

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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 ▲

C 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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
07 31 2012

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

Thomas E. Nye O.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 13 2012

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)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012 | | 683843.90 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 680889.94 | |
| (c) Total Receipts (from Line 19) | 64109.92 | 570036.21 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 744999.86 | 1253880.11 |
| 7. Total Disbursements (from Line 31) | 175881.32 | 684761.57 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 569118.54 | 569118.54 |
| 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)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 01 | | 2012 |

To:

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2012 |

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).....

45872.42

370253.96

(ii) Unitemized

18211.84

198499.91

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

64084.26

568753.87

(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) ▶

64084.26

568753.87

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

25.66

282.34

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 Transfers (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)) ▶

64109.92

570036.21

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

64109.92

570036.21

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 3381.32 | 46761.57 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 3381.32 | 46761.57 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 72500.00 | 527500.00 |
| 24. Independent Expenditures (use Schedule E) | 100000.00 | 100000.00 |
| 25. Coordinated Party Expenditures (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 | 500.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 500.00 |
| 29. Other Disbursements | 0.00 | 10000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated 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)) .. | 175881.32 | 684761.57 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 175881.32 | 684761.57 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 64084.26 | 568753.87 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 500.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 64084.26 | 568253.87 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 3381.32 | 46761.57 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 3381.32 | 46761.57 |

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

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

FOR LINE NUMBER: PAGE 6 OF 96
(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

Full Name (Last, First, Middle Initial)

A. Dr Gabrielle W Marshall

Mailing Address 2463 Nw 1St St

City State Zip Code
Bend OR 97701-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : 34986955

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Mark K Helgeson

Mailing Address Po Box O

City State Zip Code
Park River ND 58270-0714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y
07 / 03 / 2012

Transaction ID : 34989535

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kathleen E Powell

Mailing Address 9710 Copper Dr

City State Zip Code
Anchorage AK 99507-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : 34989536

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

385.00

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
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Philip J Gross

Mailing Address 46 Wintergreen Way

City

Magnolia

State

DE

Zip Code

19962-1474

FEC ID number of 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

MM / DD / YYYY
07 / 03 / 2012

Transaction ID : 34989537

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd Ne

City

Albuquerque

State

NM

Zip Code

87122-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

MM / DD / YYYY
07 / 03 / 2012

Transaction ID : 34989538

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr George Edward Ozer

Mailing Address 2316 Meetinghouse Rd

City

Upper Chichester

State

PA

Zip Code

19061-3438

FEC ID number of 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

MM / DD / YYYY
07 / 03 / 2012

Transaction ID : 34989539

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

316.67

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

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| | | | |
|---|------------------------------|------------------------------|---|
| <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

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 03 | | 2012 |

Transaction ID : 34989540

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jon Frederick Pederson

Mailing Address 1025 Milwaukee St

City

Denver

State

CO

Zip Code

80206-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 04 | | 2012 |

Transaction ID : 34991034

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Harvey B Richman

Mailing Address 136 Main St

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 04 | | 2012 |

Transaction ID : 34991036

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

141.67

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 9 OF 96
(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

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey J Neighbors

Mailing Address 119 S Cadwell Ave

City

Eagle Grove

State

IA

Zip Code

50533-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : 34991401

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Clarke D Newman

Mailing Address 7700 Greenway Blvd
Apt A4

City

Dallas

State

TX

Zip Code

75209-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : 34991402

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Michael S Mayer

Mailing Address 2097 N Zinfandel Dr

City

Hanford

State

CA

Zip Code

93230-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : 34991403

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

475.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 96
(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

Full Name (Last, First, Middle Initial)

A. Dr Denise Quinton Shepard

Mailing Address 331 Mason Dr

City

Ringgold

State

GA

Zip Code

30736-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

715.00

Date of Receipt

07 / 05 / 2012

Transaction ID : 34996174

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Mark D Esarey

Mailing Address 1680 State Highway 130

City

Charleston

State

IL

Zip Code

61920-6752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

07 / 06 / 2012

Transaction ID : 35006896

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr John D Coble

Mailing Address 1501 Sunset Hill Dr

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

583.45

Date of Receipt

07 / 06 / 2012

Transaction ID : 35006897

Amount of Each Receipt this Period

83.35

SUBTOTAL of Receipts This Page (optional)..... ►

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

708.35

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial)

A. Dr Andrew Ray Adamich

Mailing Address Po Box 711

City

Gunnison

State

CO

Zip Code

81230-0711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : 35006898

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Glenn Morgan Cochran

Mailing Address Po Box 690

City

Quitman

State

MS

Zip Code

39355-0690

FEC ID number of 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 Y
07 / 05 / 2012

Transaction ID : 35007159

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Jeremy M Durham

Mailing Address 1233 N Seasons Ct

City

Goddard

State

KS

Zip Code

67052-8534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2012

Transaction ID : 35007812

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 96

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Deanna Swafford Alexander

Mailing Address 4127 Cedargate Dr

City

Fort Collins

State

CO

Zip Code

80526-3386

FEC ID number of 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 Y
07 / 07 / 2012

Transaction ID : 35007814

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Paul D Batson

Mailing Address 5323 Whisper Wood Dr

City

Birmingham

State

AL

Zip Code

35226-1092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2012

Transaction ID : 35007816

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Adam P Parker

Mailing Address 10800 Rimbey Ct

City

Glen Allen

State

VA

Zip Code

23060-6481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : 35008448

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

330.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : 35008449

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. 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 Y Y
07 / 08 / 2012

Transaction ID : 35008451

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr William Thomas Reynolds Jr

Mailing Address 200 La Rose Ct

City

Richmond

State

KY

Zip Code

40475-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1047.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : 35008454

Amount of Each Receipt this Period

190.48

SUBTOTAL of Receipts This Page (optional)..... ►

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

430.48

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

07 / 09 / 2012

Transaction ID : 35010288

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Lynn Smith Hammonds

Mailing Address 2725 Smyer Rd

City

Vestavia

State

AL

Zip Code

35216-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

07 / 09 / 2012

Transaction ID : 35010289

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr David A Klibanoff

Mailing Address 238 Brook St

City

Rehoboth

State

MA

Zip Code

02769-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

213.29

Date of Receipt

07 / 09 / 2012

Transaction ID : 35010290

Amount of Each Receipt this Period

30.47

SUBTOTAL of Receipts This Page (optional)..... ►

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

282.14

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way Ne

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 ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : 35010291

