10/15/2009 15:20

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Us	e Only	
	1 1	
	2314  _	
:	ZIPCOD	E 🛕
AMENDED (A)		
Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
Oct 20 (M10)		Jan 31 (YE)
eral (12G)		Runoff (12R)
cial (12G)		
	in the State of	
off (30R)	П	Special (30S)
	in the State of	
2009		
lete.		

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT   Example: If typing, type over the lines
L	American Optometric Associa	ation Political Action Committee
ΑD	DRESS (number and street)	1505 Prince Street
	Check if different than previously reported. (ACC)	Suite 300  Alexandria  VA  22314  —
2.	FEC IDENTIFICATION NUM	IBER ♥ CITY♠ STATE♠ ZIPCODE♠
	C00024968	3. IS THIS REPORT X NEW (N) OR (A)
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(YQuarterly Report(YQuarterly Report(Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day Primary (12P) General (12G) Runoff (12R)  PRE-Election Report for the: Convention (12C) Special (12G)  (d) 30-Day Post -Election General (30G) Runoff (30R) Special (30S)  Report for the:
5.	Covering Period 0.9	0 0 1 2 0 0 9 through 0 9 3 0 2 0 0 9
Тур	nature of Treasurer  Electrol  TE: Submission of false, error	Report and to the best of my knowledge and belief it is true, correct and complete.  Thomas E. Nye, O.D.  Date  1 0 1 5 2 0 0 9  Theorem of the best of my knowledge and belief it is true, correct and complete.  Thomas E. Nye, O.D.  Date  1 0 1 5 2 0 0 9
FF6	Office Use Only	FEC FORM 3X (Rev. 12/2004)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/108

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

F	deport Covering the Period: From:	01 2009	To: 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 Begining 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	

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

### For further information contact:

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

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

### 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:

м м 0 9 D D 0

<sup>Y</sup> 2009

то.

м м 0 9 D D D

<sup>Y</sup> 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	74398.84	654311.88
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	1000.00
	Other Federal Receipts (Dividends, Interest, etc.)	39.30	1053.54
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	74438.14	656365.42
	Total Federal Receipts (subtract Line 18(c) from Line 19)	74438.14	656365.42

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 108

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	2619.93	18828.61
	Expenditures(c) Total Operating Expenditures	2019.93	10020.01
	(add 21(a)(i), (a)(ii) and (b))	2619.93	18828.61
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	121000.00	576900.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(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	545.00	1910.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	16500.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	124164.93	614138.61
32.	Total Federal Disbursements		
٠	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	124164.93	614138.61

### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/0 Expenditures	Operating	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than from Line 11(d), page 3)	The state of the s	74398.84	654311.88
34. Total Contribution Refunds (from Line 28(d))		545.00	1910.00
<ol> <li>Net Contributions (other than (subtract Line 34 from Line 33)</li> </ol>	′	73853.84	652401.88
36. Total Federal Operating Expe (add Line 21(a)(i) and Line 21		2619.93	18828.61
37. Offsets to Operating Expendit (from Line 15, page 3)		0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36	6)	2619.93	18828.61

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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to a Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr John D Coble Mailing Address 1501 Sunset Hill		Date of Receipt
	7,04	09 01 2009
City <u>Roc</u> kwall	State Zip Code TX 75087-3216	Transaction ID: 30469083  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.35
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.10	
Full Name (Last, First, Middle Initial) Dr Randolph E Brooks		Date of Receipt
Mailing Address 3 Schindler Drive	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 30469084
Succasunna  FEC ID number of contributing federal political committee.	NJ 07876-1183	Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr Kevin Katz	I	Date of Receipt
Mailing Address 1205 Pin Oak Dri	ve	09 / 03 / 2009
City <u>Dickinson</u>	State Zip Code TX 77539-3320	Transaction ID: 30474130  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	163.64
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.48	
SUBTOTAL of Receipts This Page (optic	nal)	446.99

Aiken SC 29802-0747  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Schemator of Cotty State Zip Code Self Employer Self Employed Self Employer Self Employed Schemator of Cotty State Zip Code Self Employer Self Employer Self Employer Self Employed Schemator of Cotty State Zip Code Self Employed Schemator of Cotty Schemator of C	Use separate schedule(s) for each category of the Detailed Summary Page	for each category of the
A. American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Date of Receipt O 9	ments may not be sold or used by any person ne and address of any political committee to	ther than using the name and address of any political committee to solicit contributions from such committee.
A. Dr Kenneth R Braun  Mailing Address Po Box 747  City State Zip Code SC 29802-0747  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Kenneth E Knox Mailing Address 4 Trotters Ridge  City Simpsonville SC 29881-5359  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  City Simpsonville SC 29881-5359  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Wendy Sowell Gibson Mailing Address 1512 Main Street  City State Zip Code SC 29681-5359  Full Name (Last, First, Middle Initial) Dr Wendy Sowell Gibson Mailing Address 1512 Main Street  City State Zip Code KY 42025-1607  FEC ID number of contributing federal political committee.  City State Zip Code KY 42025-1607  FEC ID number of contributing federal political committee.  City State Zip Code KY 42025-1607  FEC ID number of contributing federal political committee.  City Self Employed Scandard Vear-to-Date ▼  Date of Receipt  Transaction ID: 30-4  Amount of Each Receipt  Amou	.l Action Committee	·
City Aiken SC 29802-0747  Amount of Each Rec FEC ID number of contributing federal political committee.  Name of Employer Self		Date of Receipt
Aiken SC 29802-0747  Amount of Each Rec FEC ID number of contributing federal political committee.  Name of Employer Self Employer Self Employer Self Employer  City Simpsonville SC 29681-5359  FEC ID number of contributing federal political committee.  Name of Employer Self Employer  City State Zip Code Simpsonville SC 29681-5359  Amount of Each Rec  Transaction ID: 304  Amount of Each Rec  Date of Receipt  M M M J D D Date of Receipt  Transaction ID: 304  Amount of Each Rec  SC 29681-5359  Date of Receipt  Transaction ID: 304  Amount of Each Rec  SC 29681-5359  Date of Receipt  Transaction ID: 304  Amount of Each Rec  SC 29681-5359  Date of Receipt  Transaction ID: 304  Amount of Each Rec  SC 29681-5359  Date of Receipt  Transaction ID: 304  Amount of Each Rec  SC 29681-5359  Date of Receipt  SC 29681-5359  Date of Receipt  SC 29681-5359  Amount of Each Rec  SC 29681-5359  Transaction ID: 304  Amount of Each Rec  SC 29681-5359  C Cupation  Doctor of Optometry  Aggregate Year-to-Date ▼  Sc 29681-5359  Amount of Each Rec  SC 29681-5359  Amount of Eac		09 01 2009
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Kenneth E Knox Mailing Address 4 Trotters Ridge  City State Zip Code Transaction ID: 304 Simpsonville SC 29681-5359  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Primary General Other (specify) ▼  Date of Receipt  Amount of Each Receipt  Primary General Occupation Doctor of Optometry  Receipt For: Primary General Other (specify) ▼  Date of Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Amount of Each Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Amount of Each Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Amount of Each	•	
Receipt For:		
Primary General Other (specify) ▼ 500.00  Full Name (Last, First, Middle Initial) Dr Kennett E Knox Mailing Address 4 Trotters Ridge  City State Zip Code Simpsonville SC 29681-5359  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  City Primary General Other (specify) ▼	•	· ·
Date of Receipt  Mailing Address 4 Trotters Ridge  City Simpsonville SC 29681-5359  FEC ID number of contributing federal political committee.  Name of Employer Self Employer Other (specify)  Transaction ID: 304  Amount of Each Rec  Primary General Other (specify)  Transaction ID: 304  Amount of Each Rec  Primary General Other (specify)  Transaction ID: 304  Amount of Each Rec  Primary General Other (specify)  Transaction ID: 304  Amount of Each Rec  Primary  Transaction ID: 304  Amount of Each Rec  C  Pull Name (Last, First, Middle Initial) Dr Wendy Sowell Gibson  Mailing Address 1512 Main Street  City State Zip Code KY 42025-1607  FEC ID number of contributing federal political committee.  Name of Employer Self Employer Self Employed Doctor of Optometry  Receipt For: Primary General  Date of Receipt  Transaction ID: 304  Amount of Each Rec  C  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date	500.00	neral 500.00
City State Zip Code SC 29681-5359  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Wendy Sowell Gibson Mailing Address 1512 Main Street  City State Zip Code KY 42025-1607  FEC ID number of contributing federal political committee.  City State Zip Code KY 42025-1607  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Amount of Each Receipt  Transaction ID: 304  Amount of Each Receipt  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼		Date of Receipt
Simpsonville  SC 29681-5359  Amount of Each Rec FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Wendy Sowell Gibson Mailing Address 1512 Main Street  City State Zip Code KY 42025-1607  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Name of Employer Self Employed  Receipt For: Primary General  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Amount of Each Receipt  Amount of Each		
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr Wendy Sowell Gibson  Mailing Address 1512 Main Street  City State Zip Code KY 42025-1607  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Name of Employer General  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	-	
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr Wendy Sowell Gibson Mailing Address 1512 Main Street  City State Zip Code Benton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Date of Receipt  Transaction ID: 304  Amount of Each Receipt  C  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼  State Zip Code Benton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General  365.00  Date of Receipt  M M M D D D D D D D D D D D D D D D D	•	· ·
Dr Wendy Sowell Gibson  Mailing Address 1512 Main Street  City State Zip Code Benton KY 42025-1607  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General  Date of Receipt  Transaction ID: 304  Amount of Each Receipt  C  Aggregate Year-to-Date ▼		neral
City State Zip Code  KY 42025-1607  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Primary General  State Zip Code  Transaction ID: 302  Amount of Each Rec  Occupation Doctor of Optometry		
Benton  KY 42025-1607  Amount of Each Rec  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Doctor of Optometry  Receipt For:  Primary General  Aggregate Year-to-Date ▼		
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Doctor of Optometry  Receipt For: Primary General  Aggregate Year-to-Date	•	Transaction is a second
Receipt For:  Primary  General  Aggregate Year-to-Date  ↑ 1000.00		
Primary General	·	· ·
Other (specify)	Aggregate Year-to-Date ▼ 1000.00	neral
SUBTOTAL of Receipts This Page (optional)		Page (optional)

SCHEDULE A (FEC F ITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such or for commercial purposes, other  NAME OF COMMITTEE (In Fig. American Optometric Ass	than using the name and a	address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle I Dr John Howard Muto Mailing Address 3146 North  City	,	Zip Code	Date of Receipt    M
Boise  FEC ID number of contributing	ID C	83702-0610	Amount of Each Receipt this Period  300.00
Receipt For:  Primary  Other (specify)   General	Occupat Doctor Aggrega	tion of Optometry ate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle I Dr Robert G Le Sage Mailing Address 1027 Aver			Date of Receipt  0 9 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: 30474851
Fort Myers  FEC ID number of contributing federal political committee.	FL C	33919-3307	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed  Receipt For: Primary General Other (specify)	Aggrega	of Optometry ate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle I Dr Nelson William Greeman, III Mailing Address 15815 Bel	,		Date of Receipt  0 9 0 1 2 0 0 9
City	State	Zip Code	Transaction ID: 30474856
San Antonio  FEC ID number of contributing federal political committee.	C	78232-2722	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupat Doctor	tion of Optometry	
Receipt For: Primary General Other (specify)		ate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	ge (optional)		800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16
or f	y information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Kevin C Pollard Mailing Address 4200 W Conejos PI	C+- 10F		Date of Receipt
	walling Address 4200 W Correjos Pi	Sie 105		09 01 2009
	City	State	Zip Code	Transaction ID: 30474862
	Denver	CO	80204-1309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr JAMES C BIGHAM			Date of Receipt
	Mailing Address 634 Cross Valley Circle			09 / 01 / 2009
	City State Zip Code		•	Transaction ID: 30474863
	Evansville	IN	47710-5238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Dr James P Busche			Date of Receipt
	Mailing Address 2 W Wilmert Lake Dr	•		09 / 01 / 2009
	City	State	Zip Code	Transaction ID: 30474866
	Fairmont	MN	56031-5056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
				1115.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 108 (check only one)    X   11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma he name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Irene Koga			Date of Receipt
	Mailing Address 1556 15Th Ave			09 01 2009
	City	State	Zip Code	Transaction ID: 30474868
	San Francisco	CA	94122-3522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr William P Beeaker			Date of Receipt
	Mailing Address 461 Upper St	09 / 01 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	City	State	Zip Code	Transaction ID: 30474870
	Turner	ME	04282-3805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For:	<del>_ '</del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr GREGORY WILLARD HICKS			Date of Receipt
	Mailing Address 419 Bogart Road Ea	st		09 04 2009
	City	State	Zip Code	Transaction ID: 30479349
	Sandusky	OH	44870-6404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		966.68	
	SUBTOTAL of Receipts This Page (optional)			716.67

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 108 (check only one)    X
or for com	nation copied from such Reports and Si mercial purposes, other than using the OF COMMITTEE (In Full) ican Optometric Association Polit	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Nath	ume (Last, First, Middle Initial) naniel Roland Address 12200 Academy Rd Ne	e Ste 1326		Date of Receipt
City Albug	uerque	State NM	Zip Code 87111-7257	Transaction ID: 30479352  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		100.00
Receip	of Employer mployed  It For:  Primary General  Other (specify)		n f Optometry e Year-to-Date ▼ 700.00	
_ Dr Tad	nme (Last, First, Middle Initial) Robert Kosanovich Address 322 Sunset Road			Date of Receipt  0 9 0 3 2 0 0 9
City		State	Zip Code	Transaction ID: 30479398
	onumber of contributing political committee.	FL C	34229-9207	Amount of Each Receipt this Period 250.00
Name o Self Er	of Employer nployed	Occupation Doctor of	n f Optometry	
	t For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Dr Gar	ume (Last, First, Middle Initial) y Dana Linton Address 5508 183Rd Avenue E			Date of Receipt
	7. dai coo - 3506 ToShu Avenue L			09 03 2009
City Bonne	ey Lake	State WA	Zip Code 98391-8845	Transaction ID: 30479411  Amount of Each Receipt this Period
FEC ID	onumber of contributing political committee.	С		250.00
Name o Self Er	of Employer mployed	Occupation Doctor of	n f Optometry	
	rt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOT	AL of Receipts This Page (optional)			600.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action (	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III			Date of Receipt
	Mailing Address 50 Cedar Hill Rd	Ctata	Zin Codo	09 06 2009
	City Albuquerque	State NM	Zip Code 87122-1928	Transaction ID: 30490900  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Wanda C Batson			Date of Receipt
	Mailing Address 8120 Rock Hill Rd			09 06 2009
	City	State	Zip Code	Transaction ID: 30490901
	Baker  FEC ID number of contributing federal political committee.	FL C	32531-7337	Amount of Each Receipt this Period 83.33
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	
. –	Full Name (Last, First, Middle Initial) Dr Jason T Ortman			Date of Receipt
	Mailing Address 8085 E Byers Avenue	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30490903
	Denver  FEC ID number of contributing federal political committee.	CO	80230-6755	Amount of Each Receipt this Period  150.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)	1		433.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 13/108   (check only one)     X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association F		•	
Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman			Date of Receipt
Mailing Address 4535 Nw Aspen St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State WA	Zip Code	Transaction ID: 30490904
Camas  FEC ID number of contributing federal political committee.	C	98607-8302	Amount of Each Receipt this Period  166.67
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.36	
Full Name (Last, First, Middle Initial) Dr Robert Craig Janot			Date of Receipt
Mailing Address 6910 Windmill Lane	9		0 9 0 7 2 0 0 9
City	State	Zip Code	Transaction ID: 30490968
Lake Charles	LA	70605-0536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial) Dr Christopher J Colburn			Date of Receipt
Mailing Address 30 Winchester Rd			0 9 0 7 2 0 0 9
City Lakewood	State NY	Zip Code 14750-1734	Transaction ID: 30490969
FEC ID number of contributing federal political committee.	C	14/30-1/34	Amount of Each Receipt this Period  125.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 375.00	
			333.34

