berry For Congress

Mailing Address P.O. Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Marion Berry

Office Sought: ☒ House
☐ Senate
☐ President

State: AR District: 01

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

011
Category/
Type

Transaction ID: 30602263

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona	Transaction ID: 30602264 Date of Disbursement
Mailing Address PO Box 993	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div>
City Prescott State AZ Zip Code 86302	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>2000.00</div>
Candidate Name Ann Kirkpatrick	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Candidate Contribution
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Carney For Congress	Transaction ID: 30602266 Date of Disbursement
Mailing Address P.O. Box A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div>
City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>2000.00</div>
Candidate Name Mr. Christopher Carney	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Candidate Contribution
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 30602267 Date of Disbursement
Mailing Address PO Box 12612	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div>
City San Antonio State TX Zip Code 78212	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>2500.00</div>
Candidate Name Rep. Charles A. Gonzalez	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Candidate Contribution
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Christopher S. Murphy

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 05

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

011
Category/
Type

Transaction ID: 30602287

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Katherine Castor

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 11

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

011
Category/
Type

Transaction ID: 30602288

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Gene Green

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 29

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

011
Category/
Type

Transaction ID: 30602289

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pingree For Congress

Mailing Address PO Box 17613

City
Portland

State
ME

Zip Code
04112

Purpose of Disbursement
Candidate Contribution

Candidate Name
Chellie Pingree

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: ME District: 01

Transaction ID: 30602290

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Steve Israel For Congress Committee

Mailing Address PO Box 777

City
Deer Park

State
NY

Zip Code
11729

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Steve J. Israel

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 02

Transaction ID: 30602291

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Blumenauer For Congress

Mailing Address 830 Ne Holladay Suite 105

City
Portland

State
OR

Zip Code
97232

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Earl Blumenauer

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OR District: 03

Transaction ID: 30602292

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Welch For Congress Mailing Address PO Box 1682	Transaction ID: 30602298 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div>
City Burlington State VT Zip Code 05402 Purpose of Disbursement Candidate Contribution Candidate Name Mr. Peter Welch 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 Other (specify) ▼ State: VT District: 01	Amount of Each Disbursement this Period <div>1000.00</div> Candidate Contribution
B. Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 South 5th Ave Suite 428 City La Crosse State WI Zip Code 54601 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Ron Kind 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 Other (specify) ▼ State: WI District: 03	Transaction ID: 30602301 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> Candidate Contribution
C. Full Name (Last, First, Middle Initial) Bring Leadership Back Pac Mailing Address P O Box 40964 City Arlington State VA Zip Code 22204 Purpose of Disbursement Committee Contribution Candidate Name Bring Leadership Back Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	Transaction ID: 30602304 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> Committee Contribution

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)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.	<p>Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p>	Transaction ID: 30602313
	<p>Mailing Address PO Box 74</p>	<p>Date of Disbursement <div> <div>09</div> <div>28</div> <div>2009</div> </div> </p>
	<p>City Syracuse State NY Zip Code 13214</p>	Amount of Each Disbursement this Period
	<p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Dan Maffei</p>	<div>2000.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 25</p>	<div>011</div> <p>Category/ Type</p>
		Candidate Contribution
B.	<p>Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p>	Transaction ID: 30602315
	<p>Mailing Address P.O. Box 530788</p>	<p>Date of Disbursement <div> <div>09</div> <div>28</div> <div>2009</div> </div> </p>
	<p>City Livonia State MI Zip Code 48153</p>	Amount of Each Disbursement this Period
	<p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p>	<div>1000.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 11</p>	<div>011</div> <p>Category/ Type</p>
		Candidate Contribution
C.	<p>Full Name (Last, First, Middle Initial) Steve Austria For Congress</p>	Transaction ID: 30602316
	<p>Mailing Address 2537 Obetz Drive</p>	<p>Date of Disbursement <div> <div>09</div> <div>28</div> <div>2009</div> </div> </p>
	<p>City Beavercreek State OH Zip Code 45434</p>	Amount of Each Disbursement this Period
	<p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Steve Austria</p>	<div>1000.00</div>
	<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 07</p>	<div>011</div> <p>Category/ Type</p>
		Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rob Wittman For Congress