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jonathan R Bundy

Mailing Address 3045 N Hozoni Rd

City

Prescott

State

AZ

Zip Code

86305-3992

FEC ID number of 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

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : 35010292

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr James Joseph Barney

Mailing Address Po Box 680

City

Livingston

State

MT

Zip Code

59047-0680

FEC ID number of 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

MM / DD / YYYY
07 / 06 / 2012

Transaction ID : 35017396

Amount of Each Receipt this Period

550.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

650.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mira B Swiecicki

Mailing Address 664 Clark Rd

City

Bellingham

State

WA

Zip Code

98225-7842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

898.90

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2012

Transaction ID : 35022138

Amount of Each Receipt this Period

222.22

Full Name (Last, First, Middle Initial)

B. Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Dr

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 ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2012

Transaction ID : 35022143

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Michael G Wallace

Mailing Address 3366 Ambleside Dr

City

Flushing

State

MI

Zip Code

48433-9784

FEC ID number of 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 Y
07 / 10 / 2012

Transaction ID : 35022145

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

305.89

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael L Nichols

Mailing Address 3910 Foxcreek Way

City
Columbia

State
MO

Zip Code
65203-8855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2012

Transaction ID : 35022146

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr George W Veliky

Mailing Address 137 Oak Grove Ave

City

Hasbrouck Hts

State

NJ

Zip Code

07604-1225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y Y
07 / 10 / 2012

Transaction ID : 35022147

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr James R Davis

Mailing Address 2724 Surrey Ln

City

Idaho Falls

State

ID

Zip Code

83404-7143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y Y
07 / 10 / 2012

Transaction ID : 35022553

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

187.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Craig Janot

Mailing Address 100 Orchard St

City

Sulphur

State

LA

Zip Code

70663-6268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2012

Transaction ID : 35024145

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Andrea E Bethel

Mailing Address 1621 Terra De Sol Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-8709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2012

Transaction ID : 35024146

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Karoline L Munson

Mailing Address 16 Glencove St

City

Frankfort

State

KY

Zip Code

40601-4842

FEC ID number of 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
07 / 10 / 2012

Transaction ID : 35024181

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

591.67

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

Use separate schedule(s)
for each category of the
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

Full Name (Last, First, Middle Initial)

A. Dr Barbara M Yanak

Mailing Address 2577 Burlington Tpke

City

Towanda

State

PA

Zip Code

18848-8458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

415.00

Date of Receipt

07 / 10 / 2012

Transaction ID : 35024182

Amount of Each Receipt this Period

165.00

Full Name (Last, First, Middle Initial)

B. Dr Brian E Linde

Mailing Address 4518 Hi Line Dr

City

Billings

State

MT

Zip Code

59106-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 10 / 2012

Transaction ID : 35024183

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Dr John Magalhaes

Mailing Address 5 William Bradford Ct

City

N Dartmouth

State

MA

Zip Code

02747-3847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 10 / 2012

Transaction ID : 35024212

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1215.00

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

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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Rand William Siekert

Mailing Address 6800 N Montezuma Dr

City

Tucson

State

AZ

Zip Code

85718-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2012

Transaction ID : 35024214

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Douglas Carl Melzer

Mailing Address 31300 Sw Country View Ln

City

Wilsonville

State

OR

Zip Code

97070-7489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2012

Transaction ID : 35024217

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr James V.A. Conkey

Mailing Address 5985 Hidden Highlands Dr

City

Reno

State

NV

Zip Code

89502-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2012

Transaction ID : 35024218

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1050.00

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
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Christina M London

Mailing Address 303 W Latham St

City

Phoenix

State

AZ

Zip Code

85003-1232

FEC ID number of 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

07 / 10 / 2012

Transaction ID : 35024224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Levi M Porter

Mailing Address 10750 Edgewood Cir

City

Eagle River

State

AK

Zip Code

99577-8192

FEC ID number of 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

07 / 10 / 2012

Transaction ID : 35024225

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Jennifer Rae Bailey

Mailing Address 157 E Edgewood Dr

City

Springport

State

IN

Zip Code

47386-9524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 10 / 2012

Transaction ID : 35024227

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1115.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joe Ernest Ellis

Mailing Address 179 Wood Trce

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 ▼

1166.69

Date of Receipt

07 / 11 / 2012

Transaction ID : 35024881

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. 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

07 / 11 / 2012

Transaction ID : 35025366

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Dr Steven Snapp

Mailing Address 310 Tendoy St

City

Bellevue

State

ID

Zip Code

83313-5085

FEC ID number of 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

07 / 11 / 2012

Transaction ID : 35025553

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

441.67

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Julie A Toon

Mailing Address 2204 N Longwood Cir

City State Zip Code
 Wichita KS 67226-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 11 / 2012

Transaction ID : 35025830

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Gregory W Payne

Mailing Address 4810 Maidstone Ct

City State Zip Code
 Suwanee GA 30024-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y
 07 / 12 / 2012

Transaction ID : 35027469

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr JoAnn Payne

Mailing Address 4810 Maidstone Ct

City State Zip Code
 Suwanee GA 30024-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 12 / 2012

Transaction ID : 35027470

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial)

A. Dr Charlotte F Nielsen

Mailing Address 1120 E Washington St

City

Grayslake

State

IL

Zip Code

60030-7960

FEC ID number of 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
07 / 12 / 2012

Transaction ID : 35033219

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Brian D Cin

Mailing Address 17342 Alice Loop

City

Eagle River

State

AK

Zip Code

99577-7579

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 35034247

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Edwin Y Endo

Mailing Address 98-828 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 ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 35034248

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

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

191.66

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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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey David Hill

Mailing Address 126 Treymoor Dr

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 ▼

350.00

Date of Receipt

07 / 13 / 2012

Transaction ID : 35034249

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Dr

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 ▼

315.00

Date of Receipt

07 / 13 / 2012

Transaction ID : 35034250

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr Melvin G Cleveland Jr

Mailing Address 2704 Redstone Dr

City

Arlington

State

TX

Zip Code

76001-5483

FEC ID number of 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

07 / 14 / 2012

Transaction ID : 35036261

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

345.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 96
(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

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.31

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | | 14 | | 2012 |

Transaction ID : 35036262

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Dr Greg A Caldwell

Mailing Address 225 Terrace Dr

City

Lilly

State

PA

Zip Code

15938-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | | 14 | | 2012 |

Transaction ID : 35036264

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Markus I Barth

Mailing Address 1346 Heller Dr

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | | 14 | | 2012 |

Transaction ID : 35036266

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

291.67

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:
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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