11	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 108 (check only one)    X
A 0	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
<b>4</b> .	Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman			Date of Receipt
	Mailing Address 46 Lambeth Walk			09 07 2009
	City	State	Zip Code	Transaction ID: 30490973
	<u>Fairview</u>	NC	28730-7721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 600.00	
_	Other (specify)			
3 <b>.</b>	Full Name (Last, First, Middle Initial) Dr Jeffrey S Williams, Jr			Date of Receipt
	Mailing Address P O Box 463			09 08 2009
	City	State	Zip Code	Transaction ID: 30490975
	Southold	NY	11971-0463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Self Employed	Occupation Doctor of	<sup>n</sup> f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		749.97	
_	Full Name (Last, First, Middle Initial) Dr ROBERT J BLUMTHAL			Date of Receipt
	Mailing Address 119 Exmore Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30491916
	Springfield	<u> </u>	62704-3137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		476.22
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1547.73	
	SUBTOTAL of Receipts This Page (optional)	1		759.55

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 108 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Optometric Association Potential Comments (In Full)	I Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Fo	Sittical Action Committee	
Full Name (Last, First, Middle Initial) Dr Wayne R Hemphill		Date of Receipt
Mailing Address 14627 S Hagan St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30494417
<u>Olathe</u>	KS 66062-9005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Mark David Hansen	_1	Date of Receipt
Mailing Address 1887 Isett Ave N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30504721
Muscatine	IA 52761-9747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr Paul C Bruderer		Date of Receipt
Mailing Address 35 Cara Vella Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30504723
Centerville	UT 84014-2815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	225.00	
		400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 108 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Brian F Rowley		Date of Receipt
Mailing Address 619 N 330 W City	State Zip Code	0 9 0 9 2 0 0 9  Transaction ID: 30504725
<u>Santaquin</u>	UT 84655-5099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Dr BARBARA L HORN		Date of Receipt
Mailing Address 61269 Coralburst Dr	•	09 / 09 / 2009
City	State Zip Code	Transaction ID: 30504727
Washington	MI 48094-1746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	159.09
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1522.72	
Full Name (Last, First, Middle Initial) Dr David J Esplin		Date of Receipt
Mailing Address 34 South 590 East		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 30504728
Salem	UT 84653-5519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	
CURTOTAL of Province This Province (outlook	)	229.09

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, o	other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mic Dr James Maxwell Ernst Mailing Address 14 Bit  City Alexandria  FEC ID number of contrib federal political committee  Name of Employer Self Employed	state KY  Uting Occupati	Zip Code 41001-1300	Date of Receipt    M M
Other (specify)	eneral	te Year-to-Date ▼ 1500.00	]
Full Name (Last, First, Mid Dr David J J Shippee Mailing Address Box 30	<u> </u>		Date of Receipt  0 9 0 9 2 0 0 9
City Sherman Oaks FEC ID number of contrib federal political committee		Zip Code 04777	Transaction ID: 30504730  Amount of Each Receipt this Period  41.66
Name of Employer Self Employed  Receipt For:  Primary Go Other (specify) ▼		on of Optometry te Year-to-Date ▼ 333.28	
Full Name (Last, First, Mic Dr Carey A Patrick Mailing Address 970 Page 1	ddle Initial) atrician Court		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fairview FEC ID number of contrib federal political committee		Zip Code 75069-8781	Transaction ID: 30504732  Amount of Each Receipt this Period  100.00
Name of Employer Self Employed	Occupati	ion of Optometry	
Receipt For:  Primary Ge Other (specify) ▼	Aggrega	te Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts Thi	s Page (optional)		641.66

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 108 (check only one)    X   11a
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Pol	litical Action (	Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr MARK J COOK			Date of Receipt
	Mailing Address 5698 Mountain Road			09 09 2009
	City	State	Zip Code	Transaction ID: 30504733
	Brighton	MI	48116-9732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 980.00	
— В.	Full Name (Last, First, Middle Initial) Dr Bronte D Baker			Date of Receipt
	Mailing Address 179 Redbird Ridge			09 10 2009
	City	State	Zip Code	Transaction ID: 30510895
	Beeville	TX	78102-8465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
_ c.	Full Name (Last, First, Middle Initial) Dr Donald W Furman			Date of Receipt
	Mailing Address 855 11Th St Place			09 10 2009
	City	State	Zip Code	Transaction ID: 30510896
	Garner	<u>IA</u>	50438-1847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer Self Employed	<del>-, '</del>	f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 405.00	
	SUBTOTAL of Receipts This Page (optional) .			195.00
上	TOTAL This Period (last page this line number		<u> </u>	

or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may		13 14 15 16 17
\	NAME OF COMMITTEE (IN Full)	e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
· /	American Optometric Association Pol	itical Action (	Committee	
<b>4.</b> _	Full Name (Last, First, Middle Initial)  Dr GARY W LASKEN	<del>-</del>		Date of Receipt
- IN	Mailing Address 10215 N North Forest	ı ralı		09 / 10 / 2009
	Dity Depris	State IL	Zip Code	Transaction ID: 30510898
F	Peoria FEC ID number of contributing ederal political committee.	C	61615-1378	Amount of Each Receipt this Period 41.66
<u>,</u>	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
F	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 374.94	
3	Full Name (Last, First, Middle Initial) Dr RONALD J MEYER			Date of Receipt
N	Mailing Address 37038 60 Rd 496			09 10 2009
	Dity	State	Zip Code	Transaction ID: 30510899
_	Champion	MI	49814	Amount of Each Receipt this Period
fe _	FEC ID number of contributing ederal political committee.	C		50.00
, V	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
F	Receipt For:	<del>, '</del>	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	450.00	
	Full Name (Last, First, Middle Initial) Dr Jason K Dickerson			Date of Receipt
N	Mailing Address 2581 Bridlewood Drive	Э		09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30510902
F	Helena FEC ID number of contributing ederal political committee.	C	35080-3916	Amount of Each Receipt this Period 42.00
<u>,</u>	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
F	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del>	Year-to-Date ▼ 378.00	
SU	BTOTAL of Receipts This Page (optional)	1	I	133.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 108 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Polit	tical Action (	Committee	
Full Name (Last, First, Middle Initial) Dr Ron W Roelfs			Date of Receipt
Mailing Address 600 3Rd St Se			09 10 2009
City	State	Zip Code	Transaction ID: 30510903
Waverly	IA	50677-3516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary  General  Other (specify) ▼	. '	Year-to-Date ▼ 315.00	]
Full Name (Last, First, Middle Initial) Dr Thomas J Lany			Date of Receipt
Mailing Address 3 Taylor Street			09 10 7 9 9
City	State	Zip Code	Transaction ID: 30510904
Painted Post	NY	14870-9381	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	50.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Paul D Batson			Date of Receipt
Mailing Address 5323 Whisper Wood D	)rive		0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30510905
Birmingham	AL	35226-1092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	<b>&gt;</b>	135.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)   X   11a
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any peing the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association		
Full Name (Last, First, Middle Initial) Dr Terry H Berner		Date of Receipt
Mailing Address 8210 Top Of The	e World Drive	M M / D D / Y Y Y Y Y O O O O
City Salt Lake City	State Zip Code UT 84121-6060	Transaction ID: 30510906  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	
Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed		Date of Receipt
Mailing Address 4550 Simpson H	0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 30510907
Magee	MS 39111-5187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell		Date of Receipt
Mailing Address 2505 Rivermont	Circle	0 9 1 0 2 0 0 9
City Kingsport	State Zip Code TN 37660-2392	Transaction ID: 30510908
FEC ID number of contributing federal political committee.	C 37000-2392	Amount of Each Receipt this Period 83.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	
SUBTOTAL of Receipts This Page (opti-	onal)	215.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Barry J Jose		Date of Receipt
Mailing Address 2409 Wintersteen Ro		09 10 20510010
City Plattsmouth	State Zip Code NE 68048-8958	Transaction ID: 30510913
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Dr Robert L Owens, II		Date of Receipt
Mailing Address 8 Century Lane		09 10 2009
City	State Zip Code	Transaction ID: 30510915
Newmanstown	PA 17073-8982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr GILBERT E PIERCE		Date of Receipt
Mailing Address 8639 Olenbrook Driv	е	09 10 2009
City	State Zip Code	Transaction ID: 30510917
Lewis Center	OH 43035-8702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
SUBTOTAL of Receipts This Page (optional)	-	120.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS  Any information copied from such Report	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 108 (check only one)    X
or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  American Optometric Association	ising the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr Stacie Layne Virden		Date of Receipt
Mailing Address 2432 Lake Air [	Drive	09 10 2009
City	State Zip Code	Transaction ID: 30510918
Waco FEC ID number of contributing federal political committee.	TX 76710-1611	Amount of Each Receipt this Period  84.09
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 663.63	
Full Name (Last, First, Middle Initial) Dr John S Bowen		Date of Receipt
Mailing Address 2570 Northshor	e Blvd Ste 200	09 / 10 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30510919
FIOWER Mound  FEC ID number of contributing federal political committee.	TX 75028-8386	Amount of Each Receipt this Period  100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr Lisa C Bowen		Date of Receipt
Mailing Address 1813 Shadywoo	od Lane	0 9 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30510920
Flower Mound	TX 75028-4287	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (or	tional)	284.09

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 108 (check only one)    X
4	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote			Date of Receipt
	Mailing Address 18 Little Androscoggi	n Drive		09 / 10 / 2009
	City Auburn	State ME	Zip Code 04210-8884	Transaction ID: 30510921
	FEC ID number of contributing federal political committee.	C	04210-0004	Amount of Each Receipt this Period 41.67
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36	
— В.	Full Name (Last, First, Middle Initial) Dr Zoey K Loomis			Date of Receipt
	Mailing Address 3750 Highway 144			09 10 2009
	City	State	Zip Code	Transaction ID: 30510923
	Weldona  FEC ID number of contributing federal political committee.	CO	80653-9107	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
_ >.	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato			Date of Receipt
	Mailing Address 11700 Northview Dr			09 10 2009
	City Aledo	State TX	Zip Code 76008-5223	Transaction ID: 30510924
	FEC ID number of contributing federal political committee.	C	76006-3223	Amount of Each Receipt this Period 91.66
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 724.94	
Г		-		283.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St  City Fort Collins  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code CO 80525-5810  C  Occupation Doctor of Optometry	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace		Date of Receipt  0 9 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 30510926
Benton	KY 42025-9400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.03	
Full Name (Last, First, Middle Initial) Dr Steven Rowland Wilkins		Date of Receipt
Mailing Address 2568 Landview Cir	rcle	09 / 09 / 2009
City	State Zip Code	Transaction ID: 30511845
Virginia Beach  FEC ID number of contributing federal political committee.	VA 23454-1200	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	al)	581.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 108 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr David H Fisher, Jr  Mailing Address 336 Charlotte Stree	et	Date of Receipt
City Lafayette FEC ID number of contributing	State Zip Code LA 70506-4202	Transaction ID: 30511849  Amount of Each Receipt this Period  1000.00
Receipt For:  Primary  Other (specify)   General	Occupation Doctor of Optometry  Aggregate Year-to-Date   1000.00	]
Full Name (Last, First, Middle Initial) Dr Nichole Q Soto Mailing Address 101 Timber Lane L	_oop	Date of Receipt  0 9 0 8 2 0 0 9
City Rockport	State Zip Code TX 78382-5740	Transaction ID: 30513623  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   365.00	
Full Name (Last, First, Middle Initial) Dr MICHAEL HOWARD MOOREHEAD Mailing Address 1720 Tatum Lane		Date of Receipt
City	State Zip Code	0 9 0 8 2 0 0 9 Transaction ID: 30513627
Hamilton  FEC ID number of contributing federal political committee.	OH 45013-5132	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1615.00

