

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

Office Use Only

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

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2010

through

09

30

2010

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

Type or Print Name of Treasurer

Thomas E. Nye, O.D.

Signature of Treasurer

Electronically Filed by Thomas E. Nye, O.D.

Date

10

13

2010

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

Office
Use
Only**FEC FORM 3X**

(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		395069.19
(b) Cash on Hand at Beginning of Reporting Period	444377.09	
(c) Total Receipts (from Line 19)	24122.74	695742.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	468499.83	1090812.10
7. Total Disbursements (from Line 31)	91982.57	714294.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	376517.26	376517.26
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23972.32	685031.26
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	150.42	711.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24122.74	695742.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24122.74	695742.91

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1482.57	20946.64	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1482.57	20946.64	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90500.00	581500.00	
24. Independent Expenditure (use Schedule E)	0.00	100000.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	1348.20	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1348.20	
29. Other Disbursements.....	0.00	10500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	91982.57	714294.84	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91982.57	714294.84	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Brian D Cin

Mailing Address 11912 Town Park Circle

City

Eagle River

State

AK

Zip Code

99577-7788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 32221339

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Susan Jong

Mailing Address 9771 Marydale Road

City

Saint Francisville

State

LA

Zip Code

70775-4646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: 32221340

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr John D Coble

Mailing Address 1501 Sunset Hill

City

Rockwall

State

TX

Zip Code

75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.15

Date of Receipt

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

Transaction ID: 32221341

Amount of Each Receipt this Period

83.35

SUBTOTAL of Receipts This Page (optional)

433.35

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City

Fishersville

State

VA

Zip Code

22939-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.25

Date of Receipt

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

Transaction ID: 32221909

Amount of Each Receipt this Period

46.25

B.

Full Name (Last, First, Middle Initial)

Dr Fred H Dubick

Mailing Address 4047 Meadow Lark Drive

City

Calabasas

State

CA

Zip Code

91302-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 32224481

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Lam Thuy Tran

Mailing Address 17703 Berry Point Dr

City

Cypress

State

TX

Zip Code

77429-7172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 32232484

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

746.25

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kevin Katz

Mailing Address 1205 Pin Oak Drive

City

Dickinson

State

TX

Zip Code

77539-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1472.76

Date of Receipt

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

Transaction ID: 32234876

Amount of Each Receipt this Period

163.64

B.

Full Name (Last, First, Middle Initial)

Dr Kathleen E Powell

Mailing Address 9710 Copper Drive

City

Anchorage

State

AK

Zip Code

99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.80

Date of Receipt

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

Transaction ID: 32234877

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Dr Victoria Ann Blower

Mailing Address 2301 Loussac Dr

City

Anchorage

State

AK

Zip Code

99517-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: 32234878

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

333.64

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert J Fleckenstein

Mailing Address 1830 Rebel Ridge

City

Anchorage

State

AK

Zip Code

99504-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

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

Transaction ID: 32235815

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Dr Deborah S Bernay

Mailing Address 1702 Rustic Oak Lane

City

Seabrook

State

TX

Zip Code

77586-4556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 32235818

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Stanley Woo

Mailing Address 2501 Nicholson St

City

Houston

State

TX

Zip Code

77008-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 32235819

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Harvey B Richman, FAAO

Mailing Address 136 Main Street

City

Manasquan

State

NJ

Zip Code

08736-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.50

Date of Receipt

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

Transaction ID: 32235820

Amount of Each Receipt this Period

42.50

B.

Full Name (Last, First, Middle Initial)

Dr Casey M Roelfs

Mailing Address 1254 Noble Hills

City

Boone

State

IA

Zip Code

50036-7569

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

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

Transaction ID: 32235827

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Dr David L Parker

Mailing Address 4889 Bobo Place

City

Olive Branch

State

MS

Zip Code

38654-8223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

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

Transaction ID: 32235828

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

114.59

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Brian Roy Murray

Mailing Address 3292 Sunnyslope Dr

City

Clarksville

State

TN

Zip Code

37043-7869

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.88

Date of Receipt

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

Transaction ID: 32235830

Amount of Each Receipt this Period

60.84

B.

Full Name (Last, First, Middle Initial)

Dr George W Hertneky

Mailing Address 16862 County Road 28

City

Brush

State

CO

Zip Code

80723-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.17

Date of Receipt

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

Transaction ID: 32235831

Amount of Each Receipt this Period

57.30

C.

Full Name (Last, First, Middle Initial)

Dr David Edward Magnus

Mailing Address P O Box 2144

City

Corrales

State

NM

Zip Code

87048-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 32235832

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

168.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Mary Anne C Murphy

Mailing Address 16683 Cathedral Way

City

Broomfield

State

CO

Zip Code

80023-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32235835

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr Lori Ann Youngman

Mailing Address 4535 Nw Aspen St

City

Camas

State

WA

Zip Code

98607-8302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

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

Transaction ID: 32235836

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Dr Frederick P Darin

Mailing Address 405 Tirrell Rd

City

Charlotte

State

MI

Zip Code

48813-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32235837

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

241.67

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 13 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Keith A Schrunck

Mailing Address 2063 Rock Branch Road

City

Anthon

State

IA

Zip Code

51004-8150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: 32235838

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City

Lakewood

State

NY

Zip Code

14750-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: 32235840

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Jeffrey A Myers

Mailing Address 4089 Marlowa Drive
P O Box 116

City

Groveport

State

OH

Zip Code

43125-9503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 32235841

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert Craig Janot

Mailing Address 6910 Windmill Lane

City

Lake Charles

State

LA

Zip Code

70605-0536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

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

Transaction ID: 32235843

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Dr Douglas J Walker

Mailing Address P O Box 988

City

Brookings

State

OR

Zip Code

97415-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32235844

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City

Fairview

State

NC

Zip Code

28730-7721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: 32235845

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

266.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr John L Walters

Mailing Address 47 Mast Hill Road

City

Saco

State

ME

Zip Code

04072-9338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32235846

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City

Succasunna

State

NJ

Zip Code

07876-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: 32235847

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City

Aiea

State

HI

Zip Code

96701-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

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

Transaction ID: 32235848

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

291.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City

Littleton

State

CO

Zip Code

80125-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: 32235849

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr James H Moser, Jr

Mailing Address 8250 Quail Hollow

City

Texarkana

State

TX

Zip Code

75503-9652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: 32235850

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Joel Gregory Bailey

Mailing Address 311 Pond View Lane

City

Lexington

State

SC

Zip Code

29072-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 32240650

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th St Ln

City

Greeley

State

CO

Zip Code

80634-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32240783

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City

Minot

State

ND

Zip Code

58703-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: 32240784

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr Janice M. Mc Mahon

Mailing Address 308 Vernon Ave

City

Wheaton

State

IL

Zip Code

60187-4643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: 32240786

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Van Clay Forrester

Mailing Address 106 Northman Drive

City

Columbia

State

SC

Zip Code

29210-4111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 32240795

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Garett M Wise

Mailing Address 1400 Horry Road

City

Aynor

State

SC

Zip Code

29511-4942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 32240796

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Mark David Hansen

Mailing Address 1887 Isett Ave N

City

Muscataine

State

IA

Zip Code

52761-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 32241183

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Paul C Bruderer

Mailing Address 385 Miller Way

City

Farmington

State

UT

Zip Code

84025-4508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32241184

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr Brian F Rowley

Mailing Address 619 N 330 W

City

Santaquin

State

UT

Zip Code

84655-5099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32241185

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr Barbara L Horn

Mailing Address 61269 Coralburst Dr

City

Washington

State

MI

Zip Code

48094-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1431.81

Date of Receipt

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

Transaction ID: 32241187

Amount of Each Receipt this Period

159.09

SUBTOTAL of Receipts This Page (optional)

209.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr David J Esplin

Mailing Address 34 South 590 East

City

Salem

State

UT

Zip Code

84653-5519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

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

Transaction ID: 32241188

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Dr David J Shippee

Mailing Address Box 307

City

Sherman Oaks

State

ME

Zip Code

04777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

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

Transaction ID: 32241189

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

Dr Mark J Cook

Mailing Address 5698 Mountain Road

City

Brighton

State

MI

Zip Code

48116-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 32241190

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

186.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr David M Redman

Mailing Address 795 Foxhill Circle

City

Hollister

State

CA

Zip Code

95023-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.22

Date of Receipt

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

Transaction ID: 32241192

Amount of Each Receipt this Period

46.91

B.

Full Name (Last, First, Middle Initial)

Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City

San Jose

State

CA

Zip Code

95120-1740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

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

Transaction ID: 32241193

Amount of Each Receipt this Period

55.56

C.

Full Name (Last, First, Middle Initial)

Dr Dick Edwards

Mailing Address 11305 Oakmont Court

City

Fort Myers

State

FL

Zip Code

33908-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 32242353

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

602.47

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Walter Ray Dunlap

Mailing Address 1802 Mesa Verde Road

City

Lawton

State

OK

Zip Code

73507-3300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 32242356

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Ronald J Meyer

Mailing Address 37038 60 Rd 496

City

Champion

State

MI

Zip Code

49814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32242907

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Terry H Berner

Mailing Address 8210 Top Of The World Drive

City

Salt Lake City

State

UT

Zip Code

84121-6060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

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

Transaction ID: 32242908

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

342.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Stacie Layne Virden

Mailing Address 2432 Lake Air Drive

City

Waco

State

TX

Zip Code

76710-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.81

Date of Receipt

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

Transaction ID: 32242910

Amount of Each Receipt this Period

84.09

B.

Full Name (Last, First, Middle Initial)

Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City

Auburn

State

ME

Zip Code

04210-8884

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

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

Transaction ID: 32242911

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr Zoey K Loomis

Mailing Address 3750 Highway 144

City

Weldona

State

CO

Zip Code

80653-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32242913

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

275.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Christopher L Eddy

Mailing Address 6306 Buchanan St

City

Fort Collins

State

CO

Zip Code

80525-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32242914

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City

Benton

State

KY

Zip Code

42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

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

Transaction ID: 32242915

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Dr Gregory C Russell

Mailing Address 2505 Rivermont Circle

City

Kingsport

State

TN

Zip Code

37660-2392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

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

Transaction ID: 32242916

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Drive

City

Lewis Center

State

OH

Zip Code

43035-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

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

Transaction ID: 32242917

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)

Dr Paul Schroeder

Mailing Address 616 12Th Street Sw

City

Le Mars

State

IA

Zip Code

51031-2265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32246717

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City

Sandusky

State

OH

Zip Code

44870-6404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

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

Transaction ID: 32246718

Amount of Each Receipt this Period

170.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 26 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City

Shoreview

State

MN

Zip Code

55126-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: 32246719

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr James R Dallas

Mailing Address 7762 Svl Box

City

Victorville

State

CA

Zip Code

92395-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 32246723

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City

Grayslake

State

IL

Zip Code

60030-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 32246727

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

392.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Sheryl A Lentfer

Mailing Address 1345 West 9Th Avenue

City

Anchorage

State

AK

Zip Code

99501-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

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

Transaction ID: 32246728

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Dr Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City

Kent

State

WA

Zip Code

98030-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 32246729

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City

Cullman

State

AL

Zip Code

35055-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32246732

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

384.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael T Cron

Mailing Address 9217 Elmwood Court

City

Stanwood

State

MI

Zip Code

49346-9305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

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

Transaction ID: 32246734

Amount of Each Receipt this Period

41.66

B.

Full Name (Last, First, Middle Initial)

Dr Jeffrey David Hill

Mailing Address 126 Treymoor Drive

City

Alabaster

State

AL

Zip Code

35007-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32246735

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City

Birmingham

State

AL

Zip Code

35242-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32246736

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

141.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Markus I Barth

Mailing Address 1346 Heller Drive

City

Yardley

State

PA

Zip Code

19067-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.03

Date of Receipt

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

Transaction ID: 32248815

Amount of Each Receipt this Period

66.67

B.

Full Name (Last, First, Middle Initial)

Dr Kimberly D Ocampo

Mailing Address 1011 Grant St Se

City

Decatur

State

AL

Zip Code

35601-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32248818

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr Brian J Plattner

Mailing Address 107 Willow Ln

City

Knoxville

State

IL

Zip Code

61448-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

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

Transaction ID: 32248819

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

176.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Gordon A Price

Mailing Address 48 Mann Lot Road

City

Scituate

State

MA

Zip Code

02066-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 32266444

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Kenneth E Knox

Mailing Address 4 Trotters Ridge

City

Simpsonville

State

SC

Zip Code

29681-5359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 32266445

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Scott L Nehring

Mailing Address 32840 S Meridian Road

City

Woodburn

State

OR

Zip Code

97071-8768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

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

Transaction ID: 32279754

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

792.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Bruce L Manning

Mailing Address 487 Whitebark Circle

City

Wadsworth

State

OH

Zip Code

44281-2299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

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

Transaction ID: 32285777

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Dr Thomas W Hobbs

Mailing Address 13 Ne 550 Rd

City

Warrensburg

State

MO

Zip Code

64093-7473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32285778

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Ron W Roelfs

Mailing Address 600 3Rd St Se

City

Waverly

State

IA

Zip Code

50677-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: 32285781

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

116.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Richard E Dowdell

Mailing Address 2965 Heath Road

City

Macon

State

GA

Zip Code

31206-5268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

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

Transaction ID: 32285783

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Dr Kirk D Kvitle

Mailing Address 3732 Barclay Drive

City

Quincy

State

IL

Zip Code

62305-8659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 32296091

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Jeffrey S Wigton

Mailing Address 217 Teakwood Rd

City

Butler

State

PA

Zip Code

16001-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 32298834

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

780.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Sarah J Hudson

Mailing Address 284 Richards Ave Unit 2

City

Portsmouth

State

NH

Zip Code

03801-5238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 32301199

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City

Central City

State

KY

Zip Code

42330-1727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32301200

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Lee Ann Barrett

Mailing Address 1199 E Morgan

City

Boonville

State

MO

Zip Code

65233-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Optometric Assoc-
iation, Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32301201

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 34 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jennifer L Planitz

Mailing Address 3537 New Castle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: 32301202

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr Craig F Clatanoff

Mailing Address 3537 Newcastle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 32301203

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City

Aledo

State

TX

Zip Code

76008-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.50

Date of Receipt

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

Transaction ID: 32301205

Amount of Each Receipt this Period

112.50

SUBTOTAL of Receipts This Page (optional)

412.50

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 35 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Dorothy L Hitchmoth

Mailing Address Po Box 302

106 Davis Hill Road

City

New London

State

NH

Zip Code

03257-0302

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1514.00

Date of Receipt

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

Transaction ID: 32307334

Amount of Each Receipt this Period

166.00

B.