Full Name (Last, First, Middle Initial)

A. Dr Brian J Plattner

Mailing Address 917 S Market St

City

Knoxville

State

IL

Zip Code

61448-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

07 / 14 / 2012

Transaction ID : 35036267

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Randolph E Brooks

Mailing Address 3 Schindler Dr

City

Succasunna

State

NJ

Zip Code

07876-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 14 / 2012

Transaction ID : 35036269

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. 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 ▼

350.00

Date of Receipt

07 / 14 / 2012

Transaction ID : 35036270

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

335.00

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

Use separate schedule(s)
for each category of the
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

Full Name (Last, First, Middle Initial)

A. Dr David Edward Magnus

Mailing Address Po Box 2144

City State Zip Code
Corrales NM 87048-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2012

Transaction ID : 35036271

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Richlin

Mailing Address 16225 Quemada Rd

City State Zip Code
Encino CA 91436-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
07 / 15 / 2012

Transaction ID : 35036275

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr David L Parker

Mailing Address 4889 Bobo Pl

City State Zip Code
Olive Branch MS 38654-8223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2012

Transaction ID : 35036279

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

591.67

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

Full Name (Last, First, Middle Initial)

A. 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 ▼

287.00

Date of Receipt

07 / 15 / 2012

Transaction ID : 35036280

Amount of Each Receipt this Period

41.00

Full Name (Last, First, Middle Initial)

B. Dr Scott L Nehring

Mailing Address 32840 S Meridian Rd

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 ▼

294.00

Date of Receipt

07 / 15 / 2012

Transaction ID : 35036281

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

c. Dr Katherine M Baughman

Mailing Address 2421 E White Ave

City

Moscow

State

ID

Zip Code

83843-5097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

07 / 15 / 2012

Transaction ID : 35036284

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

113.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Randy L Andregg

Mailing Address 11368 W Hickory Hill Ct

City

Boise

State

ID

Zip Code

83713-2467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2012

Transaction ID : 35036286

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Jared P Walker

Mailing Address 609 Diamond Dr

City

Kimberly

State

ID

Zip Code

83341-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2012

Transaction ID : 35036287

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Dr Gary P Walker

Mailing Address 1733 W Wildflower Ln

City

Twin Falls

State

ID

Zip Code

83301-3691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2012

Transaction ID : 35036288

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

101.67

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

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

FOR LINE NUMBER: PAGE 31 OF 96
(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Raymond K Greene

Mailing Address 3207 N 22Nd St

City

Coeur D Alene

State

ID

Zip Code

83815-6321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2012

Transaction ID : 35036289

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Thomas W Hobbs

Mailing Address 13 Ne 550Th 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 35036292

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Ron W Roelfs

Mailing Address 1304 Shepherd Ave

City

Waverly

State

IA

Zip Code

50677-9632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 35036293

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

115.42

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 96

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James Patrick Savage

Mailing Address 66 Pioneer Ave

City

Caribou

State

ME

Zip Code

04736-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 35036294

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Michele R Haranin

Mailing Address 301 Concord Rd

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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 35036296

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. Dr Bruce L Manning

Mailing Address 487 Whitebark Cr.

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 ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 35036298

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

126.42

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

Full Name (Last, First, Middle Initial)

A. Dr Lee Ann Barrett

Mailing Address 1199 E Morgan St

City

Boonville

State

MO

Zip Code

65233-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : 35051590

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Freddie M Mayes

Mailing Address 117 Magnolia Dr

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : 35051592

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Dr Larry C Wallis

Mailing Address 20 Kentshire Ct

City

Greenville

State

DE

Zip Code

19807-2583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : 35051594

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

150.00

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joanna S Haws

Mailing Address 5500 66Th Way Se

City
Lacey

State
WA

Zip Code
98513-4956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35051596

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Taya M Patzman

Mailing Address 1320 Crestview Ln

City

Bismarck

State

ND

Zip Code

58501-3048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35051598

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Nathan H Drum

Mailing Address 410 Slate Ledge Rd

City

Littleton

State

NH

Zip Code

03561-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35051718

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

825.00

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

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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

Full Name (Last, First, Middle Initial)

A. Dr Nathan H Drum

Mailing Address 410 Slate Ledge Rd

City

Littleton

State

NH

Zip Code

03561-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

690.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35051720

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Dr Lincoln J Dygert

Mailing Address 7295 S 2050 E

City

Ogden

State

UT

Zip Code

84405-7737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 18 / 2012

Transaction ID : 35059701

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Michael E Zalar

Mailing Address 15488 Ann Arden Ave

City

Woodbridge

State

VA

Zip Code

22193-3395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 18 / 2012

Transaction ID : 35059703

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

290.00

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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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Scott M Walters

Mailing Address 1025 Nw Regent Dr

City

Grants Pass

State

OR

Zip Code

97526-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 18 / 2012

Transaction ID : 35059704

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Harue Jean Marsden

Mailing Address 1445 Prospect Ave
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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1027.66

Date of Receipt

07 / 18 / 2012

Transaction ID : 35059705

Amount of Each Receipt this Period

194.40

Full Name (Last, First, Middle Initial)

c. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 19 / 2012

Transaction ID : 35069294

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

486.07

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

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mitchell Todd Munson

Mailing Address 9940 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 ▼

1168.58

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2012

Transaction ID : 35069295

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

B. Dr Susan M Brunnett

Mailing Address 9940 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 ▼

584.29

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2012

Transaction ID : 35069296

Amount of Each Receipt this Period

83.47

Full Name (Last, First, Middle Initial)

C. Dr Elissa Maria Contillo

Mailing Address 98 Tuckertown Rd

City

S Kingstown

State

RI

Zip Code

02879-2703

FEC ID number of 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
07 / 19 / 2012

Transaction ID : 35069297

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.41

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Paul Zerbinopoulos

Mailing Address 22 Carrie Ln

City

N Kingstown

State

RI

Zip Code

02852-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : 35069298

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Dr Pamela J Blodgett

Mailing Address 22 Carrie Ln

City

N Kingstown

State

RI

Zip Code

02852-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : 35069299

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Dr Wanda C Batson

Mailing Address 8120 Rock Hill Rd

City

Baker

State

FL

Zip Code

32531-7337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : 35069300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

310.84

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael Bacigalupi

Mailing Address 622 Se 13Th St

City

Ft Lauderdale

State

FL

Zip Code

33316-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2012

Transaction ID : 35069301

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. 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 ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2012

Transaction ID : 35069303

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr Desiree Tyler 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 ▼