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
1	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Pol			on for the purpose of soliciting contributions o solicit contributions from such committee.
۱	Full Name (Last, First, Middle Initial) Or Steven Arthur Loomis Mailing Address 6436 Spotted Fawn R	un		Date of Receipt
Ċ	Dity	State	Zip Code	0 9 1 1 2 0 0 9 Transaction ID: 30520709
F	Littleton FEC ID number of contributing ederal political committee.	CO	80125-9055	Amount of Each Receipt this Period 200.00
_	Name of Employer Self Employed Receipt For: Primary General		f Optometry e Year-to-Date ▼ 1600.00	
3. [	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr Thomas L Lim  Mailing Address 1136 Thorntree Court	0 0	0 0 0 0 0 0	Date of Receipt
ō	Dity	State	Zip Code	0 9 1 1 2 0 0 9 Transaction ID: 30520710
F	San Jose FEC ID number of contributing ederal political committee.	CA	95120-1740	Amount of Each Receipt this Period 41.66
<u>N</u>	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 374.94	
	Full Name (Last, First, Middle Initial) Dr Bruce D Krutsinger Mailing Address 15901 Tahoe Dr			Date of Receipt
Ċ	Dity	State	Zip Code	0 9 1 1 2 0 0 9 Transaction ID: 30520711
F	Houston FEC ID number of contributing ederal political committee.	C	77040-1243	Amount of Each Receipt this Period  100.00
<u> </u>	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
F	Receipt For: Primary General Other (specify)	<del>, '</del>	e Year-to-Date ▼ 400.00	
SU	BTOTAL of Receipts This Page (optional) .	1	)	341.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action	Committee	
<u>Z</u>	Full Name (Last, First, Middle Initial) Dr Marion K Williams			Date of Receipt
	Mailing Address 100 Shorebrook Drive	9		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30521507
	Williamston	SC	29697-9522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	<del></del>	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	500.00	
	Full Name (Last, First, Middle Initial) Dr Gary Lee Dietterick			Date of Receipt
	Mailing Address 212 Applewood Drive			09 10 7 9 2009
	City	State	Zip Code	Transaction ID: 30521510
	Easton	PA	18045-5806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Christopher N Clark			Date of Receipt
	Mailing Address 2912 Esmerelda Drive	е		09 10 2009
	City	State	Zip Code	Transaction ID: 30521515
	Bullhead City	AZ	86429-1126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	]
	SUBTOTAL of Receipts This Page (optional)	1		1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 108 (check only one)    X   11a
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
/	Trontoar Action Committee	
Full Name (Last, First, Middle Initial) Dr Kathleen E Powell		Date of Receipt
Mailing Address 9710 Copper Driv	е	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30523054
Anchorage	AK 99507-1226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 756.00	
Full Name (Last, First, Middle Initial) Dr Robert D O'Connell		Data of Resolut
Mailing Address Box 3187		Date of Receipt    M M
City	State Zip Code	Transaction ID: 30523055
<u>Kenai</u>	AK 99611-3187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Dennis A Swarner	L	Date of Receipt
Mailing Address Box 1669		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30523056
<u>Kenai</u>	AK 99611-1669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00	
	nal)	218.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the  Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr CHARLOTTE F NIELSEN		Date of Receipt
Mailing Address 118 Whitehall Cou	rt	09 12 2009
City	State Zip Code	Transaction ID: 30523058
Grayslake	IL 60030-3492	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	]
Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer		Date of Receipt
Mailing Address 1345 West 9Th Av	enue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30523059
Anchorage	AK 99501-3236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00	
Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski	<b>I</b>	Date of Receipt
Mailing Address 305 Kensington Av	e S	09 12 2009
City	State Zip Code	Transaction ID: 30523060
Kent	WA 98030-7004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
		434.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS  Any information copied from such Benefit	Use separate schedule(s) for each category of the Detailed Summary Page ts and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 31 / 108 (check only one)    X
or for commercial purposes, other than u  NAME OF COMMITTEE (In Full)  American Optometric Association	sing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer	010	Date of Receipt
Mailing Address 1602 Wildwood	St Sw	09 13 2009
City	State Zip Code	Transaction ID: 30523065
Cullman	AL 35055-4555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill	I	Date of Receipt
Mailing Address 126 Treymoor D	Prive	0 9 1 3 2 0 0 9
City	State Zip Code	Transaction ID: 30523066
Alabaster	AL 35007-3150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Sarah Gordon Miehle		Date of Receipt
Mailing Address 252 Inverness C	Center Dr	0 9 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30523067
Birmingham	AL 35242-4834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (opi	tional)	150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports a	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 108 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Brenden R White Mailing Address 864 E Ranch Circle	<u>a</u>	Date of Receipt
		09 13 2009
City Draper	State Zip Code UT 84020-9011	Transaction ID: 30523068  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 34020-3011	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Dr David M Redman		Date of Receipt
Mailing Address 795 Foxhill Circle		09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30523070
Hollister  FEC ID number of contributing federal political committee.	CA 95023-9747	Amount of Each Receipt this Period  38.88
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 305.52	
Full Name (Last, First, Middle Initial) Dr Peter V Candela		Date of Receipt
Mailing Address P O Box 614		09 13 2009
City	State Zip Code	Transaction ID: 30523071
Blythewood	SC 29016-0614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	87.12
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 651.50	
SUBTOTAL of Receipts This Page (options	al)	151.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 108 (check only one)    X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to	
American Optometric Association F	Political Action Committee	1
Full Name (Last, First, Middle Initial) Dr G. Chad Green  Mailing Address 5960 Co Rd 19		Date of Receipt
City	State Zip Code	0 9 1 4 2 0 0 9  Transaction ID: 30528225
Linden	AL 36748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr Joseph J Jordan, Jr		Date of Receipt
Mailing Address 224 Laconia Rd		09 14 2009
City	State Zip Code	Transaction ID: 30528226
<u>Tilton</u>	NH 03276-5223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1499.94	
Full Name (Last, First, Middle Initial) Dr Markus I Barth		Date of Receipt
Mailing Address 1346 Heller Drive		09 / 14 / 2009
City Yardley	State Zip Code PA 19067-2714	Transaction ID: 30528227  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	66.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 533.36	
SUBTOTAL of Receipts This Page (optional	)	333.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 108 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	tical Action C	Committee	
Full Name (Last, First, Middle Initial) Dr Kimberly D Ocampo			Date of Receipt
Mailing Address 305 Courtney Dr Sw A	pt 601		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30528230
Decatur	AL	35603-1936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:    Primary   General		Year-to-Date ▼	
Other (specify)		225.00	
Full Name (Last, First, Middle Initial) Dr Douglas L Huff			Date of Receipt
Mailing Address 16230 Forest Meadows	s Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30528295
Chesterfield	MO	63005-4764	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Neal S Jessup			Date of Receipt
Mailing Address 4018 Horsepen Mtn Dri	ive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30528296
Vinton	VA	24179-1128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	. •	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			525.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 35/108   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association F		•	
Full Name (Last, First, Middle Initial) Dr Diane G Wilson			Date of Receipt
Mailing Address #7 Huntleigh Wood	ls		09 11 2009
City Barnhart	State MO	Zip Code 63012-1349	Transaction ID: 30528299  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03012-1349	1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Arlene T. H. Sokola			Date of Receipt
Mailing Address 213 Summer Winds	s Dr Se		0 9 1 5 2 0 0 9
City	State	Zip Code	Transaction ID: 30536154
Rio Rancho  FEC ID number of contributing federal political committee.	C	87124	Amount of Each Receipt this Period  50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Scott L Nehring			Date of Receipt
Mailing Address 32840 S Meridian F	Road		09 15 2009
City Woodburn	State OR	Zip Code 97071-8768	Transaction ID: 30536155
FEC ID number of contributing federal political committee.	C	3/0/1-0/00	Amount of Each Receipt this Period 42.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del>'</del>	Year-to-Date ▼ 378.00	
	I		1092.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 108 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	tical Action (	Committee	
/ Full Name (Last, First, Middle Initial) Dr Carl Wade Newton			Date of Receipt
Mailing Address 1019 South Kansas			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30536156
Cherokee	OK	73728-3515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation Doctor of Optometry		250.00
Name of Employer Self Employed			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr Michael E Bennett			Date of Receipt
Mailing Address 4940 Victoria Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 30536989
Guthrie	OK	73044-8668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		303.04
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1090.91	
Full Name (Last, First, Middle Initial) Dr Wesley D Kemp			Date of Receipt
Mailing Address P O Box 937			09 15 2009
City	State	Zip Code	Transaction ID: 30543438
<u>Bolivar</u>	MO	65613-0937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		52.12
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 312.87	
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	605.16

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 108 (check only one)    X   11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action (	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr John D Edwards			Date of Receipt
	Mailing Address P O Box 1397			09 11 2009
	City	State	Zip Code	Transaction ID: 30544710
	Elk City	OK	73648-1397	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Matt R Sullivan			Date of Receipt
	Mailing Address 3217 Jack Drive	0 9 1 1 2 0 0 9		
	City	State	Zip Code	Transaction ID: 30544712
	Prescott	AZ	86305-4155	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Dr David Carl Solseng			Date of Receipt
	Mailing Address 803 Pleasant Dr			09 11 2009
	City	State MN	Zip Code	Transaction ID: 30544713
	Ada FEC ID number of contributing federal political committee.	C	56510-1664	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 250.00	
Г				1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 108 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr LARRY J WOODS Mailing Address 2130 River Bend R	dd	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Plover FEC ID number of contributing	State Zip Code WI 54467-2724	Transaction ID: 30544716  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr J. Rick Davis Mailing Address 2721 Charleston C	t	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Claremont FEC ID number of contributing	State Zip Code NC 28610-8658	Transaction ID: 30544718  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth  Mailing Address Po Box 302	-   	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
106 Davis Hill Roa City New London FEC ID number of contributing	State Zip Code NH 03257-0302	Transaction ID: 30544726  Amount of Each Receipt this Period  166.00
federal political committee.  Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1494.00	
SUBTOTAL of Receipts This Page (options	al)	666.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr PAUL ANTON HODGE			Date of Receipt
	Mailing Address 3042 118Th Ave			09 16 2009
	City <u>Allega</u> n	State MI	Zip Code 49010-9555	Transaction ID: 30571037
	FEC ID number of contributing federal political committee.	C	49010-9333	Amount of Each Receipt this Period  125.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 375.00	
3.	Full Name (Last, First, Middle Initial) Dr BRUCE L MANNING			Date of Receipt
	Mailing Address 487 Whitebark Circle			09 16 2009
	City	State	Zip Code	Transaction ID: 30571038
	Wadsworth  FEC ID number of contributing federal political committee.	ОН	44281-2299	Amount of Each Receipt this Period  31.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 279.00	
	Full Name (Last, First, Middle Initial) Dr Daniel J Gordon			Date of Receipt
	Mailing Address 19 Sunset Terr			09 15 2009
	City	State	Zip Code	Transaction ID: 30571852
	Tenafly  FEC ID number of contributing federal political committee.	C	07670	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	_ '	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		656.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 108 (check only one)    X   11a
2	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Todd E Wright			Date of Receipt
	Mailing Address 2601 Brixton Road			09 15 2009
	City Edmond	State OK	Zip Code	Transaction ID: 30571860
	FEC ID number of contributing federal political committee.	C	73034-3319	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	<del>- '</del>	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr Mark A Wedekind			Date of Receipt
	Mailing Address 18711 Se 42Nd Place	09 15 2009		
	City	State	Zip Code	Transaction ID: 30571862
	Issaquah	WA	98027-9745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr LARRY L WOLF	1		Date of Receipt
	Mailing Address N1778 Maple Road			09 15 2009
	City	State	Zip Code	Transaction ID: 30571866
	<u>Merrill</u>	WI	54452-9554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 108 (check only one)    X   11a
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	d Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr Michael D Moore  Mailing Address 3716 Holiday Dr Se		Date of Receipt  0 9 1 5 2 0 0 9
City Olympia FEC ID number of contributing	State Zip Code WA 98501-4261	Transaction ID: 30571867  Amount of Each Receipt this Period  300.00
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date   300.00	
Full Name (Last, First, Middle Initial) Dr Hale M Kell Mailing Address 7973 Sagebrush Ct		Date of Receipt  0 9 1 5 2 0 0 9
City Boulder FEC ID number of contributing	State         Zip Code           CO         80301-5006	Transaction ID: 30571872  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self Employed  Receipt For:  Primary  General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   250.00	250.00
Full Name (Last, First, Middle Initial) Dr Marilyn A Carter  Mailing Address 355 Surrey Drive		Date of Receipt
City Bonita  FEC ID number of contributing federal political committee.	State Zip Code CA 91902-2352	Transaction ID: 30571873  Amount of Each Receipt this Period  250.00
Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional	J)	800.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 108 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr Boyd L Walker  Mailing Address P O Box 3669  City Homer  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	+ +	Zip Code 99603-3669 In f Optometry e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Dr Carl C Cottrell Mailing Address 168 Butte Drt  City Newcastle  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	<del>, '</del>	Zip Code 82701-3126  on f Optometry e Year-to-Date ▼ 350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Dr James H Bell Mailing Address 3519 Cherokee Road  City Cody  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	<del>, '</del>	Zip Code 82414-8435  In f Optometry e Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			1100.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 108 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)  American Optometric Associatio	s and Statements may not be sold or used by any persoing the name and address of any political committee to n Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Grant W Jones Mailing Address 2117 Grandview	Dr	Date of Receipt
City	State Zip Code	0 9 1 5 2 0 0 9 Transaction ID: 30571879
Torrington  FEC ID number of contributing federal political committee.	WY 82240-2638	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Scott Edward Saunders Mailing Address 14 Heather Hill F	Road	Date of Receipt  0 9 1 5 2 0 0 9
City Winsted N FEC ID number of contributing	State Zip Code CT 06098	Transaction ID: 30571882  Amount of Each Receipt this Period
name of Employer Self Employed	Occupation Doctor of Optometry	365.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Timothy K Tippett		Date of Receipt
Mailing Address 5356 Magnolia C	Ct .	09 / 15 / Y Y Y Y Y Y Y
City Evans	State Zip Code GA 30809-7431	Transaction ID: 30571883  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	onal)	1115.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 108 (check only one)    X   11a
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\angle$	Full Name (Last, First, Middle Initial)	THOU NOTION		
۱.	Dr MICHAEL L TASHNER  Mailing Address 925 Golfview Dr			Date of Receipt  0 9 1 5 2 0 0 9
	City	State	Zip Code	Transaction ID: 30571884
	Platteville	WI	53818-9783	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	
. –	Full Name (Last, First, Middle Initial) Dr Timothy G Koop			Date of Receipt
	Mailing Address 4912 Bluff Run Drive			09 / 17 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30573757
	Greensboro	NC	27455-2200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
. –	Full Name (Last, First, Middle Initial) Dr Randall N Reichle			Date of Receipt
	Mailing Address 1818 Stacy Fall			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30573758
	Houston	TX	77008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.64	
\[ \text{s}	SUBTOTAL of Receipts This Page (optional)			498.33

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 108 (check only one)    X
Any information copied from	m such Reports and Statements mas, other than using the name and ac	ay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE  American Optometr	E (In Full) ic Association Political Action	Committee	
Full Name (Last, First, Dr Sarah J Hudson			Date of Receipt
	Richards Ave Unit 2		09 / 17 / 2009
City	State	Zip Code	Transaction ID: 30573759
<u>Portsmouth</u>	NH	03801-5238	Amount of Each Receipt this Period
FEC ID number of cont federal political committed			125.00
Name of Employer Self Employed	Occupati Doctor o	on of Optometry	
Receipt For:	Aggregat	te Year-to-Date ▼	
Primary Other (specify)	General	375.00	
Full Name (Last, First, Dr Freddie M Mayes	Middle Initial)		Date of Receipt
Mailing Address 117	Magnolia Drive		09 / 17 / 2009
City	State	Zip Code	Transaction ID: 30573760
Central City	KY	42330-1727	Amount of Each Receipt this Period
FEC ID number of cont federal political committed			50.00
Name of Employer Self Employed	Occupati Doctor o	on of Optometry	
Receipt For:		te Year-to-Date ▼	
Primary Other (specify)	General	450.00	
Full Name (Last, First, Dr Lee Ann Barrett	Middle Initial)		Date of Receipt
Mailing Address 119	9 E Morgan		09 17 2009
City	State	Zip Code	Transaction ID: 30573761
<u>Boonville</u>	<u>MO</u>	65233-1336	Amount of Each Receipt this Period
FEC ID number of cont federal political committ			50.00
Name of Employer Self Employed	Occupati Doctor o	on of Optometry	
Receipt For: Primary	00 0	te Year-to-Date ▼	_
Other (specify)	General	450.00	
SUBTOTAL of Receipts	This Page (optional)		225.00
	page this line number only)	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 108 (check only one)    X	
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	<del>                                     </del>	
NAME OF COMMITTEE (In Full) American Optometric Association Politics	tical Action	Committee		
Full Name (Last, First, Middle Initial) Dr Mark Edward Winston			Date of Receipt	
Mailing Address 9610 Melvin Ave			09 17 2009	
City	State	Zip Code	Transaction ID: 30573762	
Northridge	CA	91324-2135	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		41.66	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.96		
Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz			Date of Receipt	
Mailing Address 3537 New Castle Dr Se				
City	State	Zip Code	0 9 1 7 2 0 0 9 Transaction ID: 30573763	
Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		200.00	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1800.00		
Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff			Date of Receipt	
Mailing Address 3537 Newcastle Dr Se			0 9 1 7 2 0 0 9	
City	State	Zip Code	Transaction ID: 30573764	
Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00		
SUBTOTAL of Receipts This Page (optional)	1		341.66	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 108 (check only one)    X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Dr Dori M Carlson  Mailing Address P O Box 0			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Park River	State ND	Zip Code 58270	Transaction ID: 30577385  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		f Optometry e Year-to-Date ▼ 2000.00	
3.	Full Name (Last, First, Middle Initial) Dr BRADLEY J JORGENSEN Mailing Address N7807 Lake Shore D	r		Date of Receipt  0 9 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 30587626
	Sherwood  FEC ID number of contributing federal political committee.	C	54169-9634	Amount of Each Receipt this Period  365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr			Date of Receipt
	Mailing Address 3421 Kachemak Circ	le		0 9 1 8 2 0 0 9
	City Anchorage	State AK	Zip Code 99515-2380	Transaction ID: 30587627
	FEC ID number of contributing federal political committee.	C	99313-2360	Amount of Each Receipt this Period  84.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 756.00	
	SUBTOTAL of Receipts This Page (optional)			1449.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 108 (check only one)    X   11a
0	uny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Linda M Yee			Date of Receipt
	Mailing Address 48277 Hackeberry St			09 18 7 2009
	City Fremont	State CA	Zip Code 94539-7616	Transaction ID: 30587628  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
— В.	Full Name (Last, First, Middle Initial) Dr Patrick N Reber Mailing Address 9650 Etolin Circle	<u> </u>		Date of Receipt
	Mailing Address 9650 Etolin Circle			09 18 2009
	City Eagle River	State AK	Zip Code 99577-8787	Transaction ID: 30587629
	FEC ID number of contributing federal political committee.	C	99377-0707	Amount of Each Receipt this Period  55.55
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 556.85	
 C.	Full Name (Last, First, Middle Initial) Dr ROBERT J BLUMTHAL			Date of Receipt
	Mailing Address 119 Exmore Drive			09 18 2009
	City	State	Zip Code	Transaction ID: 30587631
	Springfield  FEC ID number of contributing federal political committee.	C	62704-3137	Amount of Each Receipt this Period  238.11
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1785.84	
	SUBTOTAL of Receipts This Page (optional)	1		318.66
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Randolph E Brooks		Date of Receipt
Mailing Address 3 Schindler Drive		09 17 2009
City	State Zip Code	Transaction ID: 30590483
Succasunna	NJ 07876-1183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) Dr Susan M Brunnett		Date of Receipt
Mailing Address 9940 S Ashleigh Way	,	09 19 2009
City	State Zip Code	Transaction ID: 30593323
Highlands Ranch	CO 80126-4244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.90
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 727.20	
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson	1	Date of Receipt
Mailing Address 9940 S Ashleigh Way	,	0 9 1 9 2 0 0 9
City	State Zip Code	Transaction ID: 30593324
Highlands Ranch	CO 80126-4244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	181.81
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1454.48	
SUBTOTAL of Receipts This Page (optional)	1	472.71