Mailing Address PO Box 999

City
Montross

State
VA

Zip Code
22520

Purpose of Disbursement
Candidate Contribution

Candidate Name
Robert Whittman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: VA District: 01

Transaction ID: 30602317

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City
Murfreesboro

State
TN

Zip Code
37133

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Bart Gordon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TN District: 06

Transaction ID: 30602319

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Joe Pitts

Mailing Address PO Box 775

City
Unionville

State
PA

Zip Code
19375

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Joseph R. Pitts

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 16

Transaction ID: 30602320

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Berkley For Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Shelley Berkley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 01

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

Transaction ID: 30602322

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Hall For Congress Committee

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Ralph M. Hall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 04

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

Transaction ID: 30602323

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Bennie Thompson

Mailing Address P.O. Box 100

City Bolton State MS Zip Code 39041

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Bennie G. Thompson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MS District: 02

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

Transaction ID: 30602324

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Halvorson For Congress

Mailing Address PO Box 176

City
Crete

State
IL

Zip Code
60417

Purpose of Disbursement
Candidate Contribution

Candidate Name
Deborah L Halvorson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 11

Transaction ID: 30602327

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Chris Dodd

Mailing Address PO Box 270701

City
West Hartford

State
CT

Zip Code
06127

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Christopher J. Dodd

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: CT District:

Transaction ID: 30602329

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

CHC Bold Pac

Mailing Address 1831 Bay Street SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Committee Contribution

Candidate Name
CHC Bold Pac

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 30602334

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

People For Ben

Mailing Address PO Box 31129

City
Santa Fe

State
NM

Zip Code
87594

Purpose of Disbursement
Candidate Contribution

Candidate Name
Ben Lujan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NM District: 03

Transaction ID: 30602342

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Kilroy For Congress

Mailing Address P.O. Box 2582
Ste 305

City
Columbus

State
OH

Zip Code
43216

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Mary Jo Kilroy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 15

Transaction ID: 30602345

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Mike Ross For Congress Committee

Mailing Address PO Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael A. Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AR District: 04

Transaction ID: 30602347

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DWS PAC

Mailing Address P O Box 71147

City
Washington

State
DC

Zip Code
20024

Purpose of Disbursement
Committee Contribution

Candidate Name
DWS PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 30603062

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Committee Contribution

B.

Full Name (Last, First, Middle Initial)

Stabenow For Us Senate

Mailing Address PO Box 4945

City
East Lansing

State
MI

Zip Code
48826

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Debbie Stabenow

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: MI District:

Transaction ID: 30603074

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

We the People PAC

Mailing Address P.O. Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 30603083

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

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 102 / 108

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends Of Lois Capps	Transaction ID: 30608768 Date of Disbursement
Mailing Address PO Box 23940	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 9</div> </div>
City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>1000.00</div>
Candidate Name Rep. Lois Capps	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Contribution	
B. Full Name (Last, First, Middle Initial) Committee To Elect Alan Grayson	Transaction ID: 30608769 Date of Disbursement
Mailing Address 8419 Oak Park Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 9</div> </div>
City Orlando State FL Zip Code 32819	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>2000.00</div>
Candidate Name Alan Mark Grayson	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	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) Zack Space For Congress Committee	Transaction ID: 30608771 Date of Disbursement
Mailing Address 123 West High Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 9</div> </div>
City New Philadelphia State OH Zip Code 44663	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>1500.00</div>
Candidate Name Rep. Zachary Space	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	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)

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)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends For Harry Reid

Mailing Address P.O. Box 19163

City
Las Vegas

State
NV

Zip Code
89132

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:

Transaction ID: 30616113

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Connolly For Congress

Mailing Address PO Box 563

City
Merrifield

State
VA

Zip Code
22116

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Gerald Connolly

Office Sought: ☒ House
☐ Senate
☐ President

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

State: VA District: 11

Transaction ID: 30616259

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Doris Matsui

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 05

Transaction ID: 30616264

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Glenn Nye

Mailing Address PO Box 68444

City
Virginia Beach

State
VA

Zip Code
23471

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Glenn Nye, III

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: VA District: 02

Transaction ID: 30616267

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Perriello For Congress

Mailing Address PO Box 306

City
Ivy

State
VA

Zip Code
22945

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Thomas Perriello

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: VA District: 05

Transaction ID: 30616269

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Inslee For Congress

Mailing Address PO Box 33027

City
Seattle

State
WA

Zip Code
98133

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Jay Inslee

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WA District: 01

Transaction ID: 30616270

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 108

<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) Scott Murphy For Congress	Transaction ID: 30616676 Date of Disbursement																				
Mailing Address 615 Glen Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Glens Falls State NY Zip Code 12801	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Scott Murphy	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Candidate Contribution																					
B. Full Name (Last, First, Middle Initial) Nebraska Leadership PAC (NELPAC)	Transaction ID: 30618492 Date of Disbursement																				
Mailing Address Post Office Box 540186	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Omaha State NE Zip Code 68145	Amount of Each Disbursement this Period																				
Purpose of Disbursement Committee Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Nebraska Leadership PAC (NELPAC)	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
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																					
C. Full Name (Last, First, Middle Initial) Lance For Congress	Transaction ID: 30618647 Date of Disbursement																				
Mailing Address PO Box 225	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Colonia State NJ Zip Code 07067	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Leonard Lance	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	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)

7000.00

TOTAL This Period (last page this line number only)

121000.00

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 checked="" 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)

Dr Jason T Ortman

Mailing Address 8085 E Byers Avenue

City State Zip Code
Denver CO 80230-6755

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: 30521489

Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

150.00

Contribution Refund

B.

Full Name (Last, First, Middle Initial)

Dr Gary C Slauch

Mailing Address 4850 Kiwana Dr

City State Zip Code
Ogden UT 84403-4214

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: 30571842

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

30.00

Contribution Refund

C.

Full Name (Last, First, Middle Initial)

Dr Miriam Elsbeth Pearson

Mailing Address 282 Pigeon Creek Rd

City State Zip Code
Pottstown PA 19465-8641

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: 30571948

Date of Disbursement

09 / 16 / 2009

Amount of Each Disbursement this Period

365.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

545.00

TOTAL This Period (last page this line number only)

545.00

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

Use separate schedule(s)
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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) Wachovia Federal	Transaction ID: 30625612 Date of Disbursement																				
Mailing Address 1650 Tyson Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	0		2	0	0	9												
<table border="1"> <tr> <td>City McLean</td> <td>State VA</td> <td>Zip Code 22102</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank Fee</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City McLean	State VA	Zip Code 22102	Purpose of Disbursement Bank Fee		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>853.86</td> </tr> </table>	853.86											
City McLean	State VA	Zip Code 22102																			
Purpose of Disbursement Bank Fee		001 Category/ Type																			
Candidate Name																					
853.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Bank Fee																				
B. Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 30636293 Date of Disbursement																				
Mailing Address PO Box 790251	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	0	9												
<table border="1"> <tr> <td>City St. Louis</td> <td>State MO</td> <td>Zip Code 63179</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Bank Fee</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City St. Louis	State MO	Zip Code 63179	Purpose of Disbursement Bank Fee		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1404.15</td> </tr> </table>	1404.15											
City St. Louis	State MO	Zip Code 63179																			
Purpose of Disbursement Bank Fee		001 Category/ Type																			
Candidate Name																					
1404.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Bank Fee																				
C. Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 30636294 Date of Disbursement																				
Mailing Address PO Box 790251	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
<table border="1"> <tr> <td>City St. Louis</td> <td>State MO</td> <td>Zip Code 63179</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Discover Fee</td> <td rowspan="2">001 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City St. Louis	State MO	Zip Code 63179	Purpose of Disbursement Discover Fee		001 Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>32.58</td> </tr> </table>	32.58											
City St. Louis	State MO	Zip Code 63179																			
Purpose of Disbursement Discover Fee		001 Category/ Type																			
Candidate Name																					
32.58																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Discover Fee																				

SUBTOTAL of Disbursements This Page (optional)

2290.59

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
American Express Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 30636296

Date of Disbursement

09 / 08 / 2009

Amount of Each Disbursement this Period

272.94

American Express Fee

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 30636297

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

56.40

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

329.34

TOTAL This Period (last page this line number only)

2619.93