1166.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2012

Transaction ID : 35069304

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

363.76

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Scott M Burks

Mailing Address Po Box 1351

City
Buffalo

State
MO

Zip Code
65622-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 19 / 2012

Transaction ID : 35069308

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Lori R Roberts

Mailing Address 1205 Flowering Oak Way

City

Mount Pleasant

State

SC

Zip Code

29466-9298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 12 / 2012

Transaction ID : 35069644

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Robert J Parks

Mailing Address 86 Darlene Drive

City

Wakefield

State

RI

Zip Code

02879-8307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.02

Date of Receipt

07 / 20 / 2012

Transaction ID : 35070050

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)..... ►

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

1131.25

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Wayne Maltz

Mailing Address 10801 Valley Hills Dr

City

Houston

State

TX

Zip Code

77071-1610

FEC ID number of 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 Y
07 / 20 / 2012

Transaction ID : 35070053

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Marc Robert Bloomenstein

Mailing Address 5101 E Calavar Rd

City

Scottsdale

State

AZ

Zip Code

85254-2869

FEC ID number of 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 Y
07 / 20 / 2012

Transaction ID : 35070055

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin L Alexander

Mailing Address 2116 Wildwood Ct

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2012

Transaction ID : 35070056

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.00

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

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

FOR LINE NUMBER: PAGE 42 OF 96
(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

Full Name (Last, First, Middle Initial)

A. Dr Rose Marie Betz

Mailing Address 7300 N Bluff Dr

City Tuscaloosa State AL Zip Code 35406-2608

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 11 / 2012

Transaction ID : 35070092

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Jerry L Baker

Mailing Address 104 Woodland Ter

City Oneida State NY Zip Code 13421-1836

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35070099

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Dr Leslie N Richardson

Mailing Address 121 Kensington Way

City Campbellsville State KY Zip Code 42718-8924

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35070103

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

565.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joshua R Pass

Mailing Address 303 S. Mesquite

City

Fort Stockton

State

TX

Zip Code

79735

FEC ID number of 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
07 / 17 / 2012

Transaction ID : 35070108

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Wayne M Cannon

Mailing Address 141 Hilton View Dr

City

Chapin

State

SC

Zip Code

29036-7627

FEC ID number of 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
07 / 17 / 2012

Transaction ID : 35070109

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Stephen E Gustafson

Mailing Address 3810 Pear Glen Ct

City

Kingwood

State

TX

Zip Code

77345-1251

FEC ID number of 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
07 / 17 / 2012

Transaction ID : 35070112

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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for each category of the
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

Full Name (Last, First, Middle Initial)

A. Dr Rose Marie Betz

Mailing Address 7300 N Bluff Dr

City Tuscaloosa State AL Zip Code 35406-2608

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35070115

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Orlin James Fick

Mailing Address 54 Keith Dr

City Shenandoah State IA Zip Code 51601-2601

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35070118

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Rafael O Mollega Jr

Mailing Address 1773 Osprey Cv

City Niceville State FL Zip Code 32578-6812

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35070121

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1350.00

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Evan J Kaufman

Mailing Address 9207 Venetian Way

City

Richmond

State

VA

Zip Code

23229-6018

FEC ID number of 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
07 / 17 / 2012

Transaction ID : 35070125

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David W Wineland

Mailing Address 8400 Concord Rd

City

Johnstown

State

OH

Zip Code

43031-8154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.50

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : 35070129

Amount of Each Receipt this Period

127.25

Full Name (Last, First, Middle Initial)

c. Dr Matt R Sullivan

Mailing Address 3217 Jack Dr

City

Prescott

State

AZ

Zip Code

86305-4155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : 35070136

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

877.25

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gary Keith Bockhold

Mailing Address 4104 Roberts Point Road

City

Sarasota

State

FL

Zip Code

34242-1164

FEC ID number of 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

07 / 17 / 2012

Transaction ID : 35070138

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Dorothy L Hitchmoth

Mailing Address Po Box 302

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 ▼

616.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35070139

Amount of Each Receipt this Period

88.00

Full Name (Last, First, Middle Initial)

C. Dr Jeffrey R Urness

Mailing Address 6400 W 20Th Ave

City

Kennewick

State

WA

Zip Code

99338-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 35070140

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

503.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thu-Ha Dao Easter

Mailing Address 23113 Persimmon Ridge Rd

City State Zip Code
 Clarksburg MD 20871-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : 35070142

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Michael E Bennett

Mailing Address 4940 Victoria Pl

City State Zip Code
 Guthrie OK 73044-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y
 07 / 21 / 2012

Transaction ID : 35071017

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr David S Hays

Mailing Address 8720 52Nd Street Ct W

City State Zip Code
 University Pl WA 98467-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 21 / 2012

Transaction ID : 35071018

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

615.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donald W Furman

Mailing Address 855 11Th Street Pl

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 ▼

588.00

Date of Receipt

07 / 21 / 2012

Transaction ID : 35071020

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Paul L Gustafson

Mailing Address 159 Sunflower St

City

Casper

State

WY

Zip Code

82604-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

07 / 21 / 2012

Transaction ID : 35071021

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

291.69

Date of Receipt

07 / 21 / 2012

Transaction ID : 35071022

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

160.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kent Hillery

Mailing Address 16448 Country Club Dr

City State Zip Code
Peosta IA 52068-9710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2012

Transaction ID : 35071025

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Mary Lynn Gregory

Mailing Address 3332 120Th Ave

City State Zip Code
Clear Lake MN 55319-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.30

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2012

Transaction ID : 35071026

Amount of Each Receipt this Period

54.55

Full Name (Last, First, Middle Initial)

C. Dr Jennifer L Planitz

Mailing Address 3537 Newcastle Dr Se

City State Zip Code
Rio Rancho NM 87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2727.30

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2012

Transaction ID : 35071027

Amount of Each Receipt this Period

454.55

SUBTOTAL of Receipts This Page (optional)..... ►

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

559.10

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr David K Talley

Mailing Address 1698 Brookside Dr

City State Zip Code
 Germantown TN 38138-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 22 2012

Transaction ID : 35071035

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Blaine F Bird

Mailing Address 2001 E 775 S

City State Zip Code
 Springville UT 84663-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 22 2012

Transaction ID : 35071036

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr Steven C Ezzell

Mailing Address 649 Matthew Ct

City State Zip Code
 Abilene TX 79602-5246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y
 07 22 2012

Transaction ID : 35071037

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

215.42

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joseph J Jordan Jr

Mailing Address 971 Suncook Valley Rd

City State Zip Code
 Alton NH 03809-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y Y
 07 23 2012

Transaction ID : 35075684

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Dr

City State Zip Code
 Chesterfield MO 63017-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y Y
 07 23 2012

Transaction ID : 35075685

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Paul Anton Hodge

Mailing Address 3042 118Th Ave

City State Zip Code
 Allegan MI 49010-9555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 23 2012

Transaction ID : 35075688

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

383.34

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

Full Name (Last, First, Middle Initial)

A. Dr Chris R Deibert

Mailing Address 8 Johnson Dr

City State Zip Code
Luray VA 22835-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 35075690

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jeff A Hayden

Mailing Address 679 Plumtree Ln

City State Zip Code
Fenton MI 48430-4207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y
07 / 23 / 2012

Transaction ID : 35075691

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Dori M Carlson

Mailing Address 121 Briggs Ave N

City State Zip Code
Park River ND 58270-4507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1145.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 35081450

Amount of Each Receipt this Period

163.64

SUBTOTAL of Receipts This Page (optional)..... ►

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

313.64

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

Full Name (Last, First, Middle Initial)

A. Dr Steven Thomas Reed

Mailing Address 4550 Simpson Highway 28 W

City State Zip Code
 Magee MS 39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 24 2012

Transaction ID : 35081451

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Dr Peter V Candela

Mailing Address Po Box 614

City State Zip Code
 Blythewood SC 29016-0614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 24 2012

Transaction ID : 35081452

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th Street Ln

City State Zip Code
 Greeley CO 80634-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 24 2012

Transaction ID : 35081454

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

223.34

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
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Shannon C Franklin

Mailing Address 427 Cranberry Ln

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 Y Y
07 / 25 / 2012

Transaction ID : 35083614

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 35083616

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Dr Mario Joseph Contaldi

Mailing Address 7728 Mid Cities Blvd

City

N Richlnd Hls

State

TX

Zip Code

76180-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 35083617

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)..... ►

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

182.58

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

Use separate schedule(s)
for each category of the
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

Full Name (Last, First, Middle Initial)

A. Dr Joe Wesley De Loach

Mailing Address 504 Edgelake Dr

City State Zip Code
 Dallas TX 75218-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 25 2012

Transaction ID : 35083618

Amount of Each Receipt this Period

109.00

Full Name (Last, First, Middle Initial)

B. Dr John S Bowen

Mailing Address 2570 Northshore Blvd
 Ste 200

City State Zip Code
 Flower Mound TX 75028-8386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 25 2012

Transaction ID : 35083619

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Dr Stacie Layne Virden

Mailing Address 4324 Green Point Dr

City State Zip Code
 Waco TX 76710-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.37

Date of Receipt

M M / D D / Y Y Y Y Y
 07 25 2012

Transaction ID : 35083620

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)..... ►

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

283.91

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

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ashley K Mc Ferron

Mailing Address 5079 W Sunset Dr

City

Lake Oswego

State

OR

Zip Code

97035-4253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 35083621

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Charles K Atwell

Mailing Address 238 Chasse Cir

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 ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 35083622

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 35083623

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

167.67

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Rustin M Hatch

Mailing Address 1425 Evergreen Dr

City

Twin Falls

State

ID

Zip Code

83301-3423

FEC ID number of 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 Y
07 / 25 / 2012

Transaction ID : 35083624

Amount of Each Receipt this Period

53.33

Full Name (Last, First, Middle Initial)

B. Dr Steven K Brownmiller

Mailing Address 1004 Ridge Rd

City

Denison

State

IA

Zip Code

51442-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 35083627

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Michael L Tashner

Mailing Address 925 Golfview Dr

City

Platteville

State

WI

Zip Code

53818-9783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 35083630

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

543.33

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert L Owens

Mailing Address 8 Century Ln

City

Newmanstown

State

PA

Zip Code

17073-8982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 35084557

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Elizabeth C Mc Munn

Mailing Address 34 Quailcrest Rd

City

East Lyme

State

CT

Zip Code

06333-1328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2012

Transaction ID : 35084559

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Dr David C Karpik

Mailing Address 2142 Standard Ave

City

Fairbanks

State

AK

Zip Code

99701-7250

FEC ID number of 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
07 / 25 / 2012

Transaction ID : 35084561

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

915.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mamie Cassandra Chan

Mailing Address 13713 Vic Rd Ne

City

Albuquerque

State

NM

Zip Code

87112-6602

FEC ID number of 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

07 / 25 / 2012

Transaction ID : 35084572

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Richard L Talkington

Mailing Address Po Box 521

City

Franklin

State

NH

Zip Code

03235-0521

FEC ID number of 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

07 / 26 / 2012

Transaction ID : 35085673

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Pamela E Theriot

Mailing Address 612 University Ave

City

Syracuse

State

NY

Zip Code

13210-1807

FEC ID number of 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

07 / 26 / 2012

Transaction ID : 35085674

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

200.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr D. Cory Rath

Mailing Address 10748 Sprucedale Ave

City

Las Vegas

State

NV

Zip Code

89144-4401

FEC ID number of 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

07 / 26 / 2012

Transaction ID : 35085675

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Jason H Nakagawa

Mailing Address 12512 Rosy Circle

City

Los Angeles

State

CA

Zip Code

90066-6927

FEC ID number of 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

07 / 25 / 2012

Transaction ID : 35087885

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Charles R Cyr

Mailing Address 380 Poker Hill Rd

City

Underhill

State

VT

Zip Code

05489-9610

FEC ID number of 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

07 / 25 / 2012

Transaction ID : 35087886

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1100.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Heather A Robben

Mailing Address Po Box 458

City

Wakeeney

State

KS

Zip Code

67672-0458

FEC ID number of 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 Y
07 / 25 / 2012

Transaction ID : 35087889

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Farnaz Khankhanian

Mailing Address 2515 Bedford Way

City

Carson City

State

NV

Zip Code

89703-4616

FEC ID number of 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 Y
07 / 25 / 2012

Transaction ID : 35087891

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin W Mc Bride

Mailing Address 2940 Rimrock Rd
Unit 1

City

Billings

State

MT

Zip Code

59102-0502

FEC ID number of 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 Y
07 / 25 / 2012

Transaction ID : 35087896

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard J Shuster

Mailing Address 8980 Niblic Dr

City

Alpharetta

State

GA

Zip Code

30022-6835

FEC ID number of 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

07 / 25 / 2012

Transaction ID : 35087902

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Maryjane Healey

Mailing Address 6710 124Th Pl 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 ▼

1400.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 35088247

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr C. Thomas Crooks III

Mailing Address 1229 Highland Lakes Trl

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 ▼

350.00

Date of Receipt

07 / 27 / 2012

Transaction ID : 35088249

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

375.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas E Nye

Mailing Address 42 Tabor Ln

City State Zip Code
 Hamilton OH 45013-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 27 2012

Transaction ID : 35088250

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Diane E Reddin

Mailing Address Po Box 66

City State Zip Code
 Crawford CO 81415-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 27 2012

Transaction ID : 35088251

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Kevin L Gee

Mailing Address 9119 Highway 6
 Ste 200

City State Zip Code
 Missouri City TX 77459-4876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.37

Date of Receipt

M M / D D / Y Y Y Y Y
 07 28 2012

Transaction ID : 35089332

Amount of Each Receipt this Period

90.91

SUBTOTAL of Receipts This Page (optional)..... ►

440.91

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sue E Lowe

Mailing Address 1704 Skyline Rd

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 ▼

1166.69

Date of Receipt

07 / 28 / 2012

Transaction ID : 35089334

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Ron Benner

Mailing Address 1408 E Maryland Ln

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 ▼

1166.69

Date of Receipt

07 / 28 / 2012

Transaction ID : 35089336

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Neil W Draisin

Mailing Address 21 Fairway Village Ln

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 ▼

291.69

Date of Receipt

07 / 28 / 2012

Transaction ID : 35089337

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

375.01

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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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jennifer M. Smi Zolman

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089338

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Robert G Goerss

Mailing Address 3120 Brookford Dr

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089340

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas J Landry

Mailing Address 9 Greenridge Dr

City

Painted Post

State

NY

Zip Code

14870-9388

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089341

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

141.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Trevor J Cleveland

Mailing Address 1610 Wilson Ct

City State Zip Code
Eugene OR 97402-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089342

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Lanny F Duclos Jr

Mailing Address 3795 Sun Valley Dr

City State Zip Code
Grantsville UT 84029-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089343

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr William L Ratcliff

Mailing Address 530 10Th St

City State Zip Code
Huntington WV 25701-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089344

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)..... ►

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Timothy A Stafford

Mailing Address 1012 Julius Richardson Rd

City State Zip Code
 Irmo SC 29063-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y
 07 28 2012

Transaction ID : 35089345

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Jan L Cooper

Mailing Address 101 Chandler W

City State Zip Code
 Highland CA 92346-5482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 28 2012

Transaction ID : 35089347

Amount of Each Receipt this Period

187.50

Full Name (Last, First, Middle Initial)

C. Dr Peter H Kehoe

Mailing Address 789 N Broad St

City State Zip Code
 Galesburg IL 61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 28 2012

Transaction ID : 35089348

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

862.50

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Lynn A Davis

Mailing Address 6546 Jacal Ct Nw

City

Albuquerque

State

NM

Zip Code

87114-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089349

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr Bruce D Krutsinger

Mailing Address 15901 Tahoe Dr

City

Jersey Village

State

TX

Zip Code

77040-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089351

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr Mark T Mentzer

Mailing Address 2200 Blairsferry Crossing

City

Hiawatha

State

IA

Zip Code

52233-7900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089352

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

196.68

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Hilaire A Pressley

Mailing Address 8635 W Sahara Ave
Pmb 443

City State Zip Code
Las Vegas NV 89117-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089354

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Dr John L Walters

Mailing Address 47 Mast Hill Rd

City State Zip Code
Saco ME 04072-9338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.68

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089355

Amount of Each Receipt this Period

37.00

Full Name (Last, First, Middle Initial)

C. Dr Andrea P Thau

Mailing Address 145 E 84Th St
Apt 11A

City State Zip Code
New York NY 10028-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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 Y
07 / 28 / 2012

Transaction ID : 35089357

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

263.67

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

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donald J Higgins

Mailing Address 5 Belgravia Ter

City State Zip Code
Farmington CT 06032-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

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
07 / 28 / 2012

Transaction ID : 35089358

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Paul W Bohac

Mailing Address 5775 Wyncliff Rd

City State Zip Code
N Charleston SC 29418-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.38

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089360

Amount of Each Receipt this Period

33.34

Full Name (Last, First, Middle Initial)

C. Dr Michael J Veliky

Mailing Address 787 Pony Trail

City State Zip Code
Franklin Lakes NJ 07417-1549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089363

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

583.34

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

224.00

Date of Receipt

07 / 28 / 2012

Transaction ID : 35089364

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

B. Dr Blaine A Littlefield

Mailing Address 27 Wilderness Dr

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

231.00

Date of Receipt

07 / 28 / 2012

Transaction ID : 35089365

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

C. Dr Alan Joseph Mathieu

Mailing Address Po Box 132

City

Raymond

State

ME

Zip Code

04071-0132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

224.00

Date of Receipt

07 / 28 / 2012

Transaction ID : 35089366

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

97.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Todd M Hamilton

Mailing Address 278 Falmouth Rd

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 ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089367

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas A Lucas Jr

Mailing Address 2023 Sandy Point Rd

City

Harker Hts

State

TX

Zip Code

76548-8680

FEC ID number of 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 Y
07 / 28 / 2012

Transaction ID : 35089368

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089369

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

432.00

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kathleen E Goff

Mailing Address 114 Crested Peak Ct

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 ▼

586.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089370

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr Richard C Edlow

Mailing Address 8913 Griffin Way

City

Baltimore

State

MD

Zip Code

21208-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089371

Amount of Each Receipt this Period

91.00

Full Name (Last, First, Middle Initial)

c. Dr Carey A Patrick

Mailing Address 970 Patrician Ct

City

Fairview

State

TX

Zip Code

75069-8781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2012

Transaction ID : 35089373

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

274.34

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Douglas C Morrow

Mailing Address 903 Midway Dr

City State Zip Code
Auburn IN 46706-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2012

Transaction ID : 35090078

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Mark Laton Bettencourt

Mailing Address 4469 Horizon Trl

City State Zip Code
Wamego KS 66547-9262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 35090617

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Paul A Kusy

Mailing Address 1950 Thibodo Rd
Apt 203

City State Zip Code
Vista CA 92081-7946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 35090619

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1615.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Rush Sandlin

Mailing Address 22710 Village Ln

City

Athens

State

AL

Zip Code

35613-2873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 35090620

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Paul Klein

Mailing Address 2445 Ne 195Th St

City

Miami

State

FL

Zip Code

33180-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 35090623

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

c. Dr Dana M Mc Dermott

Mailing Address 361 Bison View Ln

City

Thermopolis

State

WY

Zip Code

82443-8401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 35090624

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

825.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Daniel A Shea

Mailing Address 3515 W Bayview Ct

City

Wichita

State

KS

Zip Code

67204-2377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 35090629

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Mark Gerard Carolan

Mailing Address 529 Faulkner Dr

City

Schertz

State

TX

Zip Code

78154-1142

FEC ID number of 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 Y
07 / 24 / 2012

Transaction ID : 35090634

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Patti S Fuhr

Mailing Address 5720 11Th Ave S

City

Birmingham

State

AL

Zip Code

35222-4136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 35090638

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

280.00

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

Full Name (Last, First, Middle Initial)

A. 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 ▼

1583.31

Date of Receipt

07 / 24 / 2012

Transaction ID : 35090639

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms Sandra Gragg-Naifeh

Mailing Address 4850 N Lincoln Blvd
Ste A

City

Oklahoma City

State

OK

Zip Code

73105-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oklahoma Assn Of Opt Physicins

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 35090640

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

c. Dr Linda T Arakaki

Mailing Address 99-923 Hulumanu St

City

Aiea

State

HI

Zip Code

96701-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 35090642

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 96
(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

Full Name (Last, First, Middle Initial)

A. Dr Christopher L Agro

Mailing Address 6 Cartier Rd

City
EnfieldState
CTZip Code
06082-2506FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | / | 24 | / | 2012 |

Transaction ID : 35090643

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr John D Robinson

Mailing Address 204 Maple Creek Dr

City
WallaceState
NCZip Code
28466-2383FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | / | 24 | / | 2012 |

Transaction ID : 35090644

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms Charlotte NekotaMailing Address 1253 S Beretania St
#3307City
HonoluluState
HIZip Code
96814-1822FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hawaii Optometric Assn

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | / | 24 | / | 2012 |

Transaction ID : 35090645

Amount of Each Receipt this Period

250.00

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

2500.00

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

Full Name (Last, First, Middle Initial)

A. Dr Glenda B Brown

Mailing Address 80 Idlegate Ct

City

Alpharetta

State

GA

Zip Code

30022-5509

FEC ID number of 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

07 / 24 / 2012

Transaction ID : 35090646

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Sylvia E Sparrow

Mailing Address 249 N White Station Rd

City

Memphis

State

TN

Zip Code

38117-2860

FEC ID number of 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

07 / 24 / 2012

Transaction ID : 35090647

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr James Dylan Vaught

Mailing Address 1305 Collins St

City

Conway

State

SC

Zip Code

29526-3624

FEC ID number of 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

07 / 30 / 2012

Transaction ID : 35090994

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 96

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sidney J Stern

Mailing Address 9235 Sw 78Th Ct

City

Miami

State

FL

Zip Code

33156-7589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

07 / 30 / 2012

Transaction ID : 35100199

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr David L Armstrong

Mailing Address 5129 Crossbow Cir

City

Roanoke

State

VA

Zip Code

24018-8654

FEC ID number of 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

07 / 30 / 2012

Transaction ID : 35100621

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr David J Helfman

Mailing Address 7 Pierce Ln

City

Hollis

State

NH

Zip Code

03049-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 30 / 2012

Transaction ID : 35100624

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2550.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 81 OF 96

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Samuel J Baron

Mailing Address Po Box 1543

City

Golden

State

CO

Zip Code

80402-1543

FEC ID number of 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

07 / 30 / 2012

Transaction ID : 35100629

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Charles P Gilchrist III

Mailing Address Po Box 1137

City

Tappahannock

State

VA

Zip Code

22560-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 30 / 2012

Transaction ID : 35100633

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Dr Frank P Castaldi

Mailing Address 21 Wilton Acres

City

Wilton

State

CT

Zip Code

06897-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 30 / 2012

Transaction ID : 35100647

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1965.00

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

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

FOR LINE NUMBER: PAGE 82 OF 96
(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

Full Name (Last, First, Middle Initial)

A. Dr Becky Cook Mann

Mailing Address 511 Walker St

City State Zip Code
 Radford VA 24141-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : 35100652

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Timothy W Tolford

Mailing Address 5 Underwood Spring Way

City State Zip Code
 Falmouth ME 04105-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : 35100656

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Gerald J Prchal

Mailing Address 2603 Ridgewood Ln

City State Zip Code
 Albany GA 31707-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : 35104785

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ▶

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

900.00

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

Full Name (Last, First, Middle Initial)

A. Dr Tommy J Ducklo

Mailing Address 3504B Amanda Ave

City

Nashville

State

TN

Zip Code

37215-2102

FEC ID number of 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 Y
07 / 31 / 2012

Transaction ID : 35104787

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Paul Klein

Mailing Address 2445 Ne 195Th St

City

Miami

State

FL

Zip Code

33180-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 35104798

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Scott A Colonna

Mailing Address 29 Riverview Dr

City

North Providence

State

RI

Zip Code

02904-2960

FEC ID number of 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 Y
07 / 31 / 2012

Transaction ID : 35104813

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

625.00

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

Full Name (Last, First, Middle Initial)

A. Dr Lawrence T Ginsberg

Mailing Address 21 Knapton St

City

Barrington

State

RI

Zip Code

02806-2644

FEC ID number of 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 Y
07 / 31 / 2012

Transaction ID : 35104816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David N Lasse

Mailing Address 10093 Crosier Ln

City

Blue Ash

State

OH

Zip Code

45242-5743

FEC ID number of 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 Y
07 / 31 / 2012

Transaction ID : 35104818

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Ronald W Downing

Mailing Address 7340 N State Route 60 Nw

City

McConnelsville

State

OH

Zip Code

43756-9644

FEC ID number of 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 Y
07 / 31 / 2012

Transaction ID : 35104820

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

45872.42

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City

St. Louis

State

MO

Zip Code

63179

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

239.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 35105010

Amount of Each Receipt this Period

22.67

Bank Interest

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

22.67

22.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/MC Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 02 2012
Transaction ID : 35105011

Amount of Each Disbursement this Period

1515.77

Visa/MC Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
AE Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 02 2012
Transaction ID : 35105012

Amount of Each Disbursement this Period

216.76

AE Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 16 2012
Transaction ID : 35105013

Amount of Each Disbursement this Period

230.12

Bank Fees

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

1962.65

**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 87 OF 96

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| McLean | VA | 22102 |

Purpose of Disbursement
Bank Fee

Candidate Name

| | |
|----------------|---|
| 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) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 11 | | 2012 |

Transaction ID : 35105015

Amount of Each Disbursement this Period

| |
|---------|
| 1418.67 |
|---------|

Bank Fee

B.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| 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) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
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| |
|--|

C.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| 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) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

1418.67

3381.32

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

PAGE 88 OF 96

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. Searchlight Leadership FundMailing Address 426 C Street, NE
Rear Bldg

City Washington State DC Zip Code 20002

Purpose of Disbursement
Committee Contribution

Candidate Name

Searchlight Leadership FundOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 11 | | 2012 |

Transaction ID : 35024158

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Devin G. NunesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 21

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 11 | | 2012 |

Transaction ID : 35024159

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Timothy J. RyanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 17

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 12 | | 2012 |

Transaction ID : 35027854

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Contribution

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

| |
|---------|
| 6000.00 |
|---------|

**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 89 OF 96

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress

Mailing Address P.O. Box 640

| | | |
|----------------|-------------|-------------------|
| City Totowa | State NJ | Zip Code 07511 |
|----------------|-------------|-------------------|

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. William J. Pascrell Jr.Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 08

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 17 | | 2012 |

Transaction ID : 35051700

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Progressive Choices PAC

Mailing Address PO Box 58

| | | |
|------------------|-------------|-------------------|
| City Evanston | State IL | Zip Code 60204 |
|------------------|-------------|-------------------|

Purpose of Disbursement
Void

011

Candidate Name

Progressive Choices PACCategory/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 18 | | 2012 |

Transaction ID : 35068062

Amount of Each Disbursement this Period

| |
|----------|
| -5000.00 |
|----------|

Void

Full Name (Last, First, Middle Initial)

C. Progressive Choices PAC

Mailing Address PO Box 58

| | | |
|------------------|-------------|-------------------|
| City Evanston | State IL | Zip Code 60204 |
|------------------|-------------|-------------------|

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Progressive Choices PACCategory/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 18 | | 2012 |

Transaction ID : 35068064

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Committee Contribution

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

| |
|---------|
| 1000.00 |
|---------|

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| | 21b | | 22 | X | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

American Optometric Association Political Action Committee

5000.00

Committee Contribution

M M / D D / Y Y Y Y
07 18 2012

5000.00

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

2000.00

Candidate Contribution

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

12000.00

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

PAGE 91 OF 96

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 18 | | 2012 |

Mailing Address 320 First Street, S.E

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement
Recount Fund

011

Transaction ID : 35068137

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Candidate Name

National Republican Congressional CommitteeCategory/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Recount Fund

State: District:

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 18 | | 2012 |

Mailing Address 320 First Street, S.E

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement
Recount Fund

011

Transaction ID : 35068141

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Name

National Republican Congressional CommitteeCategory/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Recount Fund

State: District:

Full Name (Last, First, Middle Initial)

C. New Jersey Democratic State Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 23 | | 2012 |

Mailing Address 196 West State Street

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Trenton | NJ | 08608 |

Purpose of Disbursement
Committee Contribution

011

Transaction ID : 35076154

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Committee Contribution

State: District:

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

| |
|----------|
| 10000.00 |
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**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 92 OF 96

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. Mike Rogers For Congress

Mailing Address 123 East 13th Street

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Anniston | AL | 36201 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Michael D. Rogers

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: AL | District: 03 |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 23 | | 2012 |

Transaction ID : 35076155

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Peters For Congress

Mailing Address P.O. Box 21535

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Detroit | MI | 48221 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Gary C. Peters

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: MI | District: 09 |

| |
|--|
| Disbursement For: 2012 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091252

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Brian Bilbray For CongressMailing Address 970 Seacoast Drive
7

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| Imperial Beach | CA | 91932 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Brian P. Bilbray

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: CA | District: 50 |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091367

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Contribution

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

8500.00

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

PAGE 93 OF 96

| | | | | | |
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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

Full Name (Last, First, Middle Initial)

A. Bill Cassidy For Congress

Mailing Address PO Box 80505

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Baton Rouge | LA | 70898 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Bill Cassidy MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091368

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Bill Cassidy For Congress

Mailing Address PO Box 80505

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Baton Rouge | LA | 70898 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Bill Cassidy MDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091369

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Gardner For Congress 2012

Mailing Address 9227 E. Lincoln Ave., #200-235

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Lone Tree | CO | 80124 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Cory GardnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091371

Amount of Each Disbursement this Period

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|---------|
| 5000.00 |
|---------|

Candidate Contribution

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

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| 15000.00 |
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**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 94 OF 96

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. Morgan Griffith For Congress

Mailing Address PO Box 361

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| Christiansburg | VA | 24068 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Morgan H. GriffithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091372

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Latta For Congress

Mailing Address PO Box 106

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Bowling Green | OH | 43402 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Robert LattaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091373

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Pompeo For Congress Inc

Mailing Address PO Box 780146

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Wichita | KS | 67212 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Mike PompeoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091374

Amount of Each Disbursement this Period

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|---------|
| 5000.00 |
|---------|

Candidate Contribution

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

| |
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| 14000.00 |
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 96

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

Full Name (Last, First, Middle Initial)

A. Pompeo For Congress Inc

Mailing Address PO Box 780146

City
WichitaState
KSZip Code
67212Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Mike Pompeo

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091375

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Lee Terry For Congress

Mailing Address PO Box 540098

City
OmahaState
NEZip Code
68154Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Lee Terry

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2012 |

Transaction ID : 35091376

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional).....▶

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

6000.00

72500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 96
 FOR LINE 24 OF FORM 3X

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00024968 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | |

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) of Payee SRCPmedia, Inc. | | Date MM / DD / YYYY 07 / 10 / 2012 | |
| Mailing Address 201 N Union Street Suite 200 | | Amount 100000.00 | |
| City Alexandria | State VA | Zip Code 22314 | Transaction ID : 35067307 Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Purpose of Expenditure Media Production/Buy-Radio 07/19/2012 | | Category/ Type 004 | Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Frederick Stephen Upton |
| Calendar Year-To-Date Per Election for Office Sought 100000.00 | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|--|-------|---|--|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Purpose of Expenditure | | Category/ Type | Name of Federal Candidate Supported or Opposed by Expenditure: |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 100000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... | 100000.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas E. Nye O.D.

[Electronically Filed]

Date

MM / DD / YYYY
 08 / 13 / 2012

Signature