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 108 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po	Statements may not be sold or used by any perse e name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Pamela E Theriot  Mailing Address 120 W Vuelta Friso  City Sahuarita  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary Other (specify)	State Zip Code AZ 85629-8672  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   450.00	Date of Receipt  M M M D D D 2009  Transaction ID: 30593325  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address 1801 Creekside Dr  City Friendswood  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary  General Other (specify)	State Zip Code TX 77546-7821  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  1454.56	Date of Receipt  M M M J D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping  Mailing Address 1801 Creekside Dr  City Friendswood  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code TX 77546-7821  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  1454.56	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)		413.64

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	nd Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert F Brooks Mailing Address 452 Bluebird Dr  City Russell	State Zip Code KY 41169-1570	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   450.00	50.00
Full Name (Last, First, Middle Initial) Dr Lynn A Davis Mailing Address 1424 Tiffany Lane  City Rio Rancho  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	Se  State Zip Code NM 87124-0976  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   666.71	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Mario Joseph Contaldi Mailing Address 7728 Mid-Cities Blv  City North Richland Hil  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code TX 76180-4621  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   666.64	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	al)	216.67

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fo	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 52 / 108 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Po			
Full Name (Last, First, Middle Initial) Pamela L Shepard  Mailing Address 960 E Paces Ferry Ro  City Atlanta  FEC ID number of contributing federal political committee.  Name of Employer Tulman Eye Group, P.C.  Receipt For: Primary General	d Apt 233 State	Zip Code 30326-2847	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify)  Full Name (Last, First, Middle Initial) Dr Kevin L Alexander Mailing Address 2116 Wildwood Court		250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fullerton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed		Zip Code 92831-1339	Transaction ID: 30593336  Amount of Each Receipt this Period  50.00
Receipt For:  Primary  General  Other (specify) ▼	Doctor of Opt Aggregate Year		
Full Name (Last, First, Middle Initial) Dr Edwin Y Endo Mailing Address 98828 Hiliu Pl			Date of Receipt  0 9 2 0 2 0 9
City Aiea FEC ID number of contributing		Zip Code 96701-2785	Transaction ID: 30593337  Amount of Each Receipt this Period  41.66
Rame of Employer Self Employed	Occupation Doctor of Opt	tometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	r-to-Date ▼ 249.96	
SUBTOTAL of Receipts This Page (optional)			341.66

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A C	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full) American Optometric Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>.</b> .	Full Name (Last, First, Middle Initial) Dr THOMAS E NYE  Mailing Address 42 Tabor Lane  City Hamilton  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State OH C Occupation Doctor of	Zip Code 45013-5118	Date of Receipt    M M
_	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 654.52	]
3.	Full Name (Last, First, Middle Initial) Dr Tara L Dew Mailing Address 2093 Attala Road 117	77		Date of Receipt  0 9 2 1 2 0 0 9
	City Kosciusko	State MS	Zip Code 39090-6917	Transaction ID: 30595493  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation	nn e	250.00
	Name of Employer Self Employed  Receipt For:  Primary  General  Other (specify) ▼	Doctor o	f Optometry e Year-to-Date ▼  250.00	]
	Full Name (Last, First, Middle Initial) Dr William W Hately  Mailing Address 23560 E Moraine Place	ce		Date of Receipt
	City	State	Zip Code	0 9 2 2 2 0 0 9 Transaction ID: 30595563
	<u>Aurora</u>	CO	80016-7039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	_ '	f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional) .			386.36
Γ.	TOTAL This Period (last page this line numbe	r only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 108 (check only one)    X
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Optometric Association Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>Dr</u>	Il Name (Last, First, Middle Initial) Dirk Michael Beyer ailing Address 709 South 5Th St			Date of Receipt
Cit <u>Ha</u>	ty amilton	State MT	Zip Code 59840-2755	Transaction ID: 30597947  Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		50.00
	eceipt For:  Primary General  Other (specify)		f Optometry e Year-to-Date ▼ 450.00	
Dr <u>Dr</u>	Il Name (Last, First, Middle Initial) Kathleen E Goff ailing Address 114 Crested Peak	1		Date of Receipt  0 9 2 3 2 0 0 9
Cit	ty	State	Zip Code	Transaction ID: 30597948
FE fec	anta Teresa EC ID number of contributing deral political committee.	C	88008-9423	Amount of Each Receipt this Period  86.36
	ame of Employer olf Employed	Occupation Doctor of	n f Optometry	
Re	eceipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 740.88	
	II Name (Last, First, Middle Initial) Kevin L Gee			Date of Receipt
	ailing Address Po Box 18075 Gee Eye Care			09 / 23 / Y Y Y Y Y
Cit Sı	ty ugar Land	State TX	Zip Code 77496-8075	Transaction ID: 30597949  Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	17.100 0070	90.91
Na Se	ame of Employer elf Employed	Occupation Doctor of	n f Optometry	
Re	eceipt For:  Primary General  Other (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 727.28	
SUB	TOTAL of Receipts This Page (optional)			227.27

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	d Statements may not be sold or used by any personant the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Larry D Gunnell Mailing Address #7 Brenna Dr  City Wichita Falls  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	State Zip Code TX 76302-2506  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   666.64	Date of Receipt  O 9
Full Name (Last, First, Middle Initial) Dr Christy Lynn Warford Mailing Address 3601 Lareforma  City Baytown  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code TX 77521-9175  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   666.72	Date of Receipt  M M M / D D / Y Y Y Y Y  0 9 2 3 2 0 0 9  Transaction ID: 30597951  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial) Dr Mario A Caballero  Mailing Address 1080 Loma De Alm  City El Paso FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code TX 79934  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  727.28	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	257.58

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule for each category of th Detailed Summary Pag	e (circon only only)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by ar the name and address of any political comn	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Deborah S Bernay		Date of Receipt
Mailing Address 1702 Rustic Oak La	ne	09 23 2009
City	State Zip Code	Transaction ID: 30597953
Seabrook	TX 77586-4556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	727.2	28
Full Name (Last, First, Middle Initial) Dr Jeff S Phillips		Date of Receipt
Mailing Address 2804 Pine St		09 22 2009
City	State Zip Code	Transaction ID: 30598145
Texarkana	TX 75503-4122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00
Full Name (Last, First, Middle Initial) Dr Denis L Mc Donald		Date of Receipt
Mailing Address 5659 Jonquil Lane		09 22 2009
City	State Zip Code	Transaction ID: 30598148
Ooltewah	TN 37363-5122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.0	00
SUBTOTAL of Receipts This Page (optiona		705.91

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 108 (check only one)    X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Lincoln Joseph Daynes  Mailing Address 2737 Brewer Drive			Date of Receipt
				09 22 2009
	City Sierra Vista	State AZ	Zip Code 85650-6901	Transaction ID: 30598156  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr C. Jeffrey Foster  Mailing Address 508 3Rd Street			Date of Receipt
				09 22 2009
	City Newport	State TN	Zip Code 37821-3707	Transaction ID: 30598163
	FEC ID number of contributing federal political committee.	C	37021-3707	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
- ).	Full Name (Last, First, Middle Initial) Dr Carl J Roth, III			Date of Receipt
	Mailing Address 1048 Alderson Avenu	ie		09 / 24 / 2009
	City Billings	State MT	Zip Code 59102-4216	Transaction ID: 30598428  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33102-4210	30.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 270.00	
	SUBTOTAL of Receipts This Page (optional)			780.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		<u> </u>	780.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 108 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  American Optometric Association F	nd Statements may not be sold or used by any personal the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Cary S Labbe Mailing Address 1212 Nw 6Th Avenue	ue	Date of Receipt  0 9 2 4 2 0 0 9
City  Mineral Wells  FEC ID number of contributing	State Zip Code TX 76067-3404	Transaction ID: 30598429  Amount of Each Receipt this Period  100.00
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date ▼  300.00	1
Full Name (Last, First, Middle Initial) Dr Jennifer E Davis Mailing Address 16 Pambrook Dr		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fishersville FEC ID number of contributing	State Zip Code VA 22939-2123  C	Transaction ID: 30598430  Amount of Each Receipt this Period  45.00
Receipt For:  Primary  Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date   360.00	]
Full Name (Last, First, Middle Initial) Dr DENNIS M BRTVA  Mailing Address 57 Pebblebrook Ct		Date of Receipt
City Bloomington FEC ID number of contributing federal political committee.	State Zip Code IL 61705-6300  C	Transaction ID: 30598431  Amount of Each Receipt this Period  85.00
Name of Employer Self Employed  Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry  Aggregate Year-to-Date  765.00	
SUBTOTAL of Receipts This Page (optional	J)	230.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used e name and address of any political	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
	American Optometric Association Po	litical Action Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Brian J Blount Mailing Address 5830 N. Circuit		Date of Receipt
		Chata 7:a Cada	09 24 2009
	City Beaumont	State Zip Code TX 77706-4428	Transaction ID: 30598432  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	181.82
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	154.56
- 3.	Full Name (Last, First, Middle Initial) Dr Gerald G Gerdes, Jr		Date of Receipt
	Mailing Address 414 E 7Th Ave		09 24 2009
	City	State Zip Code	Transaction ID: 30598433
	Oakdale	LA 71463-2624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
	Other (specify) ▼		500.00
. –	Full Name (Last, First, Middle Initial) Dr Cheryl T Stoker		Date of Receipt
	Mailing Address 825 Parkway Dr		09 / 24 / 2009
	City	State Zip Code	Transaction ID: 30598434
	Natchitoches  FEC ID number of contributing federal political committee.	LA 71457-5535	Amount of Each Receipt this Period  125.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Γ	SUBTOTAL of Receipts This Page (optional)	1	556.82

