10/13/2010 17:16

Image# 10931429742

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other TI	han An Autho	orized Comr	mittee		Office Use On	ıly
NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR F		Example:If ty over the lines				
American Optometric	Association Political Ac	tion Committee					
					1 1 1 1		
ADDRESS (number and stre	eet) 1505 Prince	Street					
Check if different than previously reported. (ACC)	Suite 300 Alexandria				VA J	22314	
2. FEC IDENTIFICATIO	N NUMBER 🔻	CITY	A		STATE	ZIPO	CODE A
C00024968			THIS X	NEW (N) OR		MENDED A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re January 31 Quarterly Re January 31 Quarterly Re Termination (TER)	Report Due Or port(Q1) port(Q2) proport(Q3) port(YE) Year election MY) Report Report (c) 12 PF Re Re Port Re Re Re Re Re Re Re Re Re R	1: Feb 2	Primary Convention General	ion (12C)	Sel	(12S) in the State (130R) in the state (130R)	te of Special (30S)
5. Covering Period	09 01	2010	throu	gh 0 9	30	2010	
I certify that I have examine Type or Print Name of Trea	·	-	ledge and belief	it is true, correct	and complete		
Signature of Treasurer	Electronically Filed by	Thomas E. Nye	, O.D.		Date 1 0	13	2010
NOTE : Submission of fals	e, erroneous, or incomp	olete information r	nay subject the	person signing th	is Report to th	e penalties of 2	U.S.C 437g.
Office Use						FEC FC	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/77

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Optometric Association Political Action Committee

D D [®]D 09 0 1 2010 0.9 3 0 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 395069.19 January 1 (b) Cash on Hand at 444377.09 Begining of Reporting Period 24122.74 695742.91 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 468499.83 1090812.10 6(a) and 6(c) for Column B) 91982.57 714294.84 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 376517.26 376517.26 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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 / 77

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From: M M M 0 9

D D 0

2010

То:

м м

^D 30

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		_
Than Political Committees (i) Itemized (use Schedule A)	18916.15	449807.52
(ii) Unitemized	5056.17	235223.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23972.32	685031.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23972.32	685031.26
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received 5. Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	10000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	150.42	711.65
3. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24122.74	695742.91
). Total Federal Receipts (subtract Line 18(c) from Line 19)	24122.74	695742.91

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 77

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	1482.57	20946.64
(c) Total Operating Expenditures	1400 57	00040.04
(add 21(a)(i), (a)(ii) and (b))	1482.57	20946.64
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	90500.00	581500.00
Independent Expenditure		
(use Schedule E)	0.00	100000.00
5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
3. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	1348.20
Than Political Committees	0.00	1040.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	4040.00
(add Lines 28(a), (b), and (c))	0.00	1348.20
O. Other Disbursements	0.00	10500.00
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) reueral Strate		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	2.22	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	91982.57	714294.84
, , , , , , , , , , , , , , , , , , , ,		
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	91982.57	714294.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 77

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	23972.32	685031.26
4.	Total Contribution Refunds (from Line 28(d))	0.00	1348.20
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23972.32	683683.06
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1482.57	20946.64
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	1482.57	20946.64

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 77 (check only one) X 11a
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and addr	not be sold or used by any persess 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 C	ommittee	
_ \.	Full Name (Last, First, Middle Initial) Dr Brian D Cin			Date of Receipt
	Mailing Address 11912 Town Park Cir			09 / 01 / 4 4 4 4
	City	State	Zip Code	Transaction ID: 32221339
	Eagle River FEC ID number of contributing federal political committee.	C	99577-7788	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	
. –	Full Name (Last, First, Middle Initial) Dr Susan Jong			Date of Receipt
	Mailing Address 9771 Marydale Road			0 9 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 32221340
	Saint Francisville	LA	70775-4646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1200.00	
_	Full Name (Last, First, Middle Initial) Dr John D Coble			Date of Receipt
	Mailing Address 1501 Sunset Hill			09 / 01 / 2010
	City	State	Zip Code	Transaction ID: 32221341
	Rockwall FEC ID number of contributing federal political committee.	C	75087-3216	Amount of Each Receipt this Period 83.35
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 750.15	
	SUBTOTAL of Receipts This Page (optional)			433.35

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g 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 Jennifer E Davis		Date of Receipt
Mailing Address 16 Pambrook Dr		09 01 2010
City	State Zip Code	Transaction ID: 32221909
<u>Fishersville</u>	VA 22939-2123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	46.25
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 361.25	
Full Name (Last, First, Middle Initial) Dr Fred H Dubick		Date of Receipt
Mailing Address 4047 Meadow Lar	k Drive	0 9 0 2 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: 32224481
Calabasas	CA 91302-1844	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 ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Lam Thuy Tran		Date of Receipt
Mailing Address 17703 Berry Point	Dr	0 9 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32232484
<u>Cypress</u>	TX 77429-7172	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 ▼ 300.00	
SUBTOTAL of Receipts This Page (option	nal)	746.25

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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 pers ng 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 Kevin Katz Mailing Address 1205 Pin Oak Driv City Dickinson FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code TX 77539-3320 C Occupation Doctor of Optometry	Date of Receipt O 9 Transaction ID: 32234876 Amount of Each Receipt this Period 163.64
Primary General Other (specify) Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 1472.76	
Dr Kathleen E Powell Mailing Address 9710 Copper Driv City Anchorage FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code AK 99507-1226 C Occupation Doctor of Optometry Aggregate Year-to-Date 698.80	Date of Receipt 0 9
Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower Mailing Address 2301 Loussac Dr City Anchorage FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AK 99517-1230 C Occupation Doctor of Optometry Aggregate Year-to-Date 340.00	Date of Receipt M M M D D D 2 2 0 1 0 Transaction ID: 32234878 Amount of Each Receipt this Period 85.00
SUBTOTAL of Receipts This Page (optio	nal)	333.64

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein			Date of Receipt
•	Mailing Address 1830 Rebel Ridge			0 9 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: 32235815
	Anchorage	AK	99504-2900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 765.00	
	Full Name (Last, First, Middle Initial) Dr Deborah S Bernay			Date of Receipt
	Mailing Address 1702 Rustic Oak Lar	ne		09 04 2010
	City	State	Zip Code	Transaction ID: 32235818
	Seabrook	TX	77586-4556	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 ▼ 700.00	
_	Full Name (Last, First, Middle Initial) Dr Stanley Woo			Date of Receipt
	Mailing Address 2501 Nicholson St			0 9 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 32235819
	Houston	TX	77008-2022	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:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		750.00	
				435.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, other	Reports and Statements ma than using the 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.
NAME OF COMMITTEE (In Fi	•	Committee	
Full Name (Last, First, Middle I Dr Harvey B Richman, FAAO	nitial)		Date of Receipt
Mailing Address 136 Main	Street		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: 32235820
<u>Manasquan</u>	NJ	08736-3558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.50
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 372.50	
Full Name (Last, First, Middle I Dr Casey M Roelfs	nitial)		Date of Receipt
Mailing Address 1254 Nobl	e Hills		09 05 2010
City	State	Zip Code	Transaction ID: 32235827
<u>Boone</u>	IA	50036-7569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.42
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 273.78	
Full Name (Last, First, Middle I	nitial)		Date of Receipt
Mailing Address 4889 Bobo	Place		09 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32235828
Olive Branch	MS	38654-8223	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	on of Optometry	
Receipt For:	00 0	e Year-to-Date ▼	
Primary General Other (specify)	• •	375.03	
SUBTOTAL of Receipts This Pa	ge (optional)		114.59
TOTAL This Period (last page th		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 77 (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 ado	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 Brian Roy Murray Mailing Address 3292 Sunnyslope D)r		Date of Receipt
City Clarksville	State TN	Zip Code 37043-7869	0 9 0 5 2 0 1 0
FEC ID number of contributing federal political committee.	C		60.84
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Optometry Year-to-Date ▼ 425.88	
Full Name (Last, First, Middle Initial) Dr George W Hertneky Mailing Address 16862 County Road	d 28		Date of Receipt 0 9 0 5 2 0 1 0
City	State	Zip Code	Transaction ID: 32235831
Brush	CO	80723-9424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		57.30
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 328.17	
Full Name (Last, First, Middle Initial) Dr David Edward Magnus	.		Date of Receipt
Mailing Address P O Box 2144			09 05 2010
City	State	Zip Code	Transaction ID: 32235832
Corrales	NM	87048-2144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed		Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			168.14

SCHEDULE A (FEC Form 3X)