Full Name (Last, First, Middle Initial)

Dr Jason A Ricks

Mailing Address 108 Agate Drive

City

Lewistown

State

MT

Zip Code

59457-3202

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: 32309309

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City

Anchorage

State

AK

Zip Code

99515-2380

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

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

Transaction ID: 32309311

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Harue Jean Marsden

Mailing Address 1445 Prospect Avenue Unit D

City

Placentia

State

CA

Zip Code

92870-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID: 32309312

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr Barry J Jose

Mailing Address 2409 Wintersteen Rd

City

Plattsmouth

State

NE

Zip Code

68048-8958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.04

Date of Receipt

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

Transaction ID: 32309313

Amount of Each Receipt this Period

33.34

C.

Full Name (Last, First, Middle Initial)

Dr Kent Hillery

Mailing Address 16448 Country Club Drive

City

Peosta

State

IA

Zip Code

52068-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 32309315

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

166.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City

Freeport

State

ME

Zip Code

04032-6297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.36

Date of Receipt

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

Transaction ID: 32309316

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr Todd M Hamilton

Mailing Address 278 Falmouth Road

City

Windham

State

ME

Zip Code

04062-4815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.32

Date of Receipt

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

Transaction ID: 32309317

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr Blaine A Littlefield

Mailing Address 27 Wilderness Drive

City

Freeport

State

ME

Zip Code

04032-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.32

Date of Receipt

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

Transaction ID: 32309318

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Pamela E Theriot

Mailing Address 120 W Vuelta Friso

City

Sahuarita

State

AZ

Zip Code

85629-8672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32309371

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

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

Transaction ID: 32309372

Amount of Each Receipt this Period

181.82

C.

Full Name (Last, First, Middle Initial)

Dr Desiree Tyer Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

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

Transaction ID: 32309373

Amount of Each Receipt this Period

181.82

SUBTOTAL of Receipts This Page (optional)

413.64

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Scott M Burks

Mailing Address P O Box 1351

City

Buffalo

State

MO

Zip Code

65622-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: 32309374

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1504.13

Date of Receipt

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

Transaction ID: 32309375

Amount of Each Receipt this Period

165.29

C.

Full Name (Last, First, Middle Initial)

Dr Susan M Brunnett

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.10

Date of Receipt

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

Transaction ID: 32309376

Amount of Each Receipt this Period

82.65

SUBTOTAL of Receipts This Page (optional)

347.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr Richard Cornett

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

City State Zip Code
Worthington OH 43085-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Optometric Associati-
on, Inc.

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 32309377

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr David S Hays

Mailing Address 5421 95Th Ave Ct West

City State Zip Code
University PI WA 98467-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: 32309379

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr Philip Dunne Flynn

Mailing Address 122 Palmetto Hall Drive

City State Zip Code
Lexington SC 29072-7894

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 32309380

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

417.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jan L Cooper

Mailing Address 101 Chandler West

City

Highland

State

CA

Zip Code

92346-5482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 32309382

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Scott M Pearl

Mailing Address 2245 Nw 142Nd Way

City

Pembroke Pines

State

FL

Zip Code

33028-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

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

Transaction ID: 32309383

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr Suraj S Afshar

Mailing Address 2 Eagle Lane

City

Methuen

State

MA

Zip Code

01844-3900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: 32309384

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

336.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kevin L Alexander

Mailing Address 2116 Wildwood Court

City

Fullerton

State

CA

Zip Code

92831-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32310090

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Thomas E Nye

Mailing Address 42 Tabor Lane

City

Hamilton

State

OH

Zip Code

45013-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.24

Date of Receipt

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

Transaction ID: 32310092

Amount of Each Receipt this Period

86.36

C.

Full Name (Last, First, Middle Initial)

Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City

Guthrie

State

OK

Zip Code

73044-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

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

Transaction ID: 32311065

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

303.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Patrick A Lenane

Mailing Address 2210 Nw Parkridge Drive

City

Ankeny

State

IA

Zip Code

50023-9027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: 32311069

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Donald W Furman

Mailing Address 855 11Th St Place

City

Garner

State

IA

Zip Code

50438-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

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

Transaction ID: 32311070

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Dr Erica A Burton

Mailing Address 578 E Hwy T

City

Lamar

State

MO

Zip Code

64759-8209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32316048

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

184.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Kristie J Bennett

Mailing Address 1251 Cumberland Rd Ne

City

Atlanta

State

GA

Zip Code

30306-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32316050

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr Matthew J Maki

Mailing Address 372 Split Rail Ridge

City

Williamston

State

MI

Zip Code

48895-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32316051

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr Michael D Conklin

Mailing Address 9067 Bordeaux Way

City

Sandy

State

UT

Zip Code

84093-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 32316057

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Ronald B Coutu

Mailing Address 555B Nashua Street

City

Milford

State

NH

Zip Code

03055-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 32316360

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Kathleen E Goff

Mailing Address 114 Crested Peak

City

Santa Teresa

State

NM

Zip Code

88008-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.24

Date of Receipt

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

Transaction ID: 32316536

Amount of Each Receipt this Period

86.36

C.

Full Name (Last, First, Middle Initial)

Dr Larry D Gunnell

Mailing Address #7 Brenna Dr

City

Wichita Falls

State

TX

Zip Code

76302-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

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

Transaction ID: 32316537

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

669.69

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 46 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Joseph J Jordan, Jr

Mailing Address 224 Laconia Rd

City

Tilton

State

NH

Zip Code

03276-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

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

Transaction ID: 32316540

Amount of Each Receipt this Period

166.67

B.

Full Name (Last, First, Middle Initial)

Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Drive

City

Chesterfield

State

MO

Zip Code

63017-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: 32316541

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr David C Eldred

Mailing Address 2619 Foothills Road

City

Cheyenne

State

WY

Zip Code

82009-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 32318111

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

866.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Brian J Blount

Mailing Address 5830 N Circuit

City

Beaumont

State

TX

Zip Code

77706-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.38

Date of Receipt

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

Transaction ID: 32320724

Amount of Each Receipt this Period

181.82

B.

Full Name (Last, First, Middle Initial)

Dr Teresa M Seim

Mailing Address 7328 Glade Trail

City

Kalamazoo

State

MI

Zip Code

49009-5921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

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

Transaction ID: 32320725

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr Pamela A Lowe

Mailing Address 6835 Concord Lane

City

Niles

State

IL

Zip Code

60714-4431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 32320726

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

323.82

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Leon Michael Favede

Mailing Address 250 Harbel Drive

City

Saint Clairsville

State

OH

Zip Code

43950-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

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

Transaction ID: 32320727

Amount of Each Receipt this Period

126.00

B.

Full Name (Last, First, Middle Initial)

Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City

Bloomington

State

IL

Zip Code

61705-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

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

Transaction ID: 32320728

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Dr Steven Thomas Reed

Mailing Address 4550 Simpson Hwy 28 W

City

Magee

State

MS

Zip Code

39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

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

Transaction ID: 32320729

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

301.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Peter V Candela

Mailing Address P O Box 614

City

Blythewood

State

SC

Zip Code

29016-0614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

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

Transaction ID: 32320730

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Dr Dori M Carlson

Mailing Address P O Box 0

City

Park River

State

ND

Zip Code

58270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID: 32320731

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City

Monterey

State

CA

Zip Code

93940-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 32322877

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

783.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 77

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Donald Lester Watson

Mailing Address 118 San Marco Drive

City

Tybee Island

State

GA

Zip Code

31328-9706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32322878

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Cheslyn Mei Gan

Mailing Address 1370 Peralta Avenue

City

Berkeley

State

CA

Zip Code

94702-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

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

Transaction ID: 32322879

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr Mamie Cassandra Chan

Mailing Address 6109 Rio Hondo NE

City

Albuquerque

State

NM

Zip Code

87109-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 32322880

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 77

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Shannon C Franklin

Mailing Address 427 Cranberry Lane

City

Crozet

State

VA

Zip Code

22932-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 32322882

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Richard L. Talkington

Mailing Address 461 Pleasant St
P.O. Box 521

City

Franklin

State

NH

Zip Code

03235-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: 32322890

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City

Snohomish

State

WA

Zip Code

98296-8649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: 32332757

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City

Birmingham

State

AL

Zip Code

35242-6886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32332758

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City

Rio Rancho

State

NM

Zip Code

87124-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

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

Transaction ID: 32332759

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr Beth A Kneib

Mailing Address 602 Nw 163Rd St

City

Shoreline

State

WA

Zip Code

98177-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

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

Transaction ID: 32334767

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Larry G Obie

Mailing Address 1330 12Th Ave

City

Havre

State

MT

Zip Code

59501-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32334769

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Andrea P Thau

Mailing Address 170 East 83 Street

City

New York

State

NY

Zip Code

10028-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

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

Transaction ID: 32334770

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City

Huntsville

State

AL

Zip Code

35801-1555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32334771

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

266.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michele R Haranin

Mailing Address 301 Concord Road

City

Dover

State

DE

Zip Code

19904-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32334772

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Kathryn Dingley Gurney

Mailing Address 1285 Industry Rd

City

Industry

State

ME

Zip Code

04938-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32334774

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Charles K Atwell

Mailing Address 238 Chasse Circle

City

St Charles

State

IL

Zip Code

60174-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: 32334775

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Peter H Kehoe

Mailing Address 789 N Broad

City

Galesburg

State

IL

Zip Code

61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

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

Transaction ID: 32334777

Amount of Each Receipt this Period

175.00

B.

Full Name (Last, First, Middle Initial)

Dr Kim G Cohen

Mailing Address 5078 Shadow Glen Court

City

Dunwoody

State

GA

Zip Code

30338-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32334778

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Dr Kevin L Gee

Mailing Address 9119 Highway 6 #200

City

Missouri City

State

TX

Zip Code

77459-4876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.19

Date of Receipt

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

Transaction ID: 32334780

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)

290.91

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Lillian Thorp Kalaczinski

Mailing Address 2218 Beatrice Dr Ne

City

Grand Rapids

State

MI

Zip Code

49505-3947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 32334783

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr Carl J Roth, III

Mailing Address 1048 Alderson Avenue

City

Billings

State

MT

Zip Code

59102-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.50

Date of Receipt

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

Transaction ID: 32334787

Amount of Each Receipt this Period

47.50

C.

Full Name (Last, First, Middle Initial)

Dr Sue E Lowe

Mailing Address 1704 Skyline Drive

City

Laramie

State

WY

Zip Code

82070-8932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

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

Transaction ID: 32334788

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

239.17

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Craig M Brammer

Mailing Address P.O. Box 487

City

Crowley

State

LA

Zip Code

70527-0487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 32334790

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Ron Benner

Mailing Address 1408 E Maryland

City

Laurel

State

MT

Zip Code

59044-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

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

Transaction ID: 32334791

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Dr Neil W Draisin

Mailing Address 21 Fairway Village Lane

City

Isle Of Palms

State

SC

Zip Code

29451-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.10

Date of Receipt

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

Transaction ID: 32334792

Amount of Each Receipt this Period

58.40

SUBTOTAL of Receipts This Page (optional)

475.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jennifer M Smith

Mailing Address 141 Sea Cotton Cir

City

Charleston

State

SC

Zip Code

29412-8296

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.60

Date of Receipt

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

Transaction ID: 32334793

Amount of Each Receipt this Period

58.40

B.

Full Name (Last, First, Middle Initial)

Dr Robert G Goerss

Mailing Address 3120 Brookford Drive

City

Saint Charles

State

MO

Zip Code

63303-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 32334797

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City

Tuscaloosa

State

AL

Zip Code

35406-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: 32345894

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

208.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Lynn C Shewmaker

Mailing Address 883 Squire Oaks Dr

City

Villa Hills

State

KY

Zip Code

41017-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 32345901

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Michael J Haynes

Mailing Address 1460 Avant Road

City

West Monroe

State

LA

Zip Code

71291-7500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

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

Transaction ID: 32346171

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional)

591.25

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

United Bank

Mailing Address 3801 Wilson Blvd.

City

Arlington

State

VA

Zip Code

22203-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

337.80

Date of Receipt

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

Transaction ID: 32376867

Amount of Each Receipt this Period

113.42

Bank Interest

SUBTOTAL of Receipts This Page (optional)

113.42

TOTAL This Period (last page this line number only)

113.42

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 77

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Udall Leadership Fund

Mailing Address 426 C Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Committee Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32221853

Date of Disbursement

09 / 01 / 2010

Amount of Each Disbursement this Period

5000.00

Committee Contribution

B.

Full Name (Last, First, Middle Initial)

Michaud For Congress

Mailing Address 213 Lisbon St

City
Lewiston

State
ME

Zip Code
04240

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael H. Michaud

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: 32240985

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Pingree For Congress

Mailing Address PO Box 17613

City
Portland

State
ME

Zip Code
04112

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Chellie M. Pingree

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 01

Transaction ID: 32240986

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 77

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Melissa Bean For Congress

Mailing Address PO Box 3068

City
Barrington

State
IL

Zip Code
60010

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Melissa L. Bean

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 08

Transaction ID: 32300295

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Mike Ross For Congress Committee

Mailing Address PO Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Michael Avery Ross

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AR District: 04

Transaction ID: 32300297

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Quayle For Congress

Mailing Address 4247 N. 44th Street

City
Phoenix

State
AZ

Zip Code
85018

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Mr. Ben Quayle

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AZ District: 03

Transaction ID: 32305810

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 / 77

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Halvorson For Congress

Mailing Address PO Box 176

City
CreteState
ILZip Code
60417Purpose of Disbursement
Candidate ContributionCandidate Name
Rep. Deborah L. HalvorsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 32311240

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Bill Foster For Congress Committee

Mailing Address PO Box 703

City
GenevaState
ILZip Code
60134Purpose of Disbursement
Candidate ContributionCandidate Name
Rep. Bill FosterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 32311272

Date of Disbursement

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

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Castor For Congress

Mailing Address 301 W. Platt Street #385

City
TampaState
FLZip Code
33606Purpose of Disbursement
Candidate ContributionCandidate Name
Rep. Katherine CastorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 11

Transaction ID: 32316261

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City
TopekaState
KSZip Code
66601Purpose of Disbursement
Candidate ContributionCandidate Name
Rep. Lynn Jenkins

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: 32316262

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Ed Royce For Congress

Mailing Address P.O. Box 2525

City
OrangeState
CAZip Code
92859Purpose of Disbursement
Candidate ContributionCandidate Name
Rep. Edward R. Royce

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: 32316272

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Boyd For Congress

Mailing Address P.O. Box 15703

City
TallahasseeState
FLZip Code
32317Purpose of Disbursement
Candidate ContributionCandidate Name
Rep. Allen Boyd

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 02

Transaction ID: 32316275

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Wu For Congress	Transaction ID: 32316278 Date of Disbursement
Mailing Address 818 Sw Third Ave., #1182	<div> <div>09</div> <div>22</div> <div>2010</div> </div>
City Portland State OR Zip Code 97204	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>1500.00</div>
Candidate Name Rep. David Wu	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Candidate Contribution
B. Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 32316280 Date of Disbursement
Mailing Address PO Box 17192 Suite F	<div> <div>09</div> <div>22</div> <div>2010</div> </div>
City Ft Mitchell State KY Zip Code 41017	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>1000.00</div>
Candidate Name Rep. Geoffrey Davis	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Candidate Contribution
C. Full Name (Last, First, Middle Initial) Adrian Smith For Congress	Transaction ID: 32316301 Date of Disbursement
Mailing Address 3321 Avenue I Suite 6	<div> <div>09</div> <div>22</div> <div>2010</div> </div>
City Scottsbluff State NE Zip Code 69361	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution	<div>1000.00</div>
Candidate Name Rep. Adrian Smith	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: 32316352
Mailing Address P.O. Box 661 PO Box 5458	Date of Disbursement
City Collinsville State IL Zip Code 62234	<div> <div>09</div> <div>22</div> <div>2010</div> </div>
Purpose of Disbursement Candidate Contribution	Amount of Each Disbursement this Period
Candidate Name Rep. John M. Shimkus	<div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19	Candidate Contribution
B. Full Name (Last, First, Middle Initial) Harry Teague For Congress	Transaction ID: 32316354
Mailing Address PO Box 5153	Date of Disbursement
City Hobbs State NM Zip Code 88241	<div> <div>09</div> <div>22</div> <div>2010</div> </div>
Purpose of Disbursement Candidate Contribution	Amount of Each Disbursement this Period
Candidate Name Rep. Harry Teague	<div>2500.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 02	Candidate Contribution
C. Full Name (Last, First, Middle Initial) People For Ben	Transaction ID: 32316356
Mailing Address PO Box 31129	Date of Disbursement
City Santa Fe State NM Zip Code 87594	<div> <div>09</div> <div>22</div> <div>2010</div> </div>
Purpose of Disbursement Candidate Contribution	Amount of Each Disbursement this Period
Candidate Name Rep. Ben Ray Lujan, Jr.	<div>1500.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 03	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

NELPAC

Mailing Address 73 Tremont Street
Suite 306

City Boston State MA Zip Code 02108

Purpose of Disbursement
Committee Contribution

Candidate Name
NELPAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 32316361

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

Committee Contribution

B.

Full Name (Last, First, Middle Initial)

Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Charles E. Grassley

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: IA District:

Transaction ID: 32345969

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Hawkeye PAC

Mailing Address P.O. Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Committee Contribution

Candidate Name
Hawkeye PAC

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 32345974

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Adler For Congress	Transaction ID: 32345976 Date of Disbursement																				
Mailing Address 14 Knightswood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. John Herbert Adler	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03	Candidate Contribution																				
B. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: 32345987 Date of Disbursement																				
Mailing Address 6380 Wilshire Blvd. #1612	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Henry A. Waxman	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	Candidate Contribution																				
C. Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer	Transaction ID: 32346037 Date of Disbursement																				
Mailing Address PO Box 411176	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	9		2	0	1	0												
City Los Angeles State CA Zip Code 90041	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Sen. Barbara Boxer	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	Candidate Contribution																				