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 108 (check only one)    X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association II	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Gordon Stanley Johnson Mailing Address 506 Riello Dr  City Greer FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:	State Zip Code SC 29650-0966  C  Occupation Doctor of Optometry  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	500.00	
Dr CHARLES B BROWNLOW  Mailing Address P O Box 85  City  Wild Rose  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State Zip Code WI 54984-0085  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr JOSEPH B STUDEBAKER  Mailing Address 719 North Main Str  City Union  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code OH 45322-9704  C  Occupation Doctor of Optometry  Aggregate Year-to-Date   600.00	Date of Receipt  M M Z Z Z D D D Z Z Z D D D Z Z D D D Z Z D D D Z D Z D
SUBTOTAL of Receipts This Page (options	)(k	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 61 / 108   (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Optometric Association			
Full Name (Last, First, Middle Initial) Dr JASON R MILLER			Date of Receipt
Mailing Address 250 Andover Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Powell	State OH	Zip Code 43065-8457	Transaction ID: 30599212  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000 0101	500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr THOMAS MATTHEW BOBST			Date of Receipt
Mailing Address 21285 Avalon Driv	re		0 9 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 30599325
Rocky River	OH	44116-1121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Diane E Reddin			Date of Receipt
Mailing Address P O Box 66			09 24 2009
City	State	Zip Code	Transaction ID: 30599332
Crawford	CO	81415-0066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>K</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 108 (check only one)    X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association I	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr David Bryce Reber  Mailing Address 18 Fairmont Court			Date of Receipt
City  Hobbs  FEC ID number of contributing	State NM	Zip Code 88240-1059	Transaction ID: 30600939  Amount of Each Receipt this Period
federal political committee.  Name of Employer Self Employed  Receipt For:		Optometry  Year-to-Date	250.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)		250.00	
Dr Tasker N Rodman, II  Mailing Address 5 Hyde Ct			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 30600940
Little Rock  FEC ID number of contributing federal political committee.	C	72212-2720	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Paul M Spivak	<b>'</b>		Date of Receipt
Mailing Address 120 Grienbriar Driv	'e		09 21 2009
City	State	Zip Code	Transaction ID: 30600955
Carnegie  FEC ID number of contributing federal political committee.	PA C	15106-3019	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16 1		
or for commercial purposes, other than using t	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)  American Optometric Association Po	olitical Action Committee			
Full Name (Last, First, Middle Initial) Dr Paul D Dunderland Mailing Address P. 4.00		Date of Receipt		
Mailing Address Box 169  City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Bottineau	ND 58318-0169	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial) Dr Larry E Harris		Date of Receipt		
Mailing Address 6021 Nw Glenwood		09 21 2009		
City	State Zip Code	Transaction ID: 30600979		
<u>Topeka</u>	KS 66617-1333	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00			
Full Name (Last, First, Middle Initial) Dr CHERYL ARCHER		Date of Receipt		
Mailing Address 216 Orange Drive		09 / 24 / 2009		
City	State Zip Code	Transaction ID: 30601129		
Wapakoneta	OH 45895-1352	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	)	1150.00		
TOTAL This Period (last page this line numb	·			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 108 (check only one)    X
0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action (	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr TERESA A GOSSARD			Date of Receipt
	Mailing Address 6323 Grand Vista Av	enue		09 24 2009
	City	State OH	Zip Code	Transaction ID: 30601481
	Cincinnati FEC ID number of contributing federal political committee.	С	45213-1115	Amount of Each Receipt this Period  125.00
	Name of Employer Eye Care Associates of Gr- eater Cincinn	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 216.25	
. –	Full Name (Last, First, Middle Initial) Dr Robert M Theaker			Date of Receipt
	Mailing Address 12 Wyndemere Vale	09 25 2009		
	City	State	Zip Code	Transaction ID: 30601486
	Monterey  FEC ID number of contributing federal political committee.	CA	93940-5811	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
_	Full Name (Last, First, Middle Initial) Dr Marcus D Yeager			Date of Receipt
	Mailing Address 300 Tupawek Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City West Monroe	State LA	Zip Code 71291-7019	Transaction ID: 30602082  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	712017010	250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			875.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial put	poses, other than using the name a	and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Dr Peter Jeffery Sh	1910 Puu Nanea Place Si H f contributing mmittee.  C Door	cupation ctor of Optometry gregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr Maryjane Heale Mailing Address  City Snohomish  FEC ID number of federal political co	First, Middle Initial) 6710 124Th Place Se Si W f contributing mmittee.	365.00  tate Zip Code //A 98296-8649	Date of Receipt  O 9 27 2009  Transaction ID: 30602091  Amount of Each Receipt this Period  200.00
Receipt For: Primary Other (spec	General iffy) ▼ Agg	cupation ctor of Optometry gregate Year-to-Date  1800.00	Date of Receipt
	3102 E Desert Broom Way  St A f contributing mmittee.  C C Doc Age		Transaction ID: 30602093  Amount of Each Receipt this Period  250.00
SUBTOTAL of Rec	eipts This Page (optional)		815.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Po	onlical Action Committee	
Full Name (Last, First, Middle Initial) Dr Todd M Hamilton		Date of Receipt
Mailing Address 278 Falmouth Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30602094
Windham	ME 04062-4815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	299.97	
Full Name (Last, First, Middle Initial) Dr Blaine A Littlefield		Date of Receipt
Mailing Address 27 Wilderness Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30602095
Freeport	ME 04032-5824	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.33
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 299.97	
Full Name (Last, First, Middle Initial) Dr Michelle A Broderick		Date of Receipt
Mailing Address 7 Broad Sound Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30602096
Freeport	ME 04032-6297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33.34
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	300.06	
		100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 108 (check only one)    X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Steven C Ezzell  Mailing Address 649 Mathew Ct  City Abilene	State TX	Zip Code 79602-5246	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  100.00
	Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼		f Optometry  Year-to-Date ▼  700.00	
 3.	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III Mailing Address 1229 Highland Lakes	Trail		Date of Receipt  0 9 2 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 30602099
	Birmingham  FEC ID number of contributing federal political committee.	C	35242-6886	Amount of Each Receipt this Period  50.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 450.00	
- :.	Full Name (Last, First, Middle Initial) Dr JEFFREY A MYERS Mailing Address 4089 Marlowa Drive			Date of Receipt
	P O Box 116	State	Zip Code	0 9 2 7 2 0 0 9  Transaction ID: 30602100
	Groveport	OH	43125-9503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	
s	UBTOTAL of Receipts This Page (optional)			275.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Poli	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>\</b> .	Full Name (Last, First, Middle Initial)  Dr Beth A Kneib			Date of Receipt
	Mailing Address 602 Nw 163Rd St  City	State	Zip Code	0 9 2 8 2 0 0 9  Transaction ID: 30602103
	<u>Shoreline</u>	WA	98177-3727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 374.94	
- 3.	Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland Mailing Address 1610 Wilson Court	1		Date of Receipt
	Maining Address 1010 Wilson Court	09 28 2009		
	City	State	Zip Code	Transaction ID: 30602104
	Eugene	OR	97402-3361	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
- }.	Full Name (Last, First, Middle Initial) Dr PETER H KEHOE			Date of Receipt
	Mailing Address 789 N Broad			09 / 28 / 2009
	City	State	Zip Code	Transaction ID: 30602105
	Galesburg	<u>IL</u>	61401-2766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		175.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1575.00	
	SUBTOTAL of Receipts This Page (optional)			266.66
T	TOTAL This Period (last page this line number	only)	,	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 108 (check only one)    X   11a
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr Sue E Lowe  Mailing Address 1704 Skyline Driv  City	State Zip Code	Date of Receipt  0 9 28 2009  Transaction ID: 30602106
Earamie  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  166.66
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   1499.94	
Full Name (Last, First, Middle Initial) Dr William R Burges Mailing Address 988 Cr 477	•	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Castroville	State Zip Code TX 78009	Transaction ID: 30602107  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   666.72	
Full Name (Last, First, Middle Initial) Dr Larry G Obie		Date of Receipt
Mailing Address 1330 12Th Ave  City	State Zip Code	0 9 2 8 2 0 0 9  Transaction ID: 30602108
Havre  FEC ID number of contributing federal political committee.	MT 59501-5401	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optio	nal)	300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Anea P Thau Mailing Address 170 East 83 Street  City New York FEC ID number of contributing federal political committee.  Name of Employer Self Employed	<del>- '</del>	f Optometry	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1500.03	]
3.	Full Name (Last, First, Middle Initial) Dr ALBERT S LICUP Mailing Address 226 S Harvey Ave City	State	Zip Code	Date of Receipt    M M
	Oak Park  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	C Occupation	60302-3312	Amount of Each Receipt this Period 41.67
	Receipt For: Primary General Other (specify)	<del>, '</del>	f Optometry e Year-to-Date ▼ 375.03	
 }.	Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie  Mailing Address 1809 Gaslight Way	ı		Date of Receipt  0 9 28 2009
	City Huntsville	State AL	Zip Code	Transaction ID: 30602111
	FEC ID number of contributing federal political committee.	C	35801-1555	Amount of Each Receipt this Period  50.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary  General  Other (specify)	<del>, '</del>	e Year-to-Date ▼ 450.00	
,	SUBTOTAL of Receipts This Page (optional)			258.34

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 108 (check only one)    X
o O	ny information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Optometric Association Poles	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen  Mailing Address 3930 W 19Th St Ln  City	State	Zip Code	Date of Receipt    M   M   D   D   C   Y   Y   Y   Y   Y   Y   Y   Y   Y
	Greeley	CO	80634-3446	Transaction ID: 30602112  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Scott M Burks  Mailing Address P O Box 1351			Date of Receipt  0 9 2 8 2 0 0 9
	City	State	Zip Code	Transaction ID: 30602113
	Buffalo	MO	65622-1351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 625.00	
. –	Full Name (Last, First, Middle Initial) Dr Michele R Haranin Mailing Address 301 Concord Road	1		Date of Receipt
		<b></b>		09 28 2009
	City Dover	State DE	Zip Code 19904-9100	Transaction ID: 30602114  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional) .			225.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 108 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or for	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Optometric Association Pole	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>Dr</u>	Ill Name (Last, First, Middle Initial) Mark Alan Altfillisch ailing Address 1 Sawgrass Trail			Date of Receipt  0 9 28 2009
Ci	ty ttumwa	State IA	Zip Code 52501-8994	Transaction ID: 30602117  Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	02001 0004	125.00
	eme of Employer elf Employed  eccipt For: Primary General Other (specify)	<del>- '</del>	on f Optometry e Year-to-Date	
<u>Dr</u>	Ill Name (Last, First, Middle Initial) Frederick E Bodenhamer ailing Address 409 Virginia Trail			Date of Receipt  0 9 2 6 2 0 0 9
Ci	ty	State	Zip Code	Transaction ID: 30602202
FE	efferson City  EC ID number of contributing deral political committee.	MO	65109-6840	Amount of Each Receipt this Period 1000.00
Na Se	ame of Employer elf Employed	Occupatio	n f Optometry	
Re	eceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼	
. <u>D</u> r	ıll Name (Last, First, Middle Initial) Lori Ehlers Swopes			Date of Receipt
Ma 	ailing Address 718 S Sunset Lane			09 26 2009
Ci <sup>-</sup>	ty aymore	State MO	Zip Code 64083-8498	Transaction ID: 30602203  Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	04000 0430	250.00
Na Se	ame of Employer elf Employed	Occupatio	n f Optometry	
Re	eceipt For: Primary General Other (specify)	<del>- '</del>	e Year-to-Date ▼ 250.00	
SUB	TOTAL of Receipts This Page (optional) .			1375.00

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)    X   11a
Any information copied from such Reports and Start for for commercial purposes, other than using the interpretable of COMMITTEE (In Full)	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr James Brian Connelly Mailing Address 3243 Evergreen Road		Date of Receipt
City	State Zip Code	0 9 2 6 2 0 0 9 Transaction ID: 30602204
<u>Fargo</u>	ND 58102-1214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Donald B Leach		Date of Receipt
Mailing Address 221 Wittwer Ct Nw P O Box 129		09 / 25 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 30602215
<u>Los Lunas</u>	NM 87031-8438	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Stephen Harold Spencer		Date of Receipt
Mailing Address 1998 W 12Th Ln		09 / 25 / 4 4 4 4
City	State Zip Code	Transaction ID: 30602218
<u>Yuma</u>	AZ 85364-4358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		1365.00
TOTAL This Period (last page this line number of	· ·	

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 108 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, of NAME OF COMMITTEE (I	her than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middon Dr Eugene Joseph Bernal, Jr Mailing Address Rr 1, B  City  Norwich  FEC ID number of contributederal political committee.  Name of Employer Self Employed  Receipt For:  Primary Gei	ox 480C  State VT  ting  C  Occupati Doctor	Zip Code 05055 ion of Optometry ite Year-to-Date ▼	Date of Receipt    M M   D D   25   2009    Transaction ID: 30602220    Amount of Each Receipt this Period   250.00
Other (specify)  Full Name (Last, First, Midd Dr Sheila Lee Hastie  Mailing Address 850 Kir	dle Initial) ng'S Highway	250.00	Date of Receipt  0 9 25 2009
City White River Juncti FEC ID number of contribu federal political committee.  Name of Employer Self Employed	Occupati	Zip Code 05001-9655  ion of Optometry	Transaction ID: 30602221  Amount of Each Receipt this Period  250.00
Receipt For:  Primary Ger  Other (specify) ▼		te Year-to-Date 250.00	]
Full Name (Last, First, Midd Dr Andrew M Jones Mailing Address 850 Kir	dle Initial) ng'S Highway State	Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
White River Juncti FEC ID number of contribu federal political committee.	ting VT	05001-9655	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		of Optometry	
Receipt For:  Primary Gen  Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 108 (check only one)    X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ <u></u>	Full Name (Last, First, Middle Initial) Dr Michael Sean Alexander Mailing Address 770 Mockingbird Ln			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 30602234
	Marietta  FEC ID number of contributing federal political committee.	GA C	30068-2356	Amount of Each Receipt this Period 400.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		f Optometry e Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Dr Joseph E Droter Mailing Address 4726 Twin Hickory Lal	Date of Receipt  0 9 2 5 2 0 0 9		
	City	State	Zip Code	Transaction ID: 30602238
	Glen Allen	VA	23059-2588	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr Nathaniel D Robinson  Mailing Address Rr 1 Box 1276	1		Date of Receipt
				09 25 2009
	City Huntington	State TX	Zip Code	Transaction ID: 30602240
	FEC ID number of contributing federal political committee.	C	75949-9717	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1400.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 108 (check only one)    X						
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
<b>∠</b> . <b>A</b> .	Full Name (Last, First, Middle Initial) Dr Michael J Haynes Mailing Address 1460 Avant Road City West Monroe FEC ID number of contributing federal political committee. Name of Employer	State LA C	Zip Code 71291-7500	Date of Receipt    M M   D D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Doctor o	f Optometry e Year-to-Date ▼ 273.75	]						
3.	Full Name (Last, First, Middle Initial) Dr Walter Ray Dunlap Mailing Address 1802 Mesa Verde Roa	d		Date of Receipt  0 9 2 8 2 0 0 9						
	City	State	Zip Code	Transaction ID: 30618556						
	Lawton  FEC ID number of contributing federal political committee.	OK OK	73507-3300	Amount of Each Receipt this Period 250.00						
	Name of Employer Self Employed	Occupatio	n f Optometry							
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00							
 :.	Full Name (Last, First, Middle Initial) Dr Thomas William Dawson			Date of Receipt						
	Mailing Address 230 SW Kingsbay Dr			09 28 2009						
	City	State	Zip Code	Transaction ID: 30618558						
	Crystal River FEC ID number of contributing federal political committee.	FL C	34429-4606	Amount of Each Receipt this Period 500.00						
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00							
s	UBTOTAL of Receipts This Page (optional)	1		841.25						

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)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Optometric Association F	d Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Gordon Stanley Johnson Mailing Address 506 Riello Dr  City Greer FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code SC 29650-0966  C  Occupation Doctor of Optometry  Aggregate Year-to-Date  750.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  2 0 0 9  Transaction ID: 30618821  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr Thomas Edward Dunlap, Jr Mailing Address 809 Lauras Lane Po Drawer 1249 City Albemarle FEC ID number of contributing federal political committee.  Name of Employer Self Employed	State Zip Code NC 28001-3003  C Occupation Doctor of Optometry	Date of Receipt  M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr Clark Lee Seyboth Mailing Address 50 Cherrywood Ct  City Hunt Valley FEC ID number of contributing federal political committee.	Aggregate Year-to-Date ▼  250.00  State Zip Code MD 21030-1932  C	Date of Receipt  M M M / D D / Y Y Y Y Y  0 9 28 2009  Transaction ID: 30618827  Amount of Each Receipt this Period  250.00
Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	Occupation Doctor of Optometry  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	750.00

SCHEDULE A (FEC FOITEMIZED RECEIPTS	rm 3X)  Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 108 (check only one)    X
Any information copied from such R or for commercial purposes, other th	eports and Statements may not be sold or used by any per an using the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Optometric Associ	iation Political Action Committee	
Full Name (Last, First, Middle Ini	<u></u>	Date of Receipt
Mailing Address 14317 Se 23		09 28 2009
City Vancouver	State Zip Code WA 98683-8459	Transaction ID: 30618835  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Ini Dr David J Helfman Mailing Address 7 Pierce Lar	,	Date of Receipt
		09 28 2009
City Hollis	State Zip Code NH 03049-6209	Transaction ID: 30618839  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Ini Dr Harriett Bedsol Foshee	ial)	Date of Receipt
Mailing Address 411 Hamilto	n St	09 28 2009
City	State Zip Code	Transaction ID: 30618847
Greenville  FEC ID number of contributing federal political committee.	AL 36037-2007	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
	(optional)	1015.00

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)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Paul W Beaver		Date of Receipt
Mailing Address 386 9Th Street Sw  City	State Zip Code	0 9 2 8 2 0 0 9  Transaction ID: 30618855
Sioux Center	IA 51250-1366	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr ROBERT J DITTOE		Date of Receipt
Mailing Address 449 Buckingham La	ne	09 28 7 9 9
City	State Zip Code	Transaction ID: 30618868
<u>Lancaster</u>	OH 43130-8891	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr John Biestek		Date of Receipt
Mailing Address 17 Whiffle Tree Roa	d	09 / 30 / 2009
City	State Zip Code	Transaction ID: 30618875
Wallingford	CT 06492-2861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional		1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 108 (check only one)    X
or for commercial purposes, other than usin  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Vincente A Calderon		Date of Receipt
Mailing Address 455 W 34Th St, A	pt 2C	09 30 2009
City	State Zip Code	Transaction ID: 30618877
New York	NY 10001-1542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Amy A Crigler		Date of Receipt
Mailing Address 108 Langston Cov	re	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30618884
Starkville	MS 39759-4242	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Jason T Ortman		Date of Receipt
Mailing Address 8085 E Byers Ave	nue	0 9 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 30706086
Denver	CO 80230-6755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$30-0.00
SUBTOTAL of Receipts This Page (option	nal)	615.00

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

A.

В.