SCHEDULE A	•		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpo	ses, other than using the nan	ne and addı	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Finder Dr Mary Anne C Murph Mailing Address 1				Date of Receipt M
City Broomfield		State CO	Zip Code 80023-4645	Transaction ID: 32235835
FEC ID number of c federal political com		C	80023-4043	Amount of Each Receipt this Period 25.00
Name of Employer Self Employed Receipt For: Primary Other (specify	General		Optometry Year-to-Date ▼ 225.00	
Full Name (Last, Fir. Dr Lori Ann Youngma				Date of Receipt 0 9 0 6 2 0 1 0
City		State	Zip Code	Transaction ID: 32235836
Camas FEC ID number of c federal political com		WA C	98607-8302	Amount of Each Receipt this Period 166.67
Name of Employer Self Employed		Occupation Doctor of	Optometry	
Receipt For: Primary Other (specify	General		Year-to-Date ▼ 1500.03	
Full Name (Last, Fin Dr Frederick P Darin Mailing Address 4	st, Middle Initial) 05 Tirrell Rd			Date of Receipt
			7:01	09 06 2010
City <u>Charlotte</u>		State MI	Zip Code 48813-2131	Transaction ID: 32235837 Amount of Each Receipt this Period
FEC ID number of c		C		50.00
Name of Employer Self Employed		Occupation Doctor of	Optometry	
Receipt For: Primary Other (specify	General		Year-to-Date ▼ 450.00	
SUBTOTAL of Receip	ts This Page (optional)			241.67

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 77 (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 Pol	e 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)	Illical Action	Committee	
۸.	Dr Keith A Schrunk Mailing Address 2063 Rock Branch Ro	ad		Date of Receipt 0 9 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 32235838
	Anthon	IA	51004-8150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 270.00	
 3.	Full Name (Last, First, Middle Initial) Dr Christopher J Colburn	1		Date of Receipt
	Mailing Address 30 Winchester Rd			09 / 06 / 2010
	City	State	Zip Code	Transaction ID: 32235840
	Lakewood	NY	14750-1734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		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 Jeffrey A Myers			Date of Receipt
	Mailing Address 4089 Marlowa Drive P O Box 116			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: 32235841
	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 o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
	SUBTOTAL of Receipts This Page (optional)	1		280.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 77 (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 person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Po	Diffical Action Committee	
Full Name (Last, First, Middle Initial) Dr Robert Craig Janot		Date of Receipt
Mailing Address 6910 Windmill 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: 32235843
Lake Charles	LA 70605-0536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial) Dr Douglas J Walker		Date of Receipt
Mailing Address P O Box 988		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: 32235844
<u>Brookings</u>	OR 97415-0021	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 Rebecca H Wartman		Date of Receipt
Mailing Address 46 Lambeth Walk		M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: 32235845
<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	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	
SUBTOTAL of Receipts This Page (optional)		266.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 77 (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 perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association i	Folitical Action Committee	
Full Name (Last, First, Middle Initial) Dr John L Walters		Date of Receipt
Mailing Address 47 Mast Hill Road		M M / D D / Y Y Y Y Y Y O D D / 2 0 1 0
City	State Zip Code	Transaction ID: 32235846
Saco	ME 04072-9338	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 Randolph E Brooks		Date of Receipt
Mailing Address 3 Schindler Drive		M M / D D / Y Y Y Y Y O D O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: 32235847
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 ▼ 1800.00	
Full Name (Last, First, Middle Initial) Dr Edwin Y Endo	I	Date of Receipt
Mailing Address 98828 Hiliu Pl		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: 32235848
<u>Aiea</u>	HI 96701-2785	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	
SUBTOTAL of Receipts This Page (optional	al)	291.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/// (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association			
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis			Date of Receipt
Mailing Address 6436 Spotted Faw	n Run		09 07 2010
City Littleton	State CO	Zip Code 80125-9055	Transaction ID: 32235849 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) ▼	 	Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial) Dr James H Moser, Jr			Date of Receipt
Mailing Address 8250 Quail Hollow	,		0 9 0 7 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32235850
Texarkana FEC ID number of contributing federal political committee.	C	75503-9652	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation		_
Receipt For: Primary General		Optometry Year-to-Date	
Other (specify) ▼	0 0	1250.00	
Full Name (Last, First, Middle Initial) Dr Joel Gregory Bailey			Date of Receipt
Mailing Address 311 Pond View La	ne		0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lexington	State SC	Zip Code 29072-2419	Transaction ID: 32240650
FEC ID number of contributing federal political committee.	C	29072-2419	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 250.00	
			700.00

SCHEDULE A (FEC Form	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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 persol sing the name and address of any political committee to an Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen		Date of Receipt
Mailing Address 3930 W 19Th St	Ln	0 9 0 8 2 0 1 0
City	State Zip Code	Transaction ID: 32240783
Greeley	CO 80634-3446	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 Robert P Nyre		Date of Receipt
Mailing Address 2505 10Th Ave N	Nw	09 08 2010
City	State Zip Code	Transaction ID: 32240784
<u>Minot</u>	ND 58703-1754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Dr Janice M. Mc Mahon		Date of Receipt
Mailing Address 308 Vernon Ave		0 9 0 8 2 0 1 0
City	State Zip Code	Transaction ID: 32240786
Wheaton	IL 60187-4643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (option	onal)	110.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 77 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Van Clay Forrester		Date of Receipt
Mailing Address 106 Northman Drive	7.0.4	09 / 08 / 2010
City Columbia	State Zip Code SC 29210-4111	Transaction ID: 32240795
FEC ID number of contributing federal political committee.	SC 29210-4111	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	
Full Name (Last, First, Middle Initial) Garett M Wise		Date of Receipt
Mailing Address 1400 Horry Road		09 / 08 / 2010
City	State Zip Code	Transaction ID: 32240796
Aynor	SC 29511-4942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Mark David Hansen		Date of Receipt
Mailing Address 1887 Isett Ave N		09 / 09 / 2010
City Muscatine	State Zip Code IA 52761-9747	Transaction ID: 32241183 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	
SUBTOTAL of Receipts This Page (optional) .		675.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 77 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	unot be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Paul C Bruderer			Date of Receipt
Mailing Address 385 Miller Way			09 09 2010
City	State	Zip Code	Transaction ID: 32241184
<u>Farmington</u>	UT	84025-4508	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	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Brian F Rowley			Date of Receipt
Mailing Address 619 N 330 W			0 9 0 9 2 0 1 0
City	State	Zip Code	Transaction ID: 32241185
Santaquin	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	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Barbara L Horn			Date of Receipt
Mailing Address 61269 Coralburst Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32241187
Washington	MI	48094-1746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		159.09
Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	7
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1431.81	
SUBTOTAL of Receipts This Page (optional))	209.09

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action (Committee	
Full Name (Last, First, Middle Initial) Dr David J Esplin			Date of Receipt
Mailing Address 34 South 590 East			09 09 2010
City	State	Zip Code	Transaction ID: 32241188
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	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 405.00	
Full Name (Last, First, Middle Initial) Dr David J Shippee			Date of Receipt
Mailing Address Box 307			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: 32241189
Sherman Oaks	ME	04777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.66
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 374.94	
Full Name (Last, First, Middle Initial) Dr Mark J Cook			Date of Receipt
Mailing Address 5698 Mountain Road			09 / 09 / 2010
City	State	Zip Code	Transaction ID: 32241190
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 ▼ 900.00	
SUBTOTAL of Receipts This Page (optional))	186.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 77 (check only one) X 11a 11b 11c 12
Any information conied from such Departs on	d Statementa may	, ,	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	the name and add	dress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) Dr David M Redman			Date of Receipt
Mailing Address 795 Foxhill Circle			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: 32241192
Hollister	CA	95023-9747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		46.91
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	 	Year-to-Date ▼	
Primary General Other (specify) ▼	93.73	359.22	
Full Name (Last, First, Middle Initial) Dr Thomas L Lim	I		Date of Receipt
Mailing Address 1136 Thorntree Cou	ırt		09 09 YYYYY 09 09 2010
City	State	Zip Code	Transaction ID: 32241193
San Jose	CA	95120-1740	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		55.56
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Dr Dick Edwards	I		Date of Receipt
Mailing Address 11305 Oakmont Con	urt		09 07 2010
City	State	Zip Code	Transaction ID: 32242353
Fort Myers	<u>FL</u>	33908-2821	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:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
			602.47

	HEDULE A (FEC Form 3X) MIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 77 (check only one) X
Any ir or for	nformation copied from such Reports and commercial purposes, other than using the	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) merican Optometric Association Po	olitical Action (Committee	
	ıll Name (Last, First, Middle Initial) Walter Ray Dunlap			Date of Receipt
	ailing Address 1802 Mesa Verde Ro	oad		09 07 2010
Ci		State	Zip Code	Transaction ID: 32242356
<u>L</u> a	awton	OK	73507-3300	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
Na Se	ame of Employer elf Employed	Occupation Doctor of	n f Optometry	
Re	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	ıll Name (Last, First, Middle Initial) Ronald J Meyer	1		Date of Receipt
Ma	ailing Address 37038 60 Rd 496			09 10 7 2010
Ci	ty	State	Zip Code	Transaction ID: 32242907
<u>C</u>	hampion	MI	49814	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		50.00
Na Se	ame of Employer elf Employed	Occupation Doctor of	n · Optometry	
Re	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	450.00	
	ıll Name (Last, First, Middle Initial) Terry H Berner			Date of Receipt
Ma	ailing Address 8210 Top Of The Wo	orld Drive		0 9 1 0 7 Y Y Y Y Y
Ci	ty	State	Zip Code	Transaction ID: 32242908
<u>S</u>	alt Lake City	UT	84121-6060	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		42.00
Na Se	ame of Employer elf Employed	Occupation Doctor of	n Optometry	
Re	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	378.00	
	TOTAL of Receipts This Page (optional)			342.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a 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	
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden		Date of Receipt
Mailing Address 2432 Lake Air Driv	/e	09 10 2010
City	State Zip Code	Transaction ID: 32242910
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 756.81	
Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote		Date of Receipt
Mailing Address 18 Little Androsco	ggin Drive	09 10 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: 32242911
<u>Auburn</u>	ME 04210-8884	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial) Dr Zoey K Loomis		Date of Receipt
Mailing Address 3750 Highway 144	1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Weldona	State Zip Code CO 80653-9107	Transaction ID: 32242913 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
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 (option	nal)	275.76