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Marsha Blackburn

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 07

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

011
Category/
Type

Transaction ID: 32346096

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Jeff B. Miller

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 01

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

011
Category/
Type

Transaction ID: 32346112

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Brian Bilbray For Congress

Mailing Address 991c Lomas Santa Fe Drive
192

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Brian P. Bilbray

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 50

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

011
Category/
Type

Transaction ID: 32346113

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens For Cochran

Mailing Address PO Box 7183

City
Tupelo

State
MS

Zip Code
38802

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Thad Cochran

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District:

Transaction ID: 32346129

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City
Columbus

State
OH

Zip Code
43231

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Patrick J. Tiberi

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 12

Transaction ID: 32346130

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Bocchieri For Congress

Mailing Address 337 Third Street Nw

City
Canton

State
OH

Zip Code
44702

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. John A. Bocchieri

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 16

Transaction ID: 32346131

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Burr Committee

Mailing Address Post Office Box 5928

City
Winston-Salem

State
NC

Zip Code
27113

Purpose of Disbursement
Candidate Contribution

Candidate Name
Richard Burr

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: NC District:

Transaction ID: 32346132

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Moran For Kansas

Mailing Address PO Box 1151

City
Hays

State
KS

Zip Code
67601

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Jerry Moran

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: KS District:

Transaction ID: 32346134

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Mike Rogers For Congress

Mailing Address 123 East 13th Street

City
Anniston

State
AL

Zip Code
36201

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael D. Rogers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AL District: 03

Transaction ID: 32346169

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Shelby For U S Senate Mailing Address Post Office Box 1091	Transaction ID: 32346172 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2010</div> </div>
City Tuscaloosa State AL Zip Code 35403 Purpose of Disbursement Candidate Contribution Candidate Name Sen. Richard C. Shelby Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Amount of Each Disbursement this Period <div>1000.00</div> Candidate Contribution
B. Full Name (Last, First, Middle Initial) Mcdowell For Congress Mailing Address P.O. Box 913 City Sault Ste. Marie State MI Zip Code 49783 Purpose of Disbursement Candidate Contribution Candidate Name Mr. Gary McDowell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 01	Transaction ID: 32346173 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> Candidate Contribution
C. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona Mailing Address PO Box 993 City Prescott State AZ Zip Code 86302 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01	Transaction ID: 32346201 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> Candidate Contribution
SUBTOTAL of Disbursements This Page (optional)	<div>8000.00</div>
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) John Hall For Congress	Transaction ID: 32346222 Date of Disbursement
Mailing Address PO Box 469	<div> <div>09</div> <div>29</div> <div>2010</div> </div>
City Beacon State NY Zip Code 12508	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution Candidate Name Rep. John J. Hall	<div>4000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type Candidate Contribution
B. Full Name (Last, First, Middle Initial) Larry Kissell For Congress	Transaction ID: 32346261 Date of Disbursement
Mailing Address 106 East Main Street PO Box 1530	<div> <div>09</div> <div>29</div> <div>2010</div> </div>
City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution Candidate Name Mr. Larry Kissell	<div>2500.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type Candidate Contribution
C. Full Name (Last, First, Middle Initial) MISSOURI VICTORY 2010	Transaction ID: 32346372 Date of Disbursement
Mailing Address 208 Madison Avenue	<div> <div>09</div> <div>29</div> <div>2010</div> </div>
City Jefferson City State MO Zip Code 65101	Amount of Each Disbursement this Period
Purpose of Disbursement Committee Contribution Candidate Name	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of John McCain Inc

Mailing Address PO Box 16664

City
Arlington

State
VA

Zip Code
22215

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. John S. McCain

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: AZ District:

Transaction ID: 32347536

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City
Columbus

State
OH

Zip Code
43231

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Patrick J. Tiberi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 12

Transaction ID: 32350065

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Steve Austria For Congress

Mailing Address 20 S Limestone St Suite 390

City
Springfield

State
OH

Zip Code
45502

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Steve Austria

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 07

Transaction ID: 32350066

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Charlie Wilson

Mailing Address P.O. Box 160

City
Bellaire

State
OH

Zip Code
43906

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Charles A. Wilson

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 06

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

011
Category/
Type

Transaction ID: 32350073

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

90500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
American Express Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 32376996

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

125.65

American Express Fee

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 32377005

Date of Disbursement

09 / 17 / 2010

Amount of Each Disbursement this Period

192.63

Bank Fee

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Discover Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 32377010

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

15.95

Discover Fee

SUBTOTAL of Disbursements This Page (optional)

334.23

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 32377014

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

554.14

Bank Fee

B.

Full Name (Last, First, Middle Initial)

Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 32377025

Date of Disbursement

09 / 10 / 2010

Amount of Each Disbursement this Period

594.20

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

1148.34

TOTAL This Period (last page this line number only)

1482.57