PAGE 81 / 108 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Dr Gary C Slaugh Mailing Address 4850 Kiwana Dr 09 15 2009 Zip Code City State Transaction ID: 30706087 Ogden UT 84403-4214 Amount of Each Receipt this Period FEC ID number of contributing 0.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$30.00 This chan-ges the YTD Total to \$210-210.00 Other (specify) Full Name (Last, First, Middle Initial) Dr Miriam Elsbeth Pearson Date of Receipt Mailing Address 282 Pigeon Creek Rd 09 16 2009 City State Zip Code Transaction ID: 30706088 Pottstown PA 19465-8641 Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$365.00 This changes the YTD Total to \$36-

365.00

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	0.00
TOTAL This Period (last page this line number only)	<b>•</b>	47638.38

Other (specify)

ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check or	E NUMBER: PAGE 82 / 108		
	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 28 29		
Any Information copied from such Reports and State or for commercial purposes, other than using the r					
NAME OF COMMITTEE (In Full)  American Optometric Association Politi					
Full Name (Last, First, Middle Initial)			Transaction ID: 30472991		
Pallone For Congress			Date of Disbursement		
Mailing Address PO Box 3176			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Period		
Purpose of Disbursement			2000.00		
Candidate Contribution		011			
Candidate Name Rep. Frank Pallone, Jr.		Category/ Type			
Senate President	ursement For: 2010  X Primary General  Other (specify) ▼		Candidate Contribution		
State: NJ District: 06					
Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress			Transaction ID: 30494405 Date of Disbursement		
Mailing Address P O Box 52-2784			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Miami	FL 33152		1000.00		
Purpose of Disbursement Candidate Contribution		011	1000.00		
Candidate Name Rep. Ileana Ros-Lehtinen		Category/ Type			
Office Sought:  X House Senate President State: FL District: 18	x Primary General  Other (specify) ▼		Candidate Contribution		
Full Name (Last, First, Middle Initial)			Transaction ID: 30512561		
Shore PAC			Date of Disbursement		
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Mailing Address P O Box 3157					
Mailing Address P O Box 3157  City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Perio		
City Long Branch Purpose of Disbursement		011	Amount of Each Disbursement this Perio		
City Long Branch Purpose of Disbursement Committee Contribution Candidate Name		011 Category/			
City Long Branch Purpose of Disbursement Committee Contribution Candidate Name Shore PAC					
City Long Branch Purpose of Disbursement Committee Contribution Candidate Name Shore PAC Office Sought: House Disb	NJ 07740  ursement For: Primary General	Category/			

	CHEDOLE B (I LO I OHII 3A)	Use separate schedule(s	()	_	)K LINE neck only	-					GE		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	$\square$	24 28c		25 29	26
	y Information copied from such Reports and Sta for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Optometric Association Politic	me and address of any politica											
$\mathbb{L}$	·												
	Full Name (Last, First, Middle Initial) Ed Royce For Congress  Mailing Address P.O. Box 2525							on ID: sburs				) ŏ 9	Y
	City	State Zip Code				Amou	int of	f Each	Disb	ursen	nent	this P	eriod
	Orange Purpose of Disbursement Candidate Contribution Candidate Name	CA 92859	-	01 ateg							100	0.00	
	Rep. Edward R. Royce  Office Sought:  X House Senate President  State: CA District: 40	rsement For: 2010  X Primary General Other (specify)		Тур		Cand	idat	e Cor	ntribu	ıtion			
	Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey  Mailing Address P O Box 1322							on ID:				) ŏ 9	Y
	City Wausau Purpose of Disbursement	State Zip Code WI 54402				Amou	int o	f Each	Disb			this Po	eriod
	Candidate Contribution  Candidate Name  Rep. David R. Obey		Ca	01 ateg Typ	ory/							•	
	Office Sought:  X House Senate President State: WI District: 07	Sement For: 2010  X Primary General  Other (specify) ▼				Candidate Contribution							
	Full Name (Last, First, Middle Initial) Capuano For Congress Committee					Trans Date	of Di	sburs	emen		528		
	Mailing Address PO Box 440305					0 9	М	<b>1</b>	5	Y	ž (	) ó 9	Y
	City Somerville	State Zip Code MA 02144				Amou	int o	f Each	Disb	ursen	nent	this P	eriod
	Purpose of Disbursement Candidate Contribution			01	1	L.					500	0.00	-
	Candidate Name Rep. Michael E. Capuano			ateg Typ	ory/								
	Office Sought:  X House Senate President  State: MA District: 08	rsement For: 2010  X Primary General Other (specify)				Cand	idat	e Cor	ntribu	ıtion			

	CHEDOLE B (I LO I OHII 3X)	Use separate schedule(s	s)		)R LINE neck only	-	n.			PA	GE	84 / 1	08
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	$\boldsymbol{\sqcup}$	24 28c		25 29	2 3
	y Information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and address of any politic											
V	American Optometric Association Politic	al Action Committee											
	Full Name (Last, First, Middle Initial) Courtney For Congress  Mailing Address 38 Risley Road							on ID:	emen	_		0 ŏ 9	Y
	City Vernon	State Zip Code CT 06066				Amou	int of	f Each	Disb	urser	ment	this P	eriod
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Joseph D. Courtney			01 ateg	jory/			•			100	00.00	
		sement For: 2010  X Primary General Other (specify)	<u> </u>	ТУР		Cand	idat	e Cor	ntribu	ution			
	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress  Mailing Address P.O. Box 9336							sburs				0 ŏ 9	Y
	City Fargo Purpose of Disbursement Candidate Contribution	State Zip Code ND 58106		01	1	Amou	int of	f Each	Disb	urser		this P	
	Candidate Name Rep. Earl Pomeroy  Office Sought:  X House Senate President  State: ND District: 01	sement For: 2010 Primary X General Other (specify)	1	ateg Typ	gory/ pe	Cand	idat	e Cor	ntribu	ution			
	Full Name (Last, First, Middle Initial) Gallegly For Congress					Trans Date	of Di	sburs	emen	5878 t			
	Mailing Address P.O. Box 940001					0 9	М	<b>1</b>	8	/ L	ž	0 ŏ 9	Y
	City Simi Valley	State Zip Code CA 93094				Amou	int of	f Each	Disb	urser	ment	this P	eriod
	Purpose of Disbursement Candidate Contribution 01					L.	_		-		100	00.00	
	Candidate Name Rep. Elton Gallegly			ateg Typ	jory/ e								
	, A	sement For: 2010  X Primary General  Other (specify) ▼	•			Cand	idat	e Cor	ntribu	ution			
							_						

		Use separate schedule(s)	LINE NUMBER: PAGE 85 / 108 ck only one)
_	EMIZED DISBURSEMENTS	Detailed Summary Page 2	11b
	y Information copied from such Reports and State for commercial purposes, other than using the nan		
Λ	NAME OF COMMITTEE (In Full)		
V	American Optometric Association Politica	Action Committee	
	Full Name (Last, First, Middle Initial) Ciro Rodriguez For Congress		Transaction ID: 30596512 Date of Disbursement
			0 9 2 2 2 2 0 0 9
	City San Antonio	State Zip Code TX 78214	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	011	1000.00
	Candidate Name Rep. Ciro Rodriguez	Category Type	y/
	Office Sought:  X House Senate President  Disburs	ement For: 2010	Candidate Contribution
	State: TX District: 23  Full Name (Last, First, Middle Initial)		Transaction ID: 30598037
	Martin Heinrich For Congress		Date of Disbursement
	Mailing Address 2118 Central Avenue SE #71		0 9 M / 2 3 / Y 2 0 0 9 Y
	City Albuquerque	State Zip Code NM 87106	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	011	4000.00
	Candidate Name Martin Heinrich	Category Type	y/
		ement For: 2010 Primary General Other (specify)	Candidate Contribution
	Full Name (Last, First, Middle Initial) Harry Teague For Congress		Transaction ID: 30598038 Date of Disbursement
	Mailing Address PO Box 5153		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Hobbs	State Zip Code NM 88241	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	011	2500.00
	Candidate Name Harry Teague	Category Type	y/ "
	Office Sought: X House Disburs	ement For: 2010 Primary General Other (specify)	Candidate Contribution
	Oldio. 14141 District. 02		

SCHEDULE B (FEC FOIII)	<ul> <li>Use separate schedule(s</li> </ul>	(check onl	IE NUMBER: PAGE 86 / 108 nly one)			
TEMIZED DISBURSEMEI	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29			
	ing the name and address of any politica		for the purpose of soliciting contributions plicit contributions from such committee			
Full Name (Last, First, Middle Initial) Arcuri For Congress			Transaction ID: 30602246 Date of Disbursement			
Mailing Address P.O. Box 8508	3		09 7 28 7 2009			
City Utica	State Zip Code NY 13505		Amount of Each Disbursement this Perio			
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Michael A. Arcuri		011 Category/	1500.00			
Office Sought:  X House Senate President  State: NY  District: 24	Disbursement For: 2010  X Primary General  Other (specify)	Туре	Candidate Contribution			
Full Name (Last, First, Middle Initial) Arcuri For Congress  Mailing Address P.O. Box 8508	3		Transaction ID: 30602247 Date of Disbursement  M M M D D B D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code		Amount of Each Disbursement this Perio			
Utica Purpose of Disbursement Candidate Contribution	NY 13505	011	1000.00			
Candidate Name Rep. Michael A. Arcuri		Category/ Type				
Office Sought:  X House Senate President State: NY District: 24	Disbursement For: 2010 Primary X General Other (specify)		Candidate Contribution			
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Commit	ee		Transaction ID: 30602248 Date of Disbursement			
Mailing Address P.O. Box 833			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City Fremont	State Zip Code CA 94537		Amount of Each Disbursement this Perio			
Purpose of Disbursement Candidate Contribution Candidate Name		011	1000.00			
Rep. Fortney Peter Stark  Office Sought: X House	Disbursement For: 2010	Category/ Type				
Senate President State: CA District: 13	X Primary General Other (specify)		Candidate Contribution			
olaic. Or District. 10	•		T. Control of the con			

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check onl	E NUMBER: PAGE 87 / 108
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
	NAME OF COMMITTEE (In Full)  American Optometric Association Politica	· · · · · · · · · · · · · · · · · · ·		
<u></u>	Full Name (Last, First, Middle Initial) Chet Edwards For Congress			Transaction ID: 30602249 Date of Disbursement
	Mailing Address PO Box 23273			0 9 Date of Disbursement
	City Waco	State Zip Code TX 76702		Amount of Each Disbursement this Perioc
	Purpose of Disbursement Candidate Contribution		011	1000.00
	Candidate Name Rep. Chet Edwards		Category/ Type	
		ement For: 2010 Primary General Other (specify)		Candidate Contribution
	Full Name (Last, First, Middle Initial) Dave Wu For Us Congress			Transaction ID: 30602250 Date of Disbursement
	Mailing Address 818 Sw Third Ave. #118	2		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & B \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Portland	State Zip Code OR 97204		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	2500.00
	Candidate Name Rep. David Wu		Category/ Type	
		ement For: 2010 Primary General Other (specify)		Candidate Contribution
	Full Name (Last, First, Middle Initial) Clarke For Congress			Transaction ID: 30602251 Date of Disbursement
	Mailing Address 111-36 200th Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & 9 \end{smallmatrix} \end{bmatrix}$
	City Hollis	State Zip Code NY 11412		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	2500.00
	Candidate Name Yvette Clarke		Category/ Type	
	Senate	ement For: 2010 Primary General Other (specify)		Candidate Contribution
	State: NY District: 11	Other (specify)		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1	NUMBER: PAGE 88 / 108
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	7 one)
Any Information copied from such Reports and State		d by any person f	or the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and address of any politica	l committee to so	licit contributions from such committee
NAME OF COMMITTEE (In Full)  American Optometric Association Politic	al Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 30602252
Friends Of Phil Hare			Date of Disbursement
Mailing Address 224 18th Street P.O. Box 4183			09 7 28 7 2009
City Rock Island	State Zip Code IL 61204		Amount of Each Disbursement this Perio
Purpose of Disbursement			2000.00
Candidate Contribution		011	
Candidate Name Mr. Philip Hare		Category/ Type	
X	rsement For: 2010		Candidate Contribution
Senate   President	X Primary General Other (specify) ▼		
State: IL District: 17	Carlor (opcony)		
Full Name (Last, First, Middle Initial)			Transaction ID: 30602253
Moore For Congress			Date of Disbursement
Mailing Address PO Box 16646			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City Milwaukee	State Zip Code WI 53216		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. Gwen Moore		Category/ Type	
Office Sought: X House Disbu Senate President	rsement For: 2010  X Primary General Other (specify)	,	Candidate Contribution
State: WI District: 04	Care (openity)		
Full Name (Last, First, Middle Initial) Friends Of Baron Hill			Transaction ID: 30602254 Date of Disbursement
Mailing Address P O Box 1071			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 0 \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Seymour	State Zip Code IN 47274		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Baron P Hill		Category/ Type	
	x Primary General Other (specify)	. , , , ,	Candidate Contribution
State: IN District: 09			
SUBTOTAL of Disbursements This Page (optional	D		7000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	(check only	NUMBER: PAGE 89 / 108 / one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	··		ion contributions from scott committee
/ American Optometric Association Politica	Action Committee		
Full Name (Last, First, Middle Initial) Schauer For Congress			<b>Transaction ID:</b> 30602255  Date of Disbursement
Mailing Address PO Box 100			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ Q & Q & Q & 9 \end{bmatrix}$
City Battle Creek	State Zip Code MI 49016		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Rep. Mark Schauer		Category/ Type	
X X	ement For: 2010  Primary General Other (specify)		Candidate Contribution
State: MI District: 07	_		
Full Name (Last, First, Middle Initial) Friends Of Farr			Transaction ID: 30602256 Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1	425		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City Sacramento	State Zip Code CA 95814		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Rep. Sam Farr		Category/ Type	
	ement For: 2010  Primary General  Other (specify)		Candidate Contribution
Full Name (Last, First, Middle Initial) Nita Lowey For Congress			Transaction ID: 30602257 Date of Disbursement
Mailing Address PO Box 271			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & 9 \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City White Plains	State Zip Code NY 10605		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Rep. Nita M. Lowey		Category/ Type	
3 1	ement For: 2010  Primary General  Other (specify)		Candidate Contribution
State: NY District: 18	Other (specify)		
			3000.00
SUBTOTAL of Disbursements This Page (optional)		_	3000 00

Any I		SBURSEMEN	. •		category of the Summary Page	□ 21	ЬΓ	7 22	X 23	☐ 2·		1 05	
						27		28a	28	b 2	3c	25 29	
r for		ed from such Reports rposes, other than usi											i
	NAME OF COM	MITTEE (In Full) ometric Association											
	Full Name (Last, Loebsack For	First, Middle Initial) Congress								ID: 306 irsement	02258	3	
N	Mailing Address	PO Box 1457						0 <sup>M</sup> 9	M /	28	YZ	0 0 9	Y
	City owa City		St:	ate \	Zip Code 52244			Amou	nt of Ea	ch Disbu			_
	Purpose of Disbu Candidate Contri					011	7	L.			25	00.00	
	Candidate Name Rep. Dave Loe	ebsack				ategory/ Type							
	Office Sought:	X House Senate President		ent For: Primary Other (spe	2010 General ecify)			Candi	date C	ontribut	ion		
	State: IA Full Name (Last,	District: 02 First, Middle Initial)						Trans	action	I <b>D</b> : 306	02250	<u> </u>	
	•	For Congress						Date of	of Disbu	ırsement			Y
N	Mailing Address	222 Main Sail I PO Box 518	Orive					0 <sup>M</sup> 9		<sup>D</sup> 2 8 /	2	0 0 9	
	City Stevensville		St. M	ate D	Zip Code 21666			Amou	nt of Ea	ch Disbu	rsemer	t this F	'erio
	Purpose of Disbu Candidate Contri					011	7				25	00.00	
	Candidate Name Rep. Frank Kra					ategory/ Type							
	Office Sought:	X House Senate President		ent For: Primary Other (spe	2010 General			Candi	date C	Contribut	ion		
	State: MD	District: 01 First, Middle Initial)											
	im Ryan For							Date of	of Disbu	ID: 306 irsement			V
N	/ailing Address	1600 Roosevel Suite 804	t Avenue					0 9		<sup>D</sup> 2 8 /	2	0 0 9	
	City Niles		Sta O	ate H	Zip Code 44446			Amou	nt of Ea	ch Disbu			
	Purpose of Disbu Candidate Contri					011		L.			10	00.00	
	Candidate Name Rep. Timothy	J. Ryan				ategory/ Type							
Ċ	Office Sought:	X House Senate President		ent For: Primary Other (spe	2010 General			Candi	date C	Contribut	ion		
ς	State: OH	District: 17			· · · · · · · · · · · · · · · · · · ·								

CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	FOR LINE NUMBER: PAGE 91 / 10 (check only one)				
	Detailed Summary Page		21b 27	22 X 23 28a 28b	24 25 2 28c 29 3	
ny Information copied from such Reports and Stater for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)  American Optometric Association Politic	al Action Committee					
Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress				Transaction ID:	ement	
Mailing Address 530 Seminole Drive				0 9 2	8 2009	
City Erie	State Zip Code PA 16505			Amount of Each	Disbursement this Period	
Purpose of Disbursement Candidate Contribution		, o	11		2500.00	
Candidate Name Kathleen Dahlkemper			egory/ ype			
Office Sought:  X House Senate President State: PA District: 03	rsement For: 2010  X Primary Genera  Other (specify) ▼			Candidate Con	tribution	
Full Name (Last, First, Middle Initial) Michaud For Congress				Transaction ID: Date of Disburse	ement	
Mailing Address 213 Lisbon St				09 / 2	8 7 2009	
City Lewiston	State Zip Code ME 04240			Amount of Each	Disbursement this Period	
Purpose of Disbursement Candidate Contribution			11		1000.00	
Candidate Name Rep. Michael H. Michaud		Cate	egory/ ype			
Office Sought:  X House Senate President State: ME District: 02	rsement For: 2010  X Primary Genera  Other (specify) ▼			Candidate Con	tribution	
Full Name (Last, First, Middle Initial) Marion Berry For Congress				Transaction ID: Date of Disburse		
Mailing Address P.O. Box 8084				09 / 2	8 7 2009	
City Jonesboro	State Zip Code AR 72403			Amount of Each	Disbursement this Period	
Purpose of Disbursement Candidate Contribution		0	11		2000.00	
Candidate Name Rep. Marion Berry		Cate	egory/ ype			
Office Sought:    X   House   Disburce     Senate   President     State: AR   District: 01	rsement For: 2010  X Primary Genera Other (specify)	-		Candidate Con	tribution	
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	ing Address	PO Box 993						0 9 M	/ D28		9 0 9
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	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy					Trans				0228	7	
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	Mailing Address 301 W. Platt Street #385	j				0 <sup>M</sup> 9	M /	<sup>D</sup> 2	8 /	Y	žoós	Y
	City Tampa	State Zip Code FL 33606				Amou	nt of	Each	Disbu		nt this F	
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	Pingree For Congress  Mailing Address PO Box 17613			Date of Disbursement  M M M / D D D / Y Y Y O Y Y  2 8 / Y 2 0 0 9
	City Portland	State Zip Code ME 04112		Amount of Each Disbursement this Peri
	Purpose of Disbursement Candidate Contribution Candidate Name Chellie Pingree	C	011 ategory/	1000.00
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	Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee  Mailing Address PO Box 777			Transaction ID: 30602291 Date of Disbursement  M 9 M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	Candidate Name Rep. Earl Blumenauer		ategory/ Type	
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				3000.00