Mailing Address 6306 Buchanan St City State Zip Code Tran FEC ID number of contributing federal political committee. Name of Employer Self Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joe Emest Ellis Mailing Address 179 Wood Trace City State Zip Code Tran Mame of Employer Self Employer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Joe Emest Ellis Mailing Address 179 Wood Trace City State Zip Code Tran Exployer Self Employer	NE NUMBER:
Full Name (Last, First, Middle Initial) Dr Christopher L Eddy Mailing Address 6306 Buchanan St City State Zip Code CO 80525-5810 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Date Self Employed Self Employed Doctor of Optometry Full Name (Last, First, Middle Initial) Dr Joe Ernesst Ellis Mailing Address 179 Wood Trace City State Zip Code Tran Amc FEC ID number of contributing federal political committee. City State Zip Code Tran Amc FEC ID number of contributing federal political committee. City Aggregate Year-to-Date ▼ Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Date Tran Amc Fell Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Amc C Docupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Date Tran Aggregate Year-to-Date ▼ Date Tran Aggregate Year-to-Date ▼ Dottor of Optometry Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Aggregate Year-to-Date ▼ Dottor of Optometry FEC ID number of contributing federal political committee. C C Cate Tran Aggregate Year-to-Date ▼ Primary General C C Cocupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Primary General	ntributions from such committee.
Dr Christopher L Eddy Mailing Address 6306 Buchanan St City State Zip Code CO 80525-5810 FEC ID number of contributing federal political committee. Name of Employer Self Employed PEC ID number of contributing General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City State Zip Code Manager Self Employed PEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Date Mailing Address 179 Wood Trace City State Zip Code KY 42025-9400 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ Tran Aggregate Year-to-Date ▼ Date Mailing Address 2505 Rivermont Circle City State Zip Code Tran Aggregate Year-to-Date Tran Amc Primary General Occupation Doctor of Optometry FEC ID number of contributing federal political committee. City State Zip Code Tran Amc Amc Primary General Occupation Doctor of Optometry FEC ID number of contributing federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼	
Mailing Address 6306 Buchanan St City State Zip Code Tran Fort Collins CO 80525-5810 Amc FEC ID number of contributing federal political committee. Name of Employer Self Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City State Zip Code Tran Experiment Self Employer Self Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City State Zip Code Tran Experiment Self Employer Self Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran FEC ID number of contributing federal political committee. City State Zip Code Tran FEC ID number of contributing federal political committee. City State Zip Code Tran Amc FEC ID number of contributing federal political committee. City State Zip Code Tran Amc FEC ID number of contributing federal political committee. City State Zip Code Tran Amc FEC ID number of contributing federal political committee. City State Zip Code Tran Amc FEC ID number of contributing federal political committee. City State Zip Code Tran Amc Amc FEC ID number of contributing federal political committee. Name of Employer General Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	e of Receipt
City State Zip Code Fort Collins CO 80525-5810 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼ 450.00 Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City State Zip Code KY 42025-9400 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Dottor Optometry Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Kingsport Tn 37660-2392 FEC ID number of contributing federal political committee. C Cocupation Doctor of Optometry Receipt For: Primary General Doctor of Optometry	9 10 Y Y Y Y Y Y Y Y
Fort Collins CO 80525-5810 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	nsaction ID: 32242914
Name of Employer Self Employed	ount of Each Receipt this Period
Receipt For: Primary	50.00
Receipt For: Primary	
Primary	
Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City State Zip Code KY 42025-9400 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ City State Zip Code Tran Amc Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Kingsport FEC ID number of contributing federal political committee. Name of Employer Self Employed Name of Employer Self Employed Name of Employer Self Employed Receipt For: Aggregate Year-to-Date ▼ Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	
City State Zip Code KY 42025-9400 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Kingsport TN 37660-2392 FEC ID number of contributing federal political committee. Name of Employer Self Employed Coccupation Doctor of Optometry Aggregate Year-to-Date ▼ Osciption 1500.03	e of Receipt
City Benton KY 42025-9400 Amo FEC ID number of contributing federal political committee. Name of Employer Self Employed Coccupation Doctor of Optometry Receipt For: Primary Other (specify) City City State Zip Code Tran Aggregate Year-to-Date Date Mailing Address 2505 Rivermont Circle City Kingsport FEC ID number of contributing federal political committee. Name of Employer City State Tip Code Tran Amo C City State C City Aggregate Year-to-Date Occupation Doctor of Optometry Amo Amo Amo Amo Amo Amo Amo Am	M / D D / Y Y Y Y
Benton KY 42025-9400 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 Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Kingsport FEC ID number of contributing federal political committee. Name of Employer Self Employed C C Occupation Occupation Occupation Occupation Occupation Doctor of Optometry And And And And And And And An	nsaction ID: 32242915
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address Z505 Rivermont Circle City State Kingsport FC ID number of contributing federal political committee. Name of Employer Self Employed Name of Employer Self Employer Self Employed Receipt For: Primary General Occupation Doctor of Optometry Aggregate Year-to-Date C Tran Amc Amc Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	ount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Kingsport TN 37660-2392 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	166.67
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Kingsport TN 37660-2392 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Receipt For: Primary General Aggregate Year-to-Date ▼	
Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tran Kingsport TN 37660-2392 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date Mo 9 C Tran Amo Amo Accupation Doctor of Optometry Aggregate Year-to-Date ▼	
Mailing Address 2505 Rivermont Circle City State Zip Code Tran Kingsport TN 37660-2392 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼	e of Receipt
Kingsport TN 37660-2392 Amo FEC ID number of contributing federal political committee. C Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Amo Aggregate Year-to-Date 740.07	9 10 2010
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	nsaction ID: 32242916
Federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General General Aggregate Year-to-Date 740.07	ount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date 740.07	83.33
Receipt For: Aggregate Year-to-Date ▼ Primary General	
740.07	
Other (specify) ▼	
SUBTOTAL of Receipts This Page (optional)	300.00

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	Use separate for each category Detailed Sumi	gory of the (Check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or us	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association		
Full Name (Last, First, Middle Initial) Dr Gilbert E Pierce		Date of Receipt
Mailing Address 8639 Olenbrook D	rive	09 10 2010
City Lewis Center	State Zip Code OH 43035-8702	Transaction ID: 32242917
FEC ID number of contributing federal political committee.	C 40000 0702	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	405.00
Full Name (Last, First, Middle Initial) Dr Paul Schroeder		Date of Receipt
Mailing Address 616 12Th Street St	N	0 9 1 1 2 0 1 0
City	State Zip Code	Transaction ID: 32246717
Le Mars FEC ID number of contributing federal political committee.	IA 51031-2265	Amount of Each Receipt this Period 25.00
Name of Employer Self Employed	Occupation	
Receipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼	225.00
Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks		Date of Receipt
Mailing Address 419 Bogart Road E	East	0 9 1 1 2 0 1 0
City	State Zip Code OH 44870-6404	Transaction ID: 32246718
Sandusky FEC ID number of contributing federal political committee.	OH 44870-6404	Amount of Each Receipt this Period 170.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	680.00
SUBTOTAL of Receipts This Page (option	I	240.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/// (check only one) X 11a
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 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	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa			Date of Receipt
Mailing Address 4280 Reiland Lane			M M / D D / Y Y Y Y Y O D D / 2010
City Shoreview	State MN	Zip Code 55126-3127	Transaction ID: 32246719 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33120 3121	42.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 336.00	
Full Name (Last, First, Middle Initial) Dr James R Dallas			Date of Receipt
Mailing Address 7762 Svl Box			0 9 1 1 2 0 1 0
City Victorville	State CA	Zip Code 92395-5117	Transaction ID: 32246723
FEC ID number of contributing federal political committee.	C	9239-3117	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 Charlotte F Nielsen			Date of Receipt
Mailing Address 118 Whitehall Cour	t		0 9 1 2 2 0 1 0
City Grayslake	State IL	Zip Code 60030-3492	Transaction ID: 32246727 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00000 0102	100.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional			392.00

or for co	ormation copied from such Reports and ommercial purposes, other than using the ME OF COMMITTEE (In Full) erican Optometric Association Polymer (Last, First, Middle Initial) heryl A Lentfer ng Address 1345 West 9Th Avenual end of the contributing ral political committee. The of Employer Employed eight For: Primary General Other (specify) Name (Last, First, Middle Initial)		Date of Receipt Date of Receipt
Ama Full I Dr S Maili City Anc FEC feder Nam Self Recce Maili City Ken	Portion Optometric Association Portion Name (Last, First, Middle Initial) Portion A Lentfer In Address 1345 West 9Th Avenual Shorage ID number of contributing ral political committee. Pe of Employer Employed Peipt For: Primary General Other (specify)	ue State Zip Code AK 99501-3236 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 756.00	Transaction ID: 32246728 Amount of Each Receipt this Period
City Anc FEC feder Recc Full I Dr E Maili	heryl A Lentfer Ing Address 1345 West 9Th Avenual Address 1345 We	State Zip Code AK 99501-3236 C Occupation Doctor of Optometry Aggregate Year-to-Date 756.00	Transaction ID: 32246728 Amount of Each Receipt this Period
City Anc FEC feder Nam Self Recc Full I Dr E Maili City Ken	ID number of contributing ral political committee. e of Employer Employed eipt For: Primary General Other (specify)	State Zip Code AK 99501-3236 C Occupation Doctor of Optometry Aggregate Year-to-Date 756.00	Transaction ID: 32246728 Amount of Each Receipt this Period
Ance FEC feder Nam Self Rece Full I Dr E Maili City Ken	ID number of contributing ral political committee. e of Employer Employed eipt For: Primary General Other (specify)	AK 99501-3236 C Occupation Doctor of Optometry Aggregate Year-to-Date 756.00	Amount of Each Receipt this Period
FEC feder Nam Self Rece Full I Dr E Maili City Ken	ID number of contributing ral political committee. e of Employer Employed eipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 756.00	
Full I Dr Ed Maili City	ral political committee. le of Employer Employed sipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 756.00	84.00
Full I Dr E Maili City Ken	eipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 756.00]
Full I Dr E Maili City Ken	Primary General Other (specify) ▼	756.00]
Dr Ed Maili City Ken	Name (Last, First, Middle Initial)		
City <u>Ken</u>	dward M Kosnoski		Date of Receipt
Ken	ng Address 305 Kensington Ave S	5	09 12 YYYY 2010
		State Zip Code	Transaction ID: 32246729
	t	WA 98030-7004	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	250.00
Nam Self	e of Employer Employed	Occupation Doctor of Optometry	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	Name (Last, First, Middle Initial) . Bryan Boozer		Date of Receipt
Maili	ng Address 1602 Wildwood St Sv	V	09 13 YYYY 2010
City		State Zip Code	Transaction ID: 32246732
<u>Cull</u>	man	AL 35055-4555	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C	50.00
Nam Self	e of Employer Employed	Occupation Doctor of Optometry	
Rece	eipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	450.00]
SURT	OTAL of Receipts This Page (antional)		384.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P			
Full Name (Last, First, Middle Initial) Dr Michael T Cron Mailing Address 9217 Elmwood Coul City Stanwood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State MI C Occupation Doctor of	Zip Code 49346-9305 Optometry Year-to-Date ▼ 374.94	Date of Receipt M M M D D D 2 2 0 1 0 Transaction ID: 32246734 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill Mailing Address 126 Treymoor Drive City Alabaster FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State AL C Occupation Doctor of	Zip Code 35007-3150 Optometry Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 32246735 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Dr Sarah C Gordon Mailing Address 252 Inverness Center City Birmingham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State AL C Occupation Doctor of	Zip Code 35242-4834 Optometry Year-to-Date ▼ 450.00	Date of Receipt M M M / D D / Y Y Y Y O 9 1 3 2010 Transaction ID: 32246736 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional))	141.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Reports and or for commercial purposes, other than using	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	
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee		
Full Name (Last, First, Middle Initial) Dr Markus I Barth		Date of Receipt	
Mailing Address 1346 Heller Drive		0 9 1 4 2 0 1 0	
City	State Zip Code	Transaction ID: 32248815	
Yardley	PA 19067-2714	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	Aggregate Year-to-Date ▼ 600.03		
Other (specify)			
Full Name (Last, First, Middle Initial) Dr Kimberly D Ocampo Mailing Address 1011 Grant St Se		Date of Receipt	
- To Frank St Se		09 14 2010	
City	State Zip Code	Transaction ID: 32248818	
<u>Decatur</u>	AL 35601-3127	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 Brian J Plattner		Date of Receipt	
Mailing Address 107 Willow Ln		0 9 1 4 Y Y Y Y Y	
City	State Zip Code	Transaction ID: 32248819	
Knoxville	IL 61448-1057	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	85.00	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	510.00		
SUBTOTAL of Receipts This Page (optional		176.67	
TOTAL This Period (last page this line numb	·		

SCHEDULE A (FEC For ITEMIZED RECEIPTS Any information copied from such Re	for each category of the Detailed Summary Page ports and Statements may not be sold or used by any per-	FOR LINE NUMBER: PAGE 30 / 77 (check only one) X
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	n using the name and address of any political committee ation Political Action Committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Dr Gordon A Price Mailing Address 48 Mann Lot	<u></u>	Date of Receipt
		09 / 09 / 2010
City	State Zip Code	Transaction ID: 32266444
Scituate FEC ID number of contributing federal political committee.	MA 02066-1808	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 ▼ 500.00	
Full Name (Last, First, Middle Initia Dr Kenneth E Knox	al)	Date of Receipt
Mailing Address 4 Trotters Ric	dge	0 9 0 9 2 0 1 0
City	State Zip Code	Transaction ID: 32266445
Simpsonville	SC 29681-5359	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 Initia Dr Scott L Nehring	al)	Date of Receipt
Mailing Address 32840 S Mer	idian Road	0 9 1 5 2 0 1 0
City	State Zip Code	Transaction ID: 32279754
Woodburn	OR 97071-8768	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	
SUBTOTAL of Receipts This Page	(optional)	792.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may	y 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.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Bruce L Manning			Date of Receipt
Mailing Address 487 Whitebark Circle			09 16 2010
City	State	Zip Code	Transaction ID: 32285777
Wadsworth	OH	44281-2299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		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 Thomas W Hobbs			Date of Receipt
Mailing Address 13 Ne 550 Rd			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: 32285778
Warrensburg	MO	64093-7473	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	
Full Name (Last, First, Middle Initial) Dr Ron W Roelfs			Date of Receipt
Mailing Address 600 3Rd St Se			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: 32285781
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	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 315.00	
SUBTOTAL of Receipts This Page (optional))	116.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / / / (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements mathe 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 o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Richard E Dowdell			Date of Receipt
Mailing Address 2965 Heath Road			0 9 1 6 2 0 1 0
City	State	Zip Code	Transaction ID: 32285783
Macon FEC ID number of contributing federal political committee.	GA C	31206-5268	Amount of Each Receipt this Period 30.42
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 273.78	
Full Name (Last, First, Middle Initial) Dr Kirk D Kvitle			Date of Receipt
Mailing Address 3732 Barclay Drive			0 9 1 4 2 0 1 0
City	State IL	Zip Code	Transaction ID: 32296091
Quincy FEC ID number of contributing federal political committee.	C	62305-8659	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey S Wigton			Date of Receipt
Mailing Address 217 Teakwood Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Butler	State PA	Zip Code 16001-1973	Transaction ID: 32298834
FEC ID number of contributing federal political committee.	C	10001-1973	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	'	e Year-to-Date ▼ 500.00	
			780.42

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16
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 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 Sarah J Hudson		Date of Receipt
Mailing Address 284 Richards Ave City	Unit 2 State Zip Code	0 9 1 7 20201100
Portsmouth	NH 03801-5238	Transaction ID: 32301199 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 ▼ 425.00	
Full Name (Last, First, Middle Initial) Dr Freddie M Mayes		Date of Receipt
Mailing Address 117 Magnolia Drive	9	09 17 2010
City	State Zip Code	Transaction ID: 32301200
Central City	KY 42330-1727	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 Lee Ann Barrett		Date of Receipt
Mailing Address 1199 E Morgan		0 9 1 7 2 0 1 0
City	State Zip Code	Transaction ID: 32301201
Boonville	MO 65233-1336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Missouri Optometric Association, Inc.	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUPTOTAL of Pagaints This Paga (antions	al)	225.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports at	for each category of the Detailed Summary Page and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 34 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
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 Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz Mailing Address 3537 New Castle D	Or Se	Date of Receipt 0 9 1 7 2 0 1 0
City	State Zip Code	Transaction ID: 32301202
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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff		Date of Receipt
Mailing Address 3537 Newcastle Dr		09 / 17 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 32301203
Rio Rancho	NM 87124-3672	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 Thomas Annunziato		Date of Receipt
Mailing Address 11700 Northview D)r	09 17 2010
City <u>Aledo</u>	State Zip Code TX 76008-5223	Transaction ID: 32301205 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	112.50
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 662.50	
SUBTOTAL of Receipts This Page (optional	al)	412.50

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 77 (check only one) X 11a 11b 11c 12	
Any information copied from such Reports and State or for commercial purposes, other than using the results of the commercial purposes.	atements may	not be sold or used by any person	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Optometric Association Politi				
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth Mailing Address Po Box 302			Date of Receipt	
106 Davis Hill Road	Ctata	7in Codo	09 15 2010	
City <u>New London</u>	State NH	Zip Code 03257-0302	Transaction ID: 32307334 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		166.00	
Name of Employer Self Employed	Occupation Doctor of	n Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1514.00		
Full Name (Last, First, Middle Initial) Dr Jason A Ricks			Date of Receipt	
Mailing Address 108 Agate Drive			09 18 2010	
City	State	Zip Code	Transaction ID: 32309309	
Lewistown FEC ID number of contributing federal political committee.	C	59457-3202	Amount of Each Receipt this Period 30.00	
Name of Employer Self Employed	Occupation Doctor of	n Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00		
Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr			Date of Receipt	
Mailing Address 3421 Kachemak Circle			09 18 2010	
City Anchorage	State AK	Zip Code 99515-2380	Transaction ID: 32309311 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	33373 2333	84.00	
Name of Employer Self Employed	Occupation Doctor of	Optometry		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 756.00		
SUBTOTAL of Receipts This Page (optional)			280.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	6 X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36/// (check only one)
Any information copied from such Reports 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 oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association			
Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden			Date of Receipt
Mailing Address 1445 Prospect Av	enue Unit D		0 9 1 8 2 0 1 0
City Placentia	State CA	Zip Code 92870-3816	Transaction ID: 32309312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.04	
Full Name (Last, First, Middle Initial) Dr Barry J Jose			Date of Receipt
Mailing Address 2409 Wintersteen	Rd		0 9 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: 32309313
Plattsmouth FEC ID number of contributing federal political committee.	NE C	68048-8958	Amount of Each Receipt this Period 33.34
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 200.04	
Full Name (Last, First, Middle Initial) Dr Kent Hillery			Date of Receipt
Mailing Address 16448 Country Cl	ub Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Peosta	State IA	Zip Code 52068-9710	Transaction ID: 32309315 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3233 5	50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- ''	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	nal)		166.68

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 77 (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	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Michelle A Broderick Mailing Address 7 Broad Sound Ln			Date of Receipt 0 9 1 8 2 0 1 0
	City Freeport	State ME	Zip Code 04032-6297	Transaction ID: 32309316 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 213.36	
- В.	Full Name (Last, First, Middle Initial) Dr Todd M Hamilton Mailing Address 278 Falmouth Road			Date of Receipt 0 9 1 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 32309317
	Windham FEC ID number of contributing federal political committee.	ME C	04062-4815	Amount of Each Receipt this Period 40.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 213.32	
_ C.	Full Name (Last, First, Middle Initial) Dr Blaine A Littlefield	l		Date of Receipt
	Mailing Address 27 Wilderness Drive			09 18 2010
	City	State	Zip Code	Transaction ID: 32309318
	Freeport FEC ID number of contributing federal political committee.	ME C	04032-5824	Amount of Each Receipt this Period 40.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 213.32	
	SUBTOTAL of Receipts This Page (optional)			120.00

City Sahuarita AZ S5629-8672 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employer General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address 1801 Creekside Dr City Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address TX 77546-7821 FEC ID number of contributing federal political committee. C Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address TX 77546-7821 FEC ID number of contributing federal political committee. C Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City Fill Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City Firendswood TX 77546-7821 FEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. C Category Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City Firendswood TX 77546-7821 FEC ID number of contributing federal political committee. C Receipt For: Name of Employer Self Employ	b 11c 12 15 16 17	of the X 11a X 11a 13	Use separate schedule(s) for each category of the Detailed Summary Page	ŕ	EDULE A (FEC Form 3)	ITEMIZED F	
A. Full Name (Last, First, Middle Initial) Dr Pamela E Theriot Mailing Address 120 W Vuelta Friso City Sahuarita AZ 85629-9672 FEC ID number of contributing federal political committee. Name of Employer Self Employer Other (specify) Primary General Other (specify) General Other (specify) Fill Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address 1801 Creekside Dr City Friendswood TX 77546-7821 FeC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employer Self Employer Self Employer Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date Transaction ID: Amount of Each Description: Aggregate Year-to-Date Transaction ID: Amount of Each Description: Aggregate Year-to-Date Transaction ID: Tran	soliciting contributions rom such committee.	by any person for the purpose committee to solicit contribution	dress of any political committee	sing the name and add	commercial purposes, other than using ME OF COMMITTEE (In Full)	or for commercial NAME OF CO	\ \
City Sahuarita AZ 85629-8672 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ 450.00 B. FUII Name (Last, First, Middle Initial) Doctor of Optometry City State Zip Code TX 77546-7821 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry City State Zip Code TX 77546-7821 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1636.38 Date of Receipt For: Aggregate Year-to-Date ▼ Dottor of Optometry Aggregate Year-to-Date ▼ Date of Receipt For: TX 77546-7821 Date of Receipt For: Aggregate Year-to-Date ▼ Date of Receipt For: TX 77546-7821 Date of Receipt For: TX 77546-7821 Primary General Occupation Doctor of Optometry Receipt For: Occupation State Zip Code TX 77546-7821 Primary General Occupation Doctor of Optometry Receipt For: Occupation Doctor of Optometry	nt	M " M / [riso	Pamela E Theriot	Dr Pamela E Th	A .
Name of Employer Self Employer Self Employer Self Employer Doctor of Optometry		Transaction	•		huarita	Sahuarita	
Receipt For:	50.00		n		eral political committee.	federal political	
B. Dr Ronald Lee Hopping Mailing Address 1801 Creekside Dr City State Zip Code Friendswood TX 77546-7821 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary General Other (specify) ▼ C. Dr Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City State Zip Code Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City State Zip Code Friendswood TX 77546-7821 Primary General Transaction ID: Transaction ID: Transaction ID: Amount of Each Date of Receipt M M M O 9 1 Transaction ID: Transaction ID: Amount of Each Priendswood TX 77546-7821 Amount of Each		50.00	f Optometry e Year-to-Date ▼	Doctor of	ceipt For: Primary General	Receipt For:	
Friendswood TX 77546-7821 Amount of Each FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City State Zip Code TX 77546-7821 FEC ID number of contributing federal political committee. Name of Employer Self Employed Name of Employer Self Employed Name of Employer Self Employed Receipt For: Primary General Amount of Each C Amount of Each Date of Receipt Transaction ID: Amount of Each Amount of Each Amount of Each Amount of Each Aggregate Year-to-Date ▼ Primary General	t 19 2010	M " M /		Dr	Ronald Lee Hopping	Dr Ronald Lee H	- В.
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 Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City State Zip Code TX 77546-7821 FEC ID number of contributing federal political committee. Name of Employer Self Employed Name of Employer Self Employed Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1636.38			Zip Code			•	
Receipt For: Primary	th Receipt this Period	Amount of E	77546-7821		C ID number of contributing	FEC ID numbe	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City State Zip Code TX 77546-7821 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Primary General 1636.38 Date of Receipt M M M O D D D T Transaction ID: Amount of Each Occupation Doctor of Optometry Aggregate Year-to-Date ▼			f Optometry	Doctor of			
Dr Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City State Zip Code Friendswood TX 77546-7821 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Date of Receipt M M M O 9 1 Transaction ID: Amount of Each Occupation Doctor of Optometry Aggregate Year-to-Date ▼		36.38		Aggregate	Primary General	Primary	
Friendswood TX 77546-7821 Amount of Each FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Amount of Each Amount of Each		M " M / [Dr	Desiree Tyer Hopping	Dr Desiree Tyer	- Э.
FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General C Occupation Doctor of Optometry Aggregate Year-to-Date ▼			•			•	
Self Employed Doctor of Optometry Receipt For: Primary General Aggregate Year-to-Date ▼	th Receipt this Period	Amount of E	77546-7821		C ID number of contributing	FEC ID numbe	
Primary General							
Other (specify) ▼		36.38	e Year-to-Date ▼ 1636.38	Aggregate		Primary	
SUBTOTAL of Receipts This Page (optional)	413.64			ional)	OTAL of Receipts This Page (optiona	SUBTOTAL of R	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 77 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Scott M Burks		Date of Receipt
Mailing Address P O Box 1351		0 9 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 32309374
<u>Buffalo</u>	MO 65622-1351	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	
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson		Date of Receipt
Mailing Address 9940 S Ashleigh Way		0 9 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 32309375
Highlands Ranch	CO 80126-4244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	165.29
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1504.13	
Full Name (Last, First, Middle Initial) Dr Susan M Brunnett	ı	Date of Receipt
Mailing Address 9940 S Ashleigh Way		0 9 1 9 2 0 1 0
City	State Zip Code	Transaction ID: 32309376
Highlands Ranch	CO 80126-4244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	82.65
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	752.10]
SUBTOTAL of Receipts This Page (optional) .		347.94
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / / / (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	g the hame and date	srood or any pointed dominition to	Construction of the Constr
American Optometric Association	Political Action	Committee	
Full Name (Last, First, Middle Initial) Mr Richard Cornett			Date of Receipt
Mailing Address Ohio Optometric A 250 E Wilson-Bridg			09 / 19 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 32309377
Worthington	OH	43085-2350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ohio Optometric Associati- on, Inc.	Occupation Executive	n e Director	7
Receipt For:	Aggregate	Year-to-Date V	7
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Dr David S Hays			Date of Receipt
Mailing Address 5421 95Th Ave Ct	West		09 / 19 / Y Y Y Y
City	State	Zip Code	Transaction ID: 32309379
University PI	WA	98467-1307	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	n f Optometry	7
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		336.00	
Full Name (Last, First, Middle Initial) Dr Philip Dunne Flynn			Date of Receipt
Mailing Address 122 Palmetto Hall	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: 32309380
<u>Lexington</u>	SC	29072-7894	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	7
Receipt For:	'	Year-to-Date ▼	
Primary General		375.00	1
Other (specify) ▼		373.00	
			417.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than 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 Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jan L Cooper Mailing Address 101 Chandler Wes	st .	Date of Receipt
City	State Zip Code	0 9 1 9 2 0 1 0 Transaction ID: 32309382
Highland FEC ID number of contributing federal political committee.	CA 92346-5482	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) ▼ Full Name (Last, First, Middle Initial)	1500.00	
Dr Scott M Pearl Mailing Address 2245 Nw 142Nd V	Vay	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Pembroke Pines FEC ID number of contributing	State Zip Code FL 33028-2862 C	Transaction ID: 32309383 Amount of Each Receipt this Period 41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	
Full Name (Last, First, Middle Initial) Dr Suraj S Afshar		Date of Receipt
Mailing Address 2 Eagle Lane		09 / 19 / 2010
City <u>Methuen</u>	State Zip Code MA 01844-3900	Transaction ID: 32309384 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 ▼ 260.00	
SUBTOTAL of Receipts This Page (option	nal)	336.67

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 77 (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 Pol			on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander Mailing Address 2116 Wildwood Court			Date of Receipt
	City Fullerton	State CA	Zip Code 92831-1339	Transaction ID: 32310090 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	- '	f Optometry e Year-to-Date ▼ 450.00	
3.	Full Name (Last, First, Middle Initial) Dr Thomas E Nye Mailing Address 42 Tabor Lane			Date of Receipt 0 9 2 0 2 0 1 0
	City	State	Zip Code	Transaction ID: 32310092
	Hamilton FEC ID number of contributing federal political committee.	C	45013-5118	Amount of Each Receipt this Period 86.36
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 777.24	
- :.	Full Name (Last, First, Middle Initial) Dr Michael E Bennett Mailing Address 4940 Victoria Place			Date of Receipt
	City	State	Zip Code	0 9 2 1 2 0 1 0 Transaction ID: 32311065
	Guthrie	OK	73044-8668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.03	
	SUBTOTAL of Receipts This Page (optional)			303.03

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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)	miloui AutiUII	Committee	
۸.	Dr Patrick A Lenane Mailing Address 2210 Nw Parkridge D	rive		Date of Receipt 0 9 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: 32311069
	Ankeny	IA	50023-9027	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) ▼		e Year-to-Date ▼ 390.00	
	Full Name (Last, First, Middle Initial) Dr Donald W Furman			Date of Receipt
	Mailing Address 855 11Th St Place			09 21 2010
	City	State	Zip Code	Transaction ID: 32311070
	Garner	IA	50438-1847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 432.00	
	Full Name (Last, First, Middle Initial) Dr Erica A Burton			Date of Receipt
	Mailing Address 578 E Hwy T			09 / 22 / Y Y Y Y
	City	State	Zip Code	Transaction ID: 32316048
	Lamar FEC ID number of contributing federal political committee.	MO C	64759-8209	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)	1		184.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 77 (check only one) X 11a
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) American Optometric Association Polit	name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A . <u>D</u>	ull Name (Last, First, Middle Initial) or Kristie J Bennett			Date of Receipt
IV	Mailing Address 1251 Cumberland Rd N	Ne		09 22 2010
	city	State	Zip Code	Transaction ID: 32316050
F	Atlanta EC ID number of contributing ederal political committee.	GA	30306-2219	Amount of Each Receipt this Period 25.00
_	lame of Employer Self Employed	Occupation Doctor of	Optometry	
R	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	
	ull Name (Last, First, Middle Initial) or Matthew J Maki			Date of Receipt
M	Mailing Address 372 Split Rail Ridge			09 22 YYYY 2010
	ity Villiamston	State MI	Zip Code 48895-1668	Transaction ID: 32316051 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		25.00
N S	lame of Employer self Employed	Occupation Doctor of	Optometry	
R	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	
	ull Name (Last, First, Middle Initial) or Michael D Conklin			Date of Receipt
M	Mailing Address 9067 Bordeaux Way			09 22 2010
	Sity Sandy	State UT	Zip Code 84093-2216	Transaction ID: 32316057 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		100.00
N S	lame of Employer elf Employed	Occupation Doctor of	Optometry	7
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
SUE	BTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 77 (check only one) X
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	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Ronald B Coutu Mailing Address 555B Nashua Stree	†	Date of Receipt
City Milford	State Zip Code NH 03055-4923	0 9 2 0 2 0 1 0 Transaction ID: 32316360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff Mailing Address 114 Crested Peak		Date of Receipt 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: 32316536
Santa Teresa	NM 88008-9423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	86.36
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 777.24	
Full Name (Last, First, Middle Initial) Dr Larry D Gunnell		Date of Receipt
Mailing Address #7 Brenna Dr		09 23 2010
City	State Zip Code	Transaction ID: 32316537
Wichita Falls FEC ID number of contributing federal political committee.	TX 76302-2506	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 (optiona	I	669.69

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny 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 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 Joseph J Jordan, Jr			Date of Receipt
	Mailing Address 224 Laconia Rd			09 / 23 / 2010
	City Tilton	State NH	Zip Code 03276-5223	Transaction ID: 32316540 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1166.69	
_ 3.	Full Name (Last, First, Middle Initial) Dr Barry J Barresi			Date of Receipt
	Mailing Address 659 Spyglass Summi	t Drive		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 32316541
	Chesterfield FEC ID number of contributing federal political committee.	MO C	63017-2142	Amount of Each Receipt this Period 200.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1400.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr David C Eldred	-		Date of Receipt
	Mailing Address 2619 Foothills Road			09 21 2010
	City	State	Zip Code	Transaction ID: 32318111
	Cheyenne FEC ID number of contributing federal political committee.	C	82009-4421	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			866.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the result. NAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Politi	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr Brian J Blount		Date of Receipt
Mailing Address 5830 N Circuit		09 / 24 / 2010
City Beaumont	State Zip Code TX 77706-4428	Transaction ID: 32320724
FEC ID number of contributing federal political committee.	C 77700-4428	Amount of Each Receipt this Period 181.82
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1636.38	
Full Name (Last, First, Middle Initial) Dr Teresa M Seim		Date of Receipt
Mailing Address 7328 Glade Trail		09 24 2010
City	State Zip Code	Transaction ID: 32320725
Kalamazoo FEC ID number of contributing federal political committee.	MI 49009-5921	Amount of Each Receipt this Period 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 Pamela A Lowe		Date of Receipt
Mailing Address 6835 Concord Lane		0 9 2 4 Y Y Y Y Y
City	State Zip Code	Transaction ID: 32320726
Niles FEC ID number of contributing federal political committee.	IL 60714-4431	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional)	_	323.82
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number o	· · · · · · · · · · · · · · · · · · ·	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
, A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma le 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.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Leon Michael Favede Mailing Address 250 Harbel Drive			Date of Receipt
			7: 0 !	09 24 2010
	City <u>Saint Clairsville</u>	State OH	Zip Code 43950-1025	Transaction ID: 32320727 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 378.00	
_ В.	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva	<u> </u>		Date of Receipt
	Mailing Address 57 Pebblebrook Ct			09 24 2010
	City	State	Zip Code	Transaction ID: 32320728
	Bloomington FEC ID number of contributing federal political committee.	C	61705-6300	Amount of Each Receipt this Period 85.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 765.00	
_ C.	Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed			Date of Receipt
	Mailing Address 4550 Simpson Hwy 2	8 W		09 24 2010
	City <u>Magee</u>	State MS	Zip Code 39111-5187	Transaction ID: 32320729 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	39111-3107	90.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 810.00	
	SUBTOTAL of Receipts This Page (optional)			301.00
F	TOTAL This Period (last page this line numbe			

	EMIZED RECEIPTS	State are arts	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and 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.
A .	Full Name (Last, First, Middle Initial) Dr Peter V Candela Mailing Address P O Box 614			Date of Receipt 0 9 2 4 2 0 1 0
	City Blythewood	State SC	Zip Code 29016-0614	Transaction ID: 32320730 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		on If Optometry e Year-to-Date 666.72	
— В.	Full Name (Last, First, Middle Initial) Dr Dori M Carlson Mailing Address P O Box 0	Date of Receipt 0 9 2 4 2 0 1 0		
	City State		Zip Code	Transaction ID: 32320731
	Park River FEC ID number of contributing federal political committee.	C	58270	Amount of Each Receipt this Period 200.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1400.00	
 C.	Full Name (Last, First, Middle Initial) Dr Robert M Theaker Mailing Address 12 Wyndemere Vale			Date of Receipt 0 9 2 5 2 0 1 0
	City	State	Zip Code	Transaction ID: 32322877
	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 o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
s	UBTOTAL of Receipts This Page (optional)			783.34

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 1			
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any person ng the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)	Trontical Action Committee	T			
Dr Donald Lester Watson					
	7: 0 1	09 25 2010			
City _Tybee Island	State Zip Code GA 31328-9706	Transaction ID: 32322878			
FEC ID number of contributing federal political committee.	GA 31328-9706	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 ▼ 450.00				
Full Name (Last, First, Middle Initial) Dr Cheslyn Mei Gan	Date of Receipt				
Mailing Address 1370 Peralta Ave	0 9 2 5 2 0 1 0				
City	State Zip Code	Transaction ID: 32322879			
<u>Berkeley</u>	CA 94702-1128	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 Mamie Cassandra Chan	L	Date of Receipt			
Mailing Address 6109 Rio Hondo I	NE	0 9 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City <u>Albuquerque</u>	State Zip Code NM 87109-3832	Transaction ID: 32322880 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 ▼ 400.00				
SUBTOTAL of Receipts This Page (optic	onal)	142.00			

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Shannon C Franklin Mailing Address 427 Cranberry La City Crozet FEC ID number of contributing federal political committee.	State Zip Code VA 22932-3160 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 32322882 Amount of Each Receipt this Period 50.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Richard L. Talkington Mailing Address 461 Pleasant St P.O. Box 521 City Franklin FEC ID number of contributing	State Zip Code NH 03235-1885	Date of Receipt M M M
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 950.00	
Full Name (Last, First, Middle Initial) Dr Maryjane Healey Mailing Address 6710 124Th Plac City Snohomish FEC ID number of contributing federal political committee.	e Se State Zip Code WA 98296-8649 C	Date of Receipt M M M / D D / Y Y Y Y Y O 9 2 7 2 0 1 0 Transaction ID: 32332757 Amount of Each Receipt this Period 200.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 1800.00	
SUBTOTAL of Receipts This Page (option	onal)	350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52/77 (check only one) X 11a 11b 11c 12			
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 pers ne name and address 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 C. Thomas Crooks, III					
Mailing Address 1229 Highland Lakes City	State Zip Code	0 9 2 7 2 0 1 0 Transaction ID: 32332758			
Birmingham	AL 35242-6886	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 Lynn A Davis	Date of Receipt				
Mailing Address 1424 Tiffany Lane Se	9	09 27 2010			
City	State Zip Code	Transaction ID: 32332759			
Rio Rancho	NM 87124-0976	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	83.34			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General Other (specify) ▼	750.06				
Full Name (Last, First, Middle Initial) Dr Beth A Kneib					
Mailing Address 602 Nw 163Rd St		09 28 7 9 10			
City	State Zip Code	Transaction ID: 32334767			
Shoreline	WA 98177-3727	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	41.66			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94				
SURTOTAL of Receipts This Page (optional)		175.00			

ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Page	ge X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Larry G Obie Mailing Address 1330 12Th Ave City Havre FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MT 59501-5401 C Occupation Doctor of Optometry Aggregate Year-to-Date 450.	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr Andrea P Thau Mailing Address 170 East 83 Street City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 10028-1920 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1500.	Date of Receipt M M M / D D / Y Y Y Y Y O 9 28 2010 Transaction ID: 32334770 Amount of Each Receipt this Period 166.67
Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie Mailing Address 1809 Gaslight Way City Huntsville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AL 35801-1555 C Occupation Doctor of Optometry Aggregate Year-to-Date 450.	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		266.67

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 77 (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 Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Michele R Haranin Mailing Address 301 Concord Road			Date of Receipt
	City Dover	State DE	Zip Code 19904-9100	Transaction ID: 32334772 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Dr Kathryn Dingley Gurney Mailing Address 1285 Industry Rd	Date of Receipt 0 9 2 8 2 0 1 0		
	City		Zip Code	Transaction ID: 32334774
	Industry FEC ID number of contributing federal political committee.	C	04938-4545	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 450.00	
_ C.	Full Name (Last, First, Middle Initial) Dr Charles K Atwell			Date of Receipt
	Mailing Address 238 Chasse Circle			0 9 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 32334775
	St Charles FEC ID number of contributing federal political committee.	C	60174-1418	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) ▼	Aggregate	e Year-to-Date ▼ 252.00	
	SUBTOTAL of Receipts This Page (optional) .			142.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 11
4	ny information copied from such Reports and r for commercial purposes, other than using t	Statements may no ne name and addres	ot be sold or used by any perses 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 Co	mmittee	
	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe			Date of Receipt
	Mailing Address 789 N Broad			09 28 2010
	City	State	Zip Code	Transaction ID: 32334777
	Galesburg	IL	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 of O	ptometry	
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	7
	Other (specify) ▼		1575.00	
-	Full Name (Last, First, Middle Initial) Dr Kim G Cohen	Date of Receipt		
	Mailing Address 5078 Shadow Glen Court			0 9 2 8 2 0 1 0
	City	State	Zip Code	Transaction ID: 32334778
	Dunwoody GA FEC ID number of contributing federal political committee.		30338-4304	Amount of Each Receipt this Period
				25.00
	Name of Employer Self Employed	Occupation Doctor of O	ptometry	
	Receipt For:	-, '	ear-to-Date V	
	Primary General Other (specify) ▼		225.00	
_	Full Name (Last, First, Middle Initial) Dr Kevin L Gee	Date of Receipt		
	Mailing Address 9119 Highway 6 #200			09 28 2010
	City	State	Zip Code	Transaction ID: 32334780
	Missouri City	TX	77459-4876	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			90.91
	Name of Employer Self Employed	Occupation Doctor of O	ptometry	
	Receipt For:	-, '	ear-to-Date ▼	
	Primary General Other (specify) ▼		818.19	
Г				290.91
- 1	SUBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P	d Statements may not be sold or used by any perso the name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Lillian Thorp Kalaczinski Mailing Address 2218 Beatrice Dr Ne City Grand Rapids	State Zip Code MI 49505-3947	Date of Receipt 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 225.00	25.00
Full Name (Last, First, Middle Initial) Dr Carl J Roth, III Mailing Address 1048 Alderson Aven City Billings FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MT 59102-4216 C Occupation Doctor of Optometry Aggregate Year-to-Date 357.50	Date of Receipt M M M / D D / Y Y Y Y Y 2 8 / 2 0 1 0 Transaction ID: 32334787 Amount of Each Receipt this Period 47.50
Full Name (Last, First, Middle Initial) Dr Sue E Lowe Mailing Address 1704 Skyline Drive City Laramie FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WY 82070-8932 C Occupation Doctor of Optometry Aggregate Year-to-Date 1500.03	Date of Receipt M M M / D D / Y Y Y Y Y O 9 28 2010 Transaction ID: 32334788 Amount of Each Receipt this Period 166.67
SUBTOTAL of Receipts This Page (optional)	239.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 77 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports a or for commercial purposes, other than using 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 Craig M Brammer Mailing Address P.O. Box 487 City Crowley FEC ID number of contributing	State Zip Code LA 70527-0487	Date of Receipt 0 9 2 8 2 0 1 0 Transaction ID: 32334790 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 500.00	250.00	
Full Name (Last, First, Middle Initial) Dr Ron Benner Mailing Address 1408 E Maryland City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y	
Laurel FEC ID number of contributing federal political committee. Name of Employer	MT 59044-2238 C Occupation	Amount of Each Receipt this Period 166.67	
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 1500.03]	
Full Name (Last, First, Middle Initial) Dr Neil W Draisin Mailing Address 21 Fairway Village	Dr Neil W Draisin		
City Isle Of Palms	State Zip Code SC 29451-2732	Transaction ID: 32334792 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	58.40	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 416.10		
SUBTOTAL of Receipts This Page (option	al)	475.07	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 77 (check only one) X			
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any persone 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 Jennifer M Smith Mailing Address 141 Sea Cotton Cir	Dr Jennifer M Smith				
City Charleston FEC ID number of contributing	State Zip Code SC 29412-8296	0 9 2 8 2 0 1 0 Transaction ID: 32334793 Amount of Each Receipt this Period 58.40			
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 233.60	30.40			
Full Name (Last, First, Middle Initial) Dr Robert G Goerss Mailing Address 3120 Brookford Drive	Date of Receipt 0 9 2 8 2 0 1 0				
City Saint Charles FEC ID number of contributing	State Zip Code MO 63303-6356	Transaction ID: 32334797 Amount of Each Receipt this Period 50.00			
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 450.00				
Full Name (Last, First, Middle Initial) Dr Rose Marie Betz Mailing Address 7300 N Bluff Drive	Date of Receipt				
City Tuscaloosa FEC ID number of contributing federal political committee.	State Zip Code AL 35406-2608	0 9 2 2 2 0 1 0 Transaction ID: 32345894 Amount of Each Receipt this Period 100.00			
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 550.00				
SUBTOTAL of Receipts This Page (optional)		208.40			

В.

Receipt For:

Primary

Other (specify)

General

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

PAGE 59 / 77 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 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 Lynn C Shewmaker Mailing Address 883 Squire Oaks Dr 09 24 2010 Zip Code City State Transaction ID: 32345901 Villa Hills KY 41017-1342 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) Dr Michael J Haynes Date of Receipt Mailing Address 1460 Avant Road 0 9 27 2010 City State Zip Code Transaction ID: 32346171 West Monroe LA 71291-7500 Amount of Each Receipt this Period FEC ID number of contributing C 91.25 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry**

Aggregate Year-to-Date ▼

273.75

		591.25
SUBTOTAL of Receipts This Page (optional)		001120
TOTAL This Period (last page this line number only)	•	18916.15

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 77 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) American Optometric Association Pe	olitical Action Co	ommittee	
Full Name (Last, First, Middle Initial) United Bank Mailing Address 3801 Wilson Blvd. City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Arlington FEC ID number of contributing federal political committee.	VA	22203-1919	Amount of Each Receipt this Period 113.42
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Yo	ear-to-Date ▼	Bank Interest

SUBTOTAL of Receipts This Page (optional)	>	113.42
TOTAL This Period (last page this line number only)	•	113.42

		B (FEC Form	, US	se sepa	arate schedule(s)	FOR LINE (check only	NUMBER: PAGE 61 / 77
1	EMIZED DIS	SBURSEMEN			category of the ´ Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
							for the purpose of soliciting contributions licit contributions from such committee
	NAME OF COM	<u> </u>					
	Full Name (Last, Udall Leadersh	First, Middle Initial) nip Fund					Transaction ID: 32221853 Date of Disbursement
	Mailing Address	426 C Street N	E				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	City Washington		State DC)	Zip Code 20002		Amount of Each Disbursement this Period
	Purpose of Disbu Committee Contr Candidate Name					011 tegory/	5000.00
	Office Sought:	House Senate President District:		nary	General ecify) ▼	Гуре	Committee Contribution
	Full Name (Last, Michaud For C	First, Middle Initial) Congress					Transaction ID: 32240985 Date of Disbursement
	Mailing Address	213 Lisbon St					$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$
	City Lewiston		State ME)	Zip Code 04240		Amount of Each Disbursement this Perio
	Purpose of Disbu Candidate Contril					011	1000.00
	Rep. Michael H					tegory/ Гуре	
	Office Sought: State: ME	X House Senate President District: 02		mary	2010 X General ecify) ▼		Candidate Contribution
	Full Name (Last, Pingree For Co	First, Middle Initial) ongress					Transaction ID: 32240986 Date of Disbursement
	Mailing Address	PO Box 17613					09 08 7 2010
	City Portland		State ME)	Zip Code 04112		Amount of Each Disbursement this Period
	Purpose of Disbu Candidate Contri					011	1000.00
	Candidate Name Rep. Chellie M					tegory/ Type	
	Office Sought:	X House Senate		nary	2010 X General		Candidate Contribution
		President	Oth	er (spe	cify) 🔻		

		Use separate schedule(s))R LINE neck only		:K:			PAC	aE 6	52 / //	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\blacksquare	24 28c		25 29	26
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) American Optometric Association Politica	e and address of any politica											
L	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	: 32	3002	295		
	Melissa Bean For Congress Mailing Address PO Box 3068						of Di	sburs	D	t Y	ž 0	ťo՝	′
	City Barrington	State Zip Code IL 60010				Amou	ınt o	f Each	Disb	ursen	nent ti	his Pe	eriod
	Purpose of Disbursement Candidate Contribution Candidate Name				jory/						1000	0.00	
	Rep. Melissa L. Bean Office Sought: X House Senate President State: IL District: 08	ement For: 2010 Primary X General Other (specify)	<u> </u>	Тур	ee	Cand	idat	e Cor	ntribu	ıtion			
	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee Mailing Address PO Box 360							sburs				ĭ 0 `	′
	City Prescott Purpose of Disbursement	State Zip Code AR 71857				Amou	int o	f Each	Disb		nent t		eriod
	Candidate Contribution Candidate Name Rep. Michael Avery Ross		1	01 ateg Typ	jory/		•	•		•			•
	Office Sought: X House Senate President State: AR District: 04	ement For: 2010 Primary X General Other (specify)		71-		Cand	idat	e Cor	ntribu	ition			
	Full Name (Last, First, Middle Initial) Quayle For Congress						of Di	sburs	ement	3058			
	Mailing Address 4247 N. 44th Street					0 ^M 9	М	1	7	Y	ž 0	10	
	City Phoenix	State Zip Code AZ 85018				Amou	int o	f Each	Disb	-			eriod
	Purpose of Disbursement Candidate Contribution Candidate Name			01				•			2500).00	
	Mr. Ben Quayle	ement For: 2010		ateg Typ	jory/ e								
	Office Sought: X House Senate President State: AZ District: 03	Primary X General Other (specify)				Cand	idat	e Cor	ntribu	ıtion			
Г	'						-		-	-	5000	-	

	B (FEC FOIIII 3	· 1		arate schedule(s)		OR LIN heck o			١١.			ГА	GE	63 / 7	/
ITEMIZED D	MIZED DISBURSEMENTS			category of the Summary Page		21b 27	П	22 28a	X	23 28b	ш	24 28c	П	25 29	2 3
or for commercial p	oied from such Reports a ourposes, other than usin MMITTEE (In Full) otometric Association	g the name	and addre	ss of any political											
Full Name (Las Halvorson Fo								Trans Date o		sburs				0 1 0	Y
City Crete			State IL	Zip Code 60417				Amou	nt o	f Each	Disb	ursei	ment	this P	eriod
<u>·</u>	tribution ne n L. Halvorson				01 ateg Typ	gory/							500	00.00	
Office Sought:	X House Senate President District: 11	Disburser	ment For: Primary Other (spe	2010 X General ecify) ▼			(Candi	idat	e Cor	ntribu	ıtion			
•	t, First, Middle Initial) or Congress Committ S PO Box 703	ee						Trans Date o		sburs	_	-		0 1 0	Y
City Geneva			State IL	Zip Code 60134				Amou	nt o	f Each	Disb	ursei		this P	eriod
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Full Name (Last, First, Middle Initial) Wu For Congress			Transaction ID: Date of Disburser	
Mailing Address 818 Sw Third Ave., #118	2		09 / 2	2 7 2 0 1 0
,	State Zip Code OR 97204		Amount of Each I	Disbursement this Period
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Candidate Name Rep. David Wu		Category/ Type		
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Full Name (Last, First, Middle Initial) Geoff Davis For Congress			Transaction ID: Date of Disburser	ment
Mailing Address PO Box 17192 Suite F			09 / 2	2 2010
	State Zip Code KY 41017		Amount of Each I	Disbursement this Period
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Candidate Name Rep. Geoffrey Davis		Category/ Type		
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Full Name (Last, First, Middle Initial) Adrian Smith For Congress			Transaction ID: Date of Disburser	
Mailing Address 3321 Avenue I Suite 6			09 / 2	2 7 2 0 1 0
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Candidate Name Rep. Adrian Smith		Category/ Type		
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Candidate Name Rep. John M. Shimkus		Category/ Type	
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Full Name (Last, First, Middle Initial) Harry Teague For Congress			Transaction ID: 32316354 Date of Disbursement
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Po	•			
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	Mailing Address 6380 Wilshire Blvd	. #1612			$\begin{bmatrix}\begin{smallmatrix}M\\09\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\29\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2010\end{smallmatrix}\end{bmatrix}^Y$
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Candidate Name Mr. Jerry Moran		Category/ Type							
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Full Name (Last, First, Middle Initial) Mike Rogers For Congress					n ID: burser	32346 nent	169		
Mailing Address 123 East 13th Street			O ^M S	M /	^D 29	9 / `	ž) i 0	Y
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	y Information copied from such Reports and St for commercial purposes, other than using the				
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<u>/</u>	Full Name (Last, First, Middle Initial) Shelby For U S Senate				Transaction ID: 32346172 Date of Disbursement
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	City Tuscaloosa	State Zip Code AL 35403			Amount of Each Disbursement this Perio
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	Candidate Name Sen. Richard C. Shelby Office Sought: House Disk	oursement For: 2010		ategory Type	
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	Full Name (Last, First, Middle Initial) Mcdowell For Congress				Transaction ID: 32346173 Date of Disbursement
	Mailing Address P.O. Box 913				$\begin{array}{c c} & & & \\ \hline & 0 & 9 \\ \hline \end{array} \begin{array}{c} & & \\ $
	City Sault Ste. Marie	State Zip Code MI 49783			Amount of Each Disbursement this Perio
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	Candidate Name Mr. Gary McDowell			ategory. Type	
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	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona				Transaction ID: 32346201 Date of Disbursement
	Mailing Address PO Box 993				0 9 M / 2 9 / Y 2 0 1 0 Y
	City Prescott	State Zip Code AZ 86302			Amount of Each Disbursement this Perio
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	Candidate Name Mr. Larry Kissell			atego Type	-						
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	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson Mailing Address P.O. Box 160				Transaction ID: 32350073 Date of Disbursement
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SCHEDULE B (FEC Form 3X)

Senate

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President

FOR LINE NUMBER: PAGE 77 / 77 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: 32377014 Bank of America Date of Disbursement 0 2 0 9 2010 Mailing Address PO Box 790251 City State Zip Code Amount of Each Disbursement this Period St. Louis MO 63179 554.14 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Bank Fee General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 32377025 Wachovia Federal Date of Disbursement 10 0 9 2010 Mailing Address 1650 Tyson Blvd. City State Zip Code Amount of Each Disbursement this Period McLean VA 22102 594.20 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Bank Fee

General

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