Transaction ID: 30602298 Date of Disbursement  City Burlington VT 05402  City Burlington Candidate Contribution Candidate Name Mr. Peter Welch  Office Sought:  State: VT District: 01  Full Name (Last, First, Middle Initial) Senate Mailing Address  Candidate Sought:  State: VT District: 01  Full Name (Last, First, Middle Initial)  Kind For Congress Committee  Tor each category of the purpose of soliciting contributions rom such committee to solicit contributions from	CHEDULE B (FEC Form 3X)	Use separate schedule(s	) FOR LINE (check onl	NUMBER: PAGE 95 / 108 v one)
NAME OF COMMITTEE (In Full)  American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Welch For Congress  Mailing Address PO Box 1682  City Sanate President State: VT District: 01  Full Name (Last, First, Middle Initial) State: VT District: 01  Full Name (Last, First, Middle Initial) Welch For Congress  Mailing Address PO Box 1682  City Sanate President State: VT District: 01  Full Name (Last, First, Middle Initial) Kind For Congress Committee  Mailing Address 205 South 5th Ave Suite 428  City Sanate President State: VI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, First, Middle Initial) Full Name (Last, First		Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Welch For Congress  Mailing Address PO Box 1682  City Burlington VT 05402  Purpose of Disbursement Candidate Contribution Candidate Name Mailing Address VT District: 01  Full Name (Last, First, Middle Initial) State: WI District: 03  Full Name (Last, Fi				
Mailing Address PO Box 1682  City State Zip Code Burlington VT 05402  Purpose of Disbursement Candidate Name Mailing Address 205 South 5th Ave Suite 428  City State Zip Code United State Senate President State: VT District: 01  Full Name (Last, First, Middle Initial) Bring Leadership Back Pac  Mailing Address PO Box 40964  City Senate President State: VI Disbursement Candidate Contribution  Candidate Name Mailing Address PO Box 40964  City Senate President State: VI Disbursement For: 2010  Senate President State Zip Code WI S4601  Candidate Name Rep. Ron Kind  City Senate President State: VI District: 03  Full Name (Last, First, Middle Initial) Bring Leadership Back Pac  Mailing Address PO Box 40964  City State Zip Code VA 22204  Mailing Address PO Box 40964  City State Zip Code VA 22204  Mailing Address PO Box 40964  City State Zip Code VA 22204  Mailing Address PO Box 40964  City State Zip Code VA 22204  Committee Contribution  Candidate Name Candid	NAME OF COMMITTEE (In Full)	•••		
City Burlington				
Burlington VT 05402  Purpose of Disbursement Candidate Contribution  Cardidate Name Mr. Peter Welch  Office Sought:	Mailing Address PO Box 1682			$\begin{array}{c c} \begin{array}{c c} M & M \end{array} & \begin{array}{c c} D & D & D \\ \hline \end{array} & \begin{array}{c c} D & D & D \\ \hline \end{array} & \begin{array}{c c} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y $
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Candidate Name Mr. Peter Welch Office Sought: X House Senate President President State: VT District: 01  Full Name (Last, First, Middle Initial) Kind For Congress Committee  Mailing Address 205 South 5th Ave Suite 428  City La Crosse Wi 54601  Purpose of Disbursement Candidate Name Rep. Ron Kind Office Sought: X House Senate President Disbursement For: 2010  State: WI District: 03  Candidate Contribution  Candidate Name Rep. Ron Kind  City State Zip Code Wi 54601  Candidate Name Rep. Ron Kind  Candidate Name (Last, First, Middle Initial) Bring Leadership Back Pac  City State: WI District: 03  Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Name (Last, First, Middle Initial) Bring Leadership Back Pac  Disbursement For: 2010 X Primary General Other (specify) ▼  Candidate Contribution  Conmittee Contribution			011	1000.00
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Full Name (Last, First, Middle Initial) Kind For Congress Committee  Mailing Address 205 South 5th Ave Suite 428  City State Zip Code La Crosse WI 54601  Purpose of Disbursement  Candidate Name Rep. Ron Kind  Office Sought: X House Senate Primary General  City State WI District: Office Sought: State VA 22204  City State Zip Code VI Zib V Z	Senate X President	Primary General	1	Candidate Contribution
Mailing Address 205 South 5th Ave Suite 428  City				
Suite 428  City La Crosse  Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Ron Kind  Office Sought:  X House President  State: WI District: 03  Full Name (Last, First, Middle Initial) Bring Leadership Back Pac  City Arlington  Purpose of Disbursement  Category/ Type  Candidate Contribution  Transaction ID: 30602304  Date of Disbursement  Malling Address P O Box 40964  City Arlington  VA 22204  Purpose of Disbursement  Committee Contribution  Candidate Name  Bring Leadership Back Pac  Disbursement For:  Candidate Name  Category/ Type  Committee Contribution  Committee Contribution  Committee Contribution  Committee Contribution  Committee Contribution  Committee Contribution				Date of Disbursement
La Crosse WI 54601  Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Ron Kind  Office Sought: X House Senate President State: WI District: 03  Full Name (Last, First, Middle Initial) Bring Leadership Back Pac  Mailing Address P O Box 40964  City State Zip Code Arlington  Purpose of Disbursement Committee Contribution  State Zip Code VA 22204  Purpose of Disbursement Committee Contribution  Candidate Name Bring Leadership Back Pac  Disbursement For:  Candidate Name Bring Leadership Back Pac  Disbursement For:  Category/ Type  Candidate Name Bring Leadership Back Pac  Disbursement For:  Category/ Type  Committee Contribution  Committee Contribution  Committee Contribution  Committee Contribution  Committee Contribution  Committee Contribution				09 1 28 7 2009
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Full Name (Last, First, Middle Initial) Bring Leadership Back Pac  Mailing Address P O Box 40964  City State Zip Code Arlington VA 22204  Purpose of Disbursement Committee Contribution  Candidate Name Bring Leadership Back Pac  Office Sought: House Senate President  Disbursement For:  Senate Primary General Other (specify)   Transaction ID: 30602304  Date of Disbursement  Amount of Each Disbursement this Period.  Candidate Name Contribution  Committee Contribution  Committee Contribution	Senate X President	Primary General		Candidate Contribution
City Arlington  Purpose of Disbursement Committee Contribution  Candidate Name Bring Leadership Back Pac  Office Sought:  Disbursement For: Senate President  Other (specify)  Code VA 22204  Amount of Each Disbursement this Period  Category/ Type  Committee Contribution  Committee Contribution  Committee Contribution	Full Name (Last, First, Middle Initial)			
Arlington VA 22204  Purpose of Disbursement Committee Contribution  Candidate Name Bring Leadership Back Pac  Office Sought: House Senate Primary Other (specify)  Other (specify)	Mailing Address P O Box 40964			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & D & D \\ 2 & 8 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
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Full Name (Last, First, Middle Initial)			Transaction ID: 30602313			
Friends Of Dan Maffei			Date of Disbursement			
Mailing Address PO Box 74			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
City Syracuse	State Zip Code NY 13214		Amount of Each Disbursement this Perio			
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Candidate Contribution  Candidate Name  Dan Maffei		011 Category/ Type				
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Full Name (Last, First, Middle Initial) Mccotter Congressional Committee			Transaction ID: 30602315 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address P.O. Box 530788			09 7 28 7 2009			
City Livonia	State Zip Code MI 48153		Amount of Each Disbursement this Perio			
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Candidate Name Rep. Thaddeus G. McCotter		Category/ Type				
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Full Name (Last, First, Middle Initial) Steve Austria For Congress			Transaction ID: 30602316 Date of Disbursement			
Mailing Address 2537 Obetz Drive			09 0 28 7 2009			
City Beavercreek	State Zip Code OH 45434		Amount of Each Disbursement this Perio			
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Candidate Name Steve Austria		Category/ Type				
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	Rob Wittman For Congress					Date o	of Dist	ourse	ment	,,		
	Mailing Address PO Box 999					0 <sup>M</sup> 9	M /	<sup>D</sup> 2	8 /	Ý	0 0 9	) Y
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	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee					Trans Date o				2319	)	
	Mailing Address P.O. Box 2008						M /	<sup>D</sup> 2		Y	o ŏ s	Y
	City Murfreesboro	State Zip Code TN 37133				Amou	nt of E	Each	Disbur	semer	t this F	Period
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	Mailing Address PO Box 775					0 <sup>M</sup> 9	M /	<sup>D</sup> 2	8 /	Y	0 0 9	) \
	City Unionville	State Zip Code PA 19375				Amou	nt of E	Each	Disbur	semer	t this F	Period
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	Rep. Joseph R. Pitts			Type								
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Full Name (Last, Fi Berkley For Con									n ID: oursem		2322		
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City Las Vegas		State NV	Zip Code 89121				Amou	nt of E	Each D	sburse	ement	this P	'eric
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Candidate Name Rep. Shelley Be				Ca	011 ategory Type	"/							
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Mailing Address	Post Office Box 7	711					0 <sup>M</sup> 9	M /	<sup>D</sup> 2 8		ž	0 ŏ 9	Y
City Rockwall		State TX	Zip Code 75087				Amou	nt of E	Each D	sburse	ement	this P	'erio
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Candidate Name Rep. Ralph M. H	lall				itegory Type	'/							
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Full Name (Last, Fi Friends Of Benn	rst, Middle Initial)								n ID: oursem		2324		
Mailing Address	P.O. Box 100						0 <sup>M</sup> 9	M /	<sup>D</sup> 2 8		ž	0 ŏ 9	Y
City Bolton		State MS	Zip Code 39041				Amou	nt of E	Each D	sburse	ement	this P	'erio
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Candidate Name Rep. Bennie G.	Thompson				itegory Type	/							
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or for commercial purposes, other than using the name	and address of any political	committee to so	DICIT CONTRIBUTIONS FROM SUCH COMMITTEE
NAME OF COMMITTEE (In Full)	<b>A O</b>		
American Optometric Association Political	Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: 30602327
Halvorson For Congress			Date of Disbursement
Mailing Address PO Box 176			$\begin{bmatrix} M & M $
	State Zip Code		Amount of Each Disbursement this Period
Crete Purpose of Disbursement	IL 60417		1000.00
Candidate Contribution		011	
Candidate Name		Category/	
Deborah L Halvorson		Туре	-
President	ment For: 2010 Primary General Other (specify)		Candidate Contribution
State: IL District: 11			
Full Name (Last, First, Middle Initial) Friends Of Chris Dodd			Transaction ID: 30602329 Date of Disbursement
Mailing Address PO Box 270701			$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 9 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & B \\ D & 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
•	State Zip Code CT 06127		Amount of Each Disbursement this Period
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Candidate Name Sen. Christopher J. Dodd		Category/ Type	
Office Sought:  House  X Senate  President  Disburse	ment For: 2010 Primary X General Other (specify) ▼		Candidate Contribution
State: CT District: Full Name (Last, First, Middle Initial)			
CHC Bold Pac			Transaction ID: 30602334 Date of Disbursement
Mailing Address 1831 Bay Street SE			09 / 28 / 2009
	State Zip Code DC 20003		Amount of Each Disbursement this Period
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Candidate Name CHC Bold Pac		Category/ Type	
Office Sought:  Senate President State:  Disburse	ment For: Primary General Other (specify)	~	Committee Contribution
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SCHEDULE B (FEC Form 3X)	schedule(s)	_		NE NUMBER: PAGE 100 / 10							
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` '	American Optometric Association Political Action Committee										
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Mailing Address PO Box 31129					0 <sup>M</sup> 9	M /	<sup>D</sup> 2	8 /	Ž	0 ŏ 9	Y
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Purpose of Disbursement Candidate Contribution			011		L.	_			10	00.00	
Candidate Name Ben Lujan			Categoi Type	y/							
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State: NM District: 03  Full Name (Last, First, Middle Initial)					Trans	actio	on ID:	30602	2345		
Kilroy For Congress						of Dis	sburse		/ · V	V	V
Mailing Address P.O. Box 2582 Ste 305					0 9	IVI /	<sup>D</sup> 2	8 /	2	0 Ď 9	
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Candidate Name Rep. Mary Jo Kilroy			Categoi Type	ry/							
	ment For: Primary Other (specify)	2010 General			Candi	idate	e Cont	tribution	1		
Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee								30602	2347		
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Mailing Address PO Box 360					0 9		<sup>D</sup> 2	8	. 2	0 Ď 9	
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Candidate Name Rep. Michael A. Ross			Categoi Type	ry/							
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 101 / 108
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full)  American Optometric Association Politic	<u> </u>		
Full Name (Last, First, Middle Initial)			Transaction ID: 30603062
DWS PAC			Date of Disbursement
Mailing Address P O Box 71147			09 / 28 / 2009
City	State Zip Code DC 20024		Amount of Each Disbursement this Period
Washington Purpose of Disbursement	DC 20024		1000.00
Committee Contribution		011	
Candidate Name DWS PAC		Category/ Type	
Senate President	rsement For: Primary General Other (specify)	,,	Committee Contribution
State: District:			
Full Name (Last, First, Middle Initial) Stabenow For Us Senate			Transaction ID: 30603074 Date of Disbursement
Mailing Address PO Box 4945			09 / 28 / 2009
City East Lansing	State Zip Code MI 48826		Amount of Each Disbursement this Period
Purpose of Disbursement	10020		2000.00
Candidate Contribution		011	
Candidate Name Sen. Debbie Stabenow		Category/ Type	
X Senate President	rsement For: 2012 Primary X General Other (specify) ▼		Candidate Contribution
State: MI District:  Full Name (Last, First, Middle Initial)			
We the People PAC			Transaction ID: 30603083 Date of Disbursement
Mailing Address P.O. Box 2232			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} $
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	American Optometric Association Pol	tical Action Committee											
	full Name (Last, First, Middle Initial) Friends Of Lois Capps					Trans Date			_		768		
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_	Mailing Address PO Box 23940												
	City Santa Barbara	State Zip Code CA 93121				Amou	unt o	f Eac	h Dis	burse	ment	this F	eriod
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	Committee To Elect Alan Grayson					Trans Date			_		769		
N	Mailing Address 8419 Oak Park Roa	d				0 <sup>M</sup> 9	М	/ D	2 9	/ Y	ž	0 ŏ 9	Y
	Dity Drlando	State Zip Code FL 32819				Amou	unt o	f Eac	h Dis	burse	-	this F	
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	Candidate Name Alan Mark Grayson			ate Ty	gory/ pe								
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	Full Name (Last, First, Middle Initial) Zack Space For Congress Committee					<b>Trans</b> Date					771		
N	Mailing Address 123 West High Aver	nue				0 <sup>M</sup> 9	М	/ D	29	/ Y	ž	o ŏ 9	Y
	City New Philadelphia	State Zip Code OH 44663				Amo	unt o	f Eac	h Dis	burse	-	this F	
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	NAME OF COMMITTEE (In Full) American Optometric Association Politica	I Action Committee			
<u></u>	Full Name (Last, First, Middle Initial) Friends For Harry Reid				Transaction ID: 30616113 Date of Disbursement
	Mailing Address P.O. Box 19163				09
	City Las Vegas	State Zip Code NV 89132			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		1 —	011	3000.00
	Candidate Name Sen. Harry Reid  Office Sought: House Disburs	ement For: 2010		ategory/ Type	
	X Senate President State: NV District:	Primary X General Other (specify) ▼			Candidate Contribution
	Full Name (Last, First, Middle Initial) Connolly For Congress				Transaction ID: 30616259 Date of Disbursement
	Mailing Address PO Box 563				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Merrifield	State Zip Code VA 22116			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		-	011	2500.00
	Candidate Name Rep. Gerald Connolly			ategory/ Type	
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	Full Name (Last, First, Middle Initial) Matsui For Congress				Transaction ID: 30616264 Date of Disbursement
	Mailing Address PO Box 1738				09 / 030 / 2009
	City Sacramento	State Zip Code CA 95812			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name		-	011	1000.00
	Rep. Doris Matsui			ategory/ Type	
		ement For: 2010  Primary General Other (specify)			Candidate Contribution
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Transaction ID: 30616267  Amy 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  Full Name (Last, First, Middle Initial) Friends Of Glenn Nye  Mailing Address PO Box 68444  City Virginia Beach VA 23471  Purpose of Disbursement Candidate Name Rep, Glenn Nye, III  Office Sought: X House Senate President State: VA District: 02  Full Name (Last, First, Middle Initial) Perriello For Congress  Mailing Address PO Box 306  City Virginia Gleach Virginia Beach Virg	SCHEDULE B (FEC Form 3X)		LINE NUMBER: PAGE 104 / 108
ANAME OF COMMITTEE (in Full)  American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Friends Of Glenn Nye  Mailing Address PO Box 68444  City Purpose of Disbursement Candidate Contribution  Category' Ryiname (Last, First, Middle Initial) State: VA District: 02  Full Name (Last, First, Middle Initial) Perriellol For Congress  Mailing Address PO Box 306  City Purpose of Disbursement Candidate Contribution  City Purpose of Disbursement Candidate Contribution  City State: VA District: 02  Full Name (Last, First, Middle Initial) Perriellol For Congress  Mailing Address PO Box 306  City State: VA District: 05  Full Name (Last, First, Middle Initial) Purpose of Disbursement Candidate Contribution  City VA 22945  Purpose of Disbursement Candidate Name Rep. Thomas Perriello  Office Sought: X House Senate President State: VA District: 05  Full Name (Last, First, Middle Initial) Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Lay Inislee  Disbursement For: 2010 District: 05  Full Name (Last, First, Middle Initial) Inslee For Congress  Mailing Address  Mailing Address  PO Box 33027  City State: VA District: 05  Full Name (Last, First, Middle Initial) Inslee For Congress  Mailing Address  PO Box 33027  City State: VA District: 05  Full Name (Last, First, Middle Initial) Inslee For Congress  Mailing Address  Po Box 33027  City State: VA District: 05  Full Name (Last, First, Middle Initial) Inslee For Congress  Mailing Address  Mailing Address  Po Box 33027  City State: VA District: 05  Candidate Contribution  Can	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1b
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Friends Of Glenn Nye  Mailing Address PO Box 68444  City Virginia Beach VA 23471  Purpose of Disbursement Candidate Name Rep. Glenn Nye, II  Office Sought: X   House   Disbursement For: 2010			
American Optometric Association Political Action Committee  Full Name (Last, First, Middle Initial) Friends Of Glenn Nye  Mailing Address PO Box 68444  City Virginia Beach Virginia Peach Virginia Virg		le and address of any political committee	to solicit contributions from such committee
Friends Of Glenn Nye  Malling Address PO Box 68444  City State Zip Code Virginia Beach Purpose of Disbursement Candidate Contribution  Full Name (Last, First, Middle Initial)  Perriello For Congress  Mailing Address PO Box 306  City State Zip Code VA 22945  Purpose of Disbursement Candidate Contribution  Candidate C	` '	I Action Committee	
City State Zip Code VA 23471  Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Glenn Nye, III  Office Sought: X House Senate President State: VA District: 02  Full Name (Last, First, Middle Initial) Perriello For Congress  Mailing Address PO Box 306  City State Zip Code Ivy VA 22945  Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Thomas Perriello  Office Sought: X House Senate President State: VA District: 02  Full Name (Last, First, Middle Initial) Perriello For Congress  Mailing Address PO Box 306  City State Zip Code Ivy VA 22945  Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Thomas Perriello  Office Sought: X House Senate President State: VA District: 05  Full Name (Last, First, Middle Initial) Inslee For Congress  Mailing Address PO Box 33027  City State Zip Code WA 98133  Mailing Address PO Box 33027  City State Zip Code WA 98133  Transaction ID: 30616270  Date of Disbursement this Perior Date of Disbursement Tor: Candidate Contribution  Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House Senate Purpose of Disbursement For: 2010  Candidate Name Rep. Jay Inslee  Office Sought: X House Senate President Other (specify) ▼  Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House Senate President Other (specify) ▼  Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Name Rep. Jay Inslee  Other (specify) ▼  Candidate Contribution			Date of Disbursement
Virginia Beach VA 23471  Purpose of Disbursement Candidate Name Rep. Glenn Nye, III  Office Sought:  X House Senate President State: VA District: 02  Full Name (Last, First, Middle Initial) Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought:  X House X Primary Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House X Primary Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House X Primary Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House X Primary Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House X Primary X House X Primary X General X Primary X Candidate Contribution  Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X	Mailing Address PO Box 68444		0 9 M / 3 0 / Y 2 0 0 9 Y
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Perriello For Congress  Mailing Address PO Box 306  City State Zip Code VA 22945  Purpose of Disbursement Candidate Contribution Candidate Name Rep. Thomas Perriello  Office Sought: X House Senate President State: VA District: 05  Full Name (Last, First, Middle Initial) Inslee For Congress  Mailing Address PO Box 33027  City State Zip Code WA 98133  Purpose of Disbursement Candidate Contribution  Candidate Contribution  Transaction ID: 30616270 Date of Disbursement this Period Date of Disbursement Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House Senate President Senate President State: WA District: 01  Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House Senate President Senate President Other (specify)  Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Contribution			
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Ivy	Mailing Address PO Box 306		09 1 30 7 2009
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Rep. Thomas Perriello  Office Sought:	Purpose of Disbursement	011	1000.00
Senate President State: VA District: 05  Full Name (Last, First, Middle Initial) Inslee For Congress  Mailing Address PO Box 33027  City Seattle WA 98133  Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought:  X Primary		,	
Full Name (Last, First, Middle Initial) Inslee For Congress  Mailing Address PO Box 33027  City State Zip Code Seattle WA 98133  Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jay Inslee  Office Sought: X House Senate President State: WA District: 01  Transaction ID: 30616270 Date of Disbursement  Mailing Address PO Box 33027  Amount of Each Disbursement this Period 1000.00  Candidate Name Category/ Type  Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Contribution	Senate President	C Primary General	Candidate Contribution
Mailing Address PO Box 33027  City State Zip Code Seattle WA 98133  Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House Senate President President State: WA District: 01  State Zip Code WA 98133  Amount of Each Disbursement this Period Candidate Contribution  Category/ Type  Candidate Contribution  Candidate Contribution  Candidate Contribution  Candidate Contribution	Full Name (Last, First, Middle Initial)		
Seattle WA 98133  Purpose of Disbursement Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House Senate President State: WA District: 01  WA 98133  1000.00  Category/ Type  Category/ Type  Candidate Contribution  Candidate Contribution  Candidate Contribution			
Candidate Contribution  Candidate Name Rep. Jay Inslee  Office Sought: X House Senate President  State: WA District: 01  Category/ Type  Category/ Type  Candidate Contribution  Category/ Type  Candidate Contribution			Amount of Each Disbursement this Period
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	1 -	NUMBER: PAGE 105 / 108
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 28 28c 29
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NAME OF COMMITTEE (In Full)	ine and address of any politica		met contributions from such committee
American Optometric Association Politic	al Action Committee		
Full Name (Last, First, Middle Initial) Scott Murphy For Congress			<b>Transaction ID:</b> 30616676  Date of Disbursement
Mailing Address 615 Glen Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & Y \\ Y & 2 & O & O & 9 \end{bmatrix} $
City Glens Falls	State Zip Code NY 12801		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	1000.00
Candidate Name Rep. Scott Murphy		Category/ Type	
Senate President	xsement For: 2010  X Primary General Other (specify)		Candidate Contribution
State: NY District: 20			
Full Name (Last, First, Middle Initial) Nebraska Leadership PAC (NELPAC)			Transaction ID: 30618492 Date of Disbursement
Mailing Address Post Office Box 54018	6		$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 1 \\ 0 & 2 & 0 & 0 \end{bmatrix}$
City Omaha	State Zip Code NE 68145		Amount of Each Disbursement this Perio
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Candidate Name Nebraska Leadership PAC (NELPAC)		Category/ Type	
Office Sought:  Senate President State:  Disbut	sement For: Primary General Other (specify)		Committee Contribution
Full Name (Last, First, Middle Initial) Lance For Congress			Transaction ID: 30618647 Date of Disbursement
Mailing Address PO Box 225			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Colonia	State Zip Code NJ 07067		Amount of Each Disbursement this Perio
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Candidate Name Rep. Leonard Lance		Category/ Type	
Office Sought: X House Disbut Senate President	x Primary Qeneral Other (specify)		Candidate Contribution
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American Optometric Association Politic	al Action Committee				
Full Name (Last, First, Middle Initial) Dr Jason T Ortman			Transaction ID: 305 Date of Disbursement		
Mailing Address 8085 E Byers Avenue			09 / 10 /	y žoš9	
City Denver	State         Zip Code           CO         80230-6755		Amount of Each Disbu		riod
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Full Name (Last, First, Middle Initial) Dr Gary C Slaugh			Transaction ID: 305 Date of Disbursement	71842 2 0 0 9	
Mailing Address 4850 Kiwana Dr			0 9 1 3	2009	
City Ogden	State Zip Code UT 84403-4214		Amount of Each Disbu	arsement this Pe	riod
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Full Name (Last, First, Middle Initial) Dr Miriam Elsbeth Pearson			Transaction ID: 305 Date of Disbursement		
Mailing Address 282 Pigeon Creek Rd			09 / 16	<sup>°</sup> 2009	
City Pottstown	State Zip Code PA 19465-8641		Amount of Each Disbu		riod
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SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN		R:		P	AGE	107	/ 108
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American Optometric Association Political	Action Co	ommittee										
Full Name (Last, First, Middle Initial) Wachovia Federal								on ID:	3062 ement	5612	2	
Mailing Address 1650 Tyson Blvd.						0 <sup>M</sup> 9	М	<sup>/</sup> 1	0 /	2	o ŏ s	) Y
City McLean	State VA	Zip Code 22102				Amou	int o	f Each	Disburs	emer	nt this I	Period
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Full Name (Last, First, Middle Initial)						Tuono		an ID:	2062	2000	,	
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Mailing Address PO Box 790251						0 <sup>M</sup> 9			1	2	0 ŏ s	)
City St. Louis	State MO	Zip Code 63179				Amou	int o	f Each	Disburs	-		
Purpose of Disbursement Bank Fee				_	01					14	04.15	
Candidate Name					gory/ pe							
Office Sought: House Disburst Senate President State: District:	ement For: Primary Other (spe	General <b>▼</b>				Bank	Fee	)				
Full Name (Last, First, Middle Initial) Bank of America						Date	of Di	isburse				_
Mailing Address PO Box 790251						0 <sup>M</sup> 9	М	0	2 /	Ý 2	o ŏ s	e <sup>*</sup>
City St. Louis	State MO	Zip Code 63179				Amou	int o	f Each	Disburs	emer		
Purpose of Disbursement Discover Fee			(	00	01	L.	-			_	32.58	3
Candidate Name					gory/ pe							
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General <b>▼</b>				Disco	ver	Fee				
State: District:		•										
SUBTOTAL of Disbursements This Page (optional)					<u> </u>					22	90.59	

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

В.

Senate

District:

President

1ge# 23334300033					
SCHEDULE B (FEC Form 3X)	Use separate sched	ule(s) (check o	IE NUMBER:	PAGE 108	108
TEMIZED DISBURSEMENTS	for each category of Detailed Summary P	tne 🗀	22 23 28a 28b	24 25 28c 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar					;
NAME OF COMMITTEE (In Full)  American Optometric Association Politica	Il Action Committee				
Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 790251			Transaction ID: 3 Date of Disburseme		) Y
City St. Louis	State Zip Code MO 63179		Amount of Each Dis	sbursement this F	Period
Purpose of Disbursement American Express Fee Candidate Name		001 Category/ Type		272.94	
Office Sought: House Disburs Senate President State: District:	sement For: Primary Gen Other (specify) ▼	eral	American Expres	s Fee	
Full Name (Last, First, Middle Initial) Bank of America  Mailing Address PO Box 790251			Transaction ID: 3		) Y
City St. Louis	State Zip Code MO 63179		Amount of Each Dis		
Purpose of Disbursement Bank Fee Candidate Name		001 Category/ Type	L	56.40	
	sement For:		Bank Fee		

General

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	329.34
TOTAL This Period (last page this line number only)		2619.93

Primary

Other (specify)

State: