

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		683843.90
(b) Cash on Hand at Beginning of Reporting Period.....	696797.02	
(c) Total Receipts (from Line 19)	32876.48	165200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	729673.50	849043.90
7. Total Disbursements (from Line 31).....	110076.87	229447.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	619596.63	619596.63
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

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	17903.37	91187.89
(ii) Unitemized	14913.91	72876.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32817.28	164064.21
(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)	32817.28	164064.21
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.).....	59.20	135.79
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))..... ▶	32876.48	165200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32876.48	165200.00

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	31576.87	35947.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	31576.87	35947.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	183500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	0.00
(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	0.00
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)) ..	110076.87	229447.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110076.87	229447.27

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)	32817.28	164064.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32817.28	164064.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	31576.87	35947.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31576.87	35947.27

**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 6 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Justin M Cole
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Pink Orchard Dr
 City Mooresville State NC Zip Code 28115-8016
 FEC ID number of 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 03 / 01 / 2012
Transaction ID : 34447978
 Amount of Each Receipt this Period 500.00

B. Dr Kathleen E Powell
 Full Name (Last, First, Middle Initial)
 Mailing Address 9710 Copper Dr
 City Anchorage State AK Zip Code 99507-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 255.00

Date of Receipt 03 / 03 / 2012
Transaction ID : 34449621
 Amount of Each Receipt this Period 85.00

C. Dr Dirk Michael Beyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 S 5Th St
 City Hamilton State MT Zip Code 59840-2755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt 03 / 03 / 2012
Transaction ID : 34449622
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional).....	668.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Robert L Jarrell III
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2012
Transaction ID : 34449624
 Amount of Each Receipt this Period
 166.67

B. Dr George Edward Ozer
 Full Name (Last, First, Middle Initial)
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2012
Transaction ID : 34449625
 Amount of Each Receipt this Period
 100.00

C. Dr Stanley Woo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Nicholson St
 City Houston State TX Zip Code 77008-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2012
Transaction ID : 34449643
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	516.67
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: (check only one)	PAGE 9 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Joel Gregory Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 311 Pond View Ln

City Lexington State SC Zip Code 29072-2419

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 07 / 2012
Transaction ID : 34455288

Amount of Each Receipt this Period
250.00

B. Dr Rebecca H Wartman
Full Name (Last, First, Middle Initial)

Mailing Address 46 Lambeth Walk

City Fairview State NC Zip Code 28730-7721

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
03 / 08 / 2012
Transaction ID : 34456210

Amount of Each Receipt this Period
200.00

C. Dr Annette L Hanian
Full Name (Last, First, Middle Initial)

Mailing Address 4717 E Berneil Dr

City Phoenix State AZ Zip Code 85028-5506

FEC ID number of 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
03 / 09 / 2012
Transaction ID : 34458188

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr William Drost Altig
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 County Road 4856
 City Newark State TX Zip Code 76071-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2012
Transaction ID : 34458190
 Amount of Each Receipt this Period 500.00

B. Dr Victoria Ann Blower
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Loussac Dr
 City Anchorage State AK Zip Code 99517-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 09 / 2012
Transaction ID : 34458193
 Amount of Each Receipt this Period 85.00

C. Dr Lynn Smith Hammonds
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.01

Date of Receipt 03 / 09 / 2012
Transaction ID : 34458194
 Amount of Each Receipt this Period 166.67

SUBTOTAL of Receipts This Page (optional).....▶	751.67
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: (check only one)	PAGE 11 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Barbara L Horn
 Full Name (Last, First, Middle Initial)
 Mailing Address 61269 Coralburst Dr
 City Washington State MI Zip Code 48094-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **504.54**

Date of Receipt **03 / 09 / 2012**
Transaction ID : 34458196
 Amount of Each Receipt this Period **168.18**

B. Dr Joe Ernest Ellis
 Full Name (Last, First, Middle Initial)
 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 **500.01**

Date of Receipt **03 / 10 / 2012**
Transaction ID : 34478651
 Amount of Each Receipt this Period **166.67**

C. Dr Gregory Willard Hicks
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 E Bogart Rd
 City Sandusky State OH Zip Code 44870-6404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **498.00**

Date of Receipt **03 / 11 / 2012**
Transaction ID : 34492881
 Amount of Each Receipt this Period **166.00**

SUBTOTAL of Receipts This Page (optional).....	500.85
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: (check only one)	PAGE 12 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Edward M Kosnoski
Full Name (Last, First, Middle Initial)
Mailing Address 305 Kensington Ave S
City Kent State WA Zip Code 98030-7004
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2012
Transaction ID : 34492898
Amount of Each Receipt this Period
250.00

B. Dr Gregory W Payne
Full Name (Last, First, Middle Initial)
Mailing Address 4810 Maidstone Ct
City Suwanee State GA Zip Code 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 ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2012
Transaction ID : 34492899
Amount of Each Receipt this Period
100.00

C. Dr Thomas Annunziato
Full Name (Last, First, Middle Initial)
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 Occupation
Self Employed Doctor of Optometry
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2012
Transaction ID : 34507004
Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	433.33
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Greg A Caldwell
Full Name (Last, First, Middle Initial)

Mailing Address 225 Terrace Dr

City State Zip Code
Lilly PA 15938-5819

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 ▼
500.01

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2012

Transaction ID : 34507005

Amount of Each Receipt this Period
166.67

B. Dr Brian J Plattner
Full Name (Last, First, Middle Initial)

Mailing Address 917 S Market St

City State Zip Code
Knoxville IL 61448-1299

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 ▼
255.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2012

Transaction ID : 34507009

Amount of Each Receipt this Period
85.00

C. Dr Marcus H Kelley
Full Name (Last, First, Middle Initial)

Mailing Address 1127 Wilder Ave

City State Zip Code
Helena MT 59601-2115

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

Transaction ID : 34512942

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **751.67**

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: (check only one)	PAGE 14 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Randolph E Brooks
Full Name (Last, First, Middle Initial)

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 ▼ **600.00**

Date of Receipt **03 / 14 / 2012**

Transaction ID : 34512949

Amount of Each Receipt this Period **200.00**

B. Dr Rose Marie Betz
Full Name (Last, First, Middle Initial)

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 Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 09 / 2012**

Transaction ID : 34512974

Amount of Each Receipt this Period **100.00**

C. Dr Dorothy J Park
Full Name (Last, First, Middle Initial)

Mailing Address 111 Pine Island Rd

City Columbia State SC Zip Code 29212-8403

FEC ID number of 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 **03 / 09 / 2012**

Transaction ID : 34512977

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Linda M Chous
Full Name (Last, First, Middle Initial)

Mailing Address 1295 W Royal Oaks Dr

City Shoreview State MN Zip Code 55126-8478

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **272.73**

Date of Receipt **03 / 15 / 2012**

Transaction ID : 34515872

Amount of Each Receipt this Period **90.91**

B. Dr David P Dozack
Full Name (Last, First, Middle Initial)

Mailing Address 228 Timothy Ln

City Horseheads State NY Zip Code 14845-1837

FEC ID number of 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 **03 / 16 / 2012**

Transaction ID : 34520661

Amount of Each Receipt this Period **1000.00**

C. Dr Harue Jean Marsden
Full Name (Last, First, Middle Initial)

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 General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **03 / 18 / 2012**

Transaction ID : 34534266

Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....▶	1174.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Scott M Burks
Full Name (Last, First, Middle Initial)

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 Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2012
Transaction ID : 34534287

Amount of Each Receipt this Period 100.00

B. Mr Richard Cornett
Full Name (Last, First, Middle Initial)

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

City Worthington State OH Zip Code 43085-2350

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Optometric Association, Inc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2012
Transaction ID : 34534288

Amount of Each Receipt this Period 250.00

C. Dr Mitchell Todd Munson
Full Name (Last, First, Middle Initial)

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 ▼ 500.82

Date of Receipt 03 / 19 / 2012
Transaction ID : 34534292

Amount of Each Receipt this Period 166.94

SUBTOTAL of Receipts This Page (optional).....▶	516.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Susan M Brunnett
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.41

Date of Receipt
 03 / 19 / 2012
Transaction ID : 34534293
 Amount of Each Receipt this Period
 83.47

B. Dr Ronald Lee Hopping
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.01

Date of Receipt
 03 / 19 / 2012
Transaction ID : 34534298
 Amount of Each Receipt this Period
 166.67

C. Dr Desiree Tyer Hopping
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.01

Date of Receipt
 03 / 19 / 2012
Transaction ID : 34534299
 Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.81
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: (check only one)	PAGE 18 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Robert J Parks
Full Name (Last, First, Middle Initial)

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 Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
03 / 20 / 2012
Transaction ID : 34547700

Amount of Each Receipt this Period
83.34

B. Dr Wayne Maltz
Full Name (Last, First, Middle Initial)

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 ▼
300.00

Date of Receipt
03 / 20 / 2012
Transaction ID : 34547703

Amount of Each Receipt this Period
100.00

C. Dr Marc Robert Bloomenstein
Full Name (Last, First, Middle Initial)

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 ▼
300.00

Date of Receipt
03 / 20 / 2012
Transaction ID : 34547705

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 283.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr William Thomas Reynolds Jr
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2012
Transaction ID : 34547706
 Amount of Each Receipt this Period
 166.67

B. Dr Michael E Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 Victoria Pl
 City Guthrie State OK Zip Code 73044-8668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2012
Transaction ID : 34549168
 Amount of Each Receipt this Period
 166.67

C. Dr David S Hays
 Full Name (Last, First, Middle Initial)
 Mailing Address 5421 95Th Avenue Ct W
 City Tacoma State WA Zip Code 98467-1307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2012
Transaction ID : 34549169
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional).....▶	417.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Donald W Furman
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2012
Transaction ID : 34549170
 Amount of Each Receipt this Period
 84.00

B. Dr Jennifer L Planitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3537 Newcastle Dr Se
 City Rio Rancho State NM Zip Code 87124-3672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 909.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2012
Transaction ID : 34549177
 Amount of Each Receipt this Period
 454.55

C. Dr Wesley E Garton
 Full Name (Last, First, Middle Initial)
 Mailing Address 14626 E Sharon Ln
 City Wichita State KS Zip Code 67230-7015
 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 M / D D D / Y Y Y Y Y Y
 03 / 19 / 2012
Transaction ID : 34549514
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 788.55
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: (check only one)	PAGE 21 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr David K Talley
Full Name (Last, First, Middle Initial)

Mailing Address 1698 Brookside Dr

City Germantown State TN Zip Code 38138-2531

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : 34549649

Amount of Each Receipt this Period
 85.00

B. Dr Steven C Ezzell
Full Name (Last, First, Middle Initial)

Mailing Address 649 Matthew Ct

City Abilene State TX Zip Code 79602-5246

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2012

Transaction ID : 34549654

Amount of Each Receipt this Period
 100.00

C. Dr Christine W Cook
Full Name (Last, First, Middle Initial)

Mailing Address 511 Shadow Brooke Dr

City Chesapeake State VA Zip Code 23320-3511

FEC ID number of 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 Y
 03 / 22 / 2012

Transaction ID : 34550220

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr David T Gubman
Full Name (Last, First, Middle Initial)

Mailing Address 9 Cobblestone Rd

City State Zip Code
Cherry Hill NJ 08003-1420

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 Y
03 / 23 / 2012

Transaction ID : 34550524

Amount of Each Receipt this Period
500.00

B. Dr Joseph J Jordan Jr
Full Name (Last, First, Middle Initial)

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 ▼
500.01

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 34550525

Amount of Each Receipt this Period
166.67

C. Dr Barry J Barresi
Full Name (Last, First, Middle Initial)

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 ▼
500.01

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 34550526

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional).....▶	833.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Jeff A Hayden
Full Name (Last, First, Middle Initial)

Mailing Address 679 Plumtree Ln

City Fenton State MI Zip Code 48430-4207

FEC ID number of 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 M / D D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 34550533

Amount of Each Receipt this Period
100.00

B. Dr Dorothy L Hitchmoth
Full Name (Last, First, Middle Initial)

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 ▼ **264.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : 34551159

Amount of Each Receipt this Period
88.00

C. Dr Dennis M Brtva
Full Name (Last, First, Middle Initial)

Mailing Address 57 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2012

Transaction ID : 34551413

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional).....▶	273.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Dori M Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 121 Briggs Ave N

City Park River State ND Zip Code 58270-4507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **490.92**

Date of Receipt **03 / 24 / 2012**

Transaction ID : 34551414

Amount of Each Receipt this Period **163.64**

B. Dr Steven Thomas Reed
Full Name (Last, First, Middle Initial)

Mailing Address 4550 Simpson Highway 28 W

City Magee State MS Zip Code 39111-5187

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 24 / 2012**

Transaction ID : 34551415

Amount of Each Receipt this Period **90.00**

C. Dr Peter V Candela
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 614

City Blythewood State SC Zip Code 29016-0614

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt **03 / 24 / 2012**

Transaction ID : 34551416

Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....▶	336.98
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: (check only one)	PAGE 26 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr John S Bowen
Full Name (Last, First, Middle Initial)

Mailing Address 2570 Northshore Blvd
Ste 200

City Flower Mound State TX Zip Code 75028-8386

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
03 / 25 / 2012
Transaction ID : 34551429

Amount of Each Receipt this Period
84.00

B. Dr Stacie Layne Virden
Full Name (Last, First, Middle Initial)

Mailing Address 4324 Green Point Dr

City Waco State TX Zip Code 76710-1406

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
272.73

Date of Receipt
03 / 25 / 2012
Transaction ID : 34551430

Amount of Each Receipt this Period
90.91

C. Dr Richard L Talkington
Full Name (Last, First, Middle Initial)

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 ▼
300.00

Date of Receipt
03 / 26 / 2012
Transaction ID : 34551435

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 274.91

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

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

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

FOR LINE NUMBER: PAGE 27 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr D. Cory Rath
 Full Name (Last, First, Middle Initial)
 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 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : 34551438
 Amount of Each Receipt this Period
 100.00

B. Dr Marcus G Piccolo
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 J Davis Armistead Bldg
 City Houston State TX Zip Code 77204-2020
 FEC ID number of 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
 03 / 26 / 2012
Transaction ID : 34554507
 Amount of Each Receipt this Period
 500.00

C. Dr Maryjane Healey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6710 124Th PI 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 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012
Transaction ID : 34559633
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Kevin L Gee
 Full Name (Last, First, Middle Initial)
 Mailing Address 9119 Highway 6
 Ste 200
 City Missouri City State TX Zip Code 77459-4876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 272.73

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : 34560507
 Amount of Each Receipt this Period
 90.91

B. Dr Sue E Lowe
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : 34560511
 Amount of Each Receipt this Period
 166.67

C. Dr Ron Benner
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : 34560513
 Amount of Each Receipt this Period
 166.67

SUBTOTAL of Receipts This Page (optional).....▶	424.25
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Craig M Brammer
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 487

City State Zip Code
Crowley LA 70527-0487

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 M / D D D / Y Y Y Y Y Y
03 / 28 / 2012
Transaction ID : 34560524

Amount of Each Receipt this Period
250.00

B. Dr Jan L Cooper
Full Name (Last, First, Middle Initial)

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 ▼
562.50

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2012
Transaction ID : 34560528

Amount of Each Receipt this Period
187.50

C. Dr Peter H Kehoe
Full Name (Last, First, Middle Initial)

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 ▼
525.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2012
Transaction ID : 34560529

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional).....▶	612.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Lynn A Davis
Full Name (Last, First, Middle Initial)

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 ▼ 250.02

Date of Receipt 03 / 28 / 2012
Transaction ID : 34560531

Amount of Each Receipt this Period 83.34

B. Dr Jeffrey W Jones
Full Name (Last, First, Middle Initial)

Mailing Address 107 Northcastle St

City Longview State TX Zip Code 75604-3544

FEC ID number of 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 03 / 28 / 2012
Transaction ID : 34560534

Amount of Each Receipt this Period 83.34

C. Dr Bruce D Krutsinger
Full Name (Last, First, Middle Initial)

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 ▼ 250.02

Date of Receipt 03 / 28 / 2012
Transaction ID : 34560535

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02

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: (check only one)	PAGE 31 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Bill Craig Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Champlin Ct

City Richardson State TX Zip Code 75082-4094

FEC ID number of 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 03 / 28 / 2012
Transaction ID : 34560538

Amount of Each Receipt this Period 250.00

B. Dr John L Walters
Full Name (Last, First, Middle Initial)

Mailing Address 47 Mast Hill Rd

City Saco State ME Zip Code 04072-9338

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.68

Date of Receipt 03 / 28 / 2012
Transaction ID : 34560541

Amount of Each Receipt this Period 37.00

C. Dr Andrea P Thau
Full Name (Last, First, Middle Initial)

Mailing Address 145 E 84Th St Apt 11A

City New York State NY Zip Code 10028-2058

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.01

Date of Receipt 03 / 28 / 2012
Transaction ID : 34560542

Amount of Each Receipt this Period 166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 453.67

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: (check only one)	PAGE 32 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Michael P Weisgerber
 Full Name (Last, First, Middle Initial)
 Mailing Address 61269 Coralburst Dr
 City Washington State MI Zip Code 48094-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : 34560558
 Amount of Each Receipt this Period
83.34

B. Dr Thomas A Lucas Jr
 Full Name (Last, First, Middle Initial)
 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 **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : 34560559
 Amount of Each Receipt this Period
200.00

C. Dr Steven Arthur Loomis
 Full Name (Last, First, Middle Initial)
 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 **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2012
Transaction ID : 34560560
 Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....	483.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Kathleen E Goff
Full Name (Last, First, Middle Initial)

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 ▼ **253.04**

Date of Receipt **03 / 28 / 2012**

Transaction ID : 34560561

Amount of Each Receipt this Period **83.34**

B. Dr Lisa Lynn Slaby
Full Name (Last, First, Middle Initial)

Mailing Address 6368 Aspen Dr

City Sobieski State WI Zip Code 54171-9654

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **03 / 28 / 2012**

Transaction ID : 34560634

Amount of Each Receipt this Period **275.00**

C. Dr Rose Marie Betz
Full Name (Last, First, Middle Initial)

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 Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **03 / 28 / 2012**

Transaction ID : 34576117

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....▶	458.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
<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 James L Flickner		Date of Receipt MM / DD / YYYY 03 / 27 / 2012 Transaction ID : 34576127
Mailing Address 22690 Equipoise Rd		Amount of Each Receipt this Period 300.00
City Monterey	State CA	Zip Code 93940-6505
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Samuel L Erwin		Date of Receipt MM / DD / YYYY 03 / 27 / 2012 Transaction ID : 34576129
Mailing Address Po Box 37		Amount of Each Receipt this Period 250.00
City Corning	State AR	Zip Code 72422-0037
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Thomas J Cullinane		Date of Receipt MM / DD / YYYY 03 / 28 / 2012 Transaction ID : 34576210
Mailing Address 221 Cordovan Commons Pkwy		Amount of Each Receipt this Period 250.00
City Chesterfield	State MO	Zip Code 63017-2239
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Mark W Harris
Full Name (Last, First, Middle Initial)

Mailing Address 137 Pasture Dr

City Manchester State NH Zip Code 03102-4961

FEC ID number of 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
03 / 28 / 2012
Transaction ID : 34576211

Amount of Each Receipt this Period
1000.00

B. Dr Mitchell H Albers
Full Name (Last, First, Middle Initial)

Mailing Address 1321 Prestwick Pl

City Mahtomedi State MN Zip Code 55115-2859

FEC ID number of 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
03 / 28 / 2012
Transaction ID : 34576212

Amount of Each Receipt this Period
500.00

C. Dr Larry J Woods
Full Name (Last, First, Middle Initial)

Mailing Address 2130 River Bend Rd

City Plover State WI Zip Code 54467-2724

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 30 / 2012
Transaction ID : 34582249

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	17903.37

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

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

FOR LINE NUMBER:
(check only one)

<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. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Fundraising Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34517683

Amount of Each Disbursement this Period

Fundraising Services

Full Name (Last, First, Middle Initial)

B. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34589749

Amount of Each Disbursement this Period

Bank 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
Visa/MC Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34608076

Amount of Each Disbursement this Period

Visa/MC Fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34608077

Amount of Each Disbursement this Period

American Express Fee

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
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34608095

Amount of Each Disbursement this Period

Bank Fee

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<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 Johnson For Congress Committee

Mailing Address P.O. Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : 34448823

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Langevin For Congress

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. James R. Langevin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : 34454405

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Ros-Lehtinen For Congress

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Ileana Ros-Lehtinen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : 34457170

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Bruning For Senate Incorporated

Mailing Address PO Box 83950

City Lincoln State NE Zip Code 68501

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Jon Bruning

Category/
Type

Office Sought: House
 Senate
 President
State: NE District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2012

Transaction ID : 34457171

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2012

Transaction ID : 34506869

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Bridenstine

Mailing Address Pmb 230
8086 South Yale

City Tulsa State OK Zip Code 74136

Purpose of Disbursement
Candidate contribution

011

Candidate Name
James Bridenstine

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2012

Transaction ID : 34506871

Amount of Each Disbursement this Period

5000.00

Candidate contribution

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. TAC PAC

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Committee Contribution

011

Candidate Name

TAC PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2012

Transaction ID : 34512761

Amount of Each Disbursement this Period

1500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2012

Transaction ID : 34530481

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. BLUE HEN PAC

Mailing Address P O Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee Contribution

011

Candidate Name

BLUE HEN PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2012

Transaction ID : 34530504

Amount of Each Disbursement this Period

2500.00

Committee Contribution

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

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

5000.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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. Moran For Kansas US Senate

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Jerry Moran

Office Sought: House
 Senate
 President
State: KS District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : 34554438

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Mike Crapo For US Senate

Mailing Address P.O. Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Sen. Mike Crapo

Office Sought: House
 Senate
 President
State: ID District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : 34559570

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Edward Whitfield

Office Sought: House
 Senate
 President
State: KY District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : 34559576

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Senate Conservatives Fund

Mailing Address 228 S. Washington St.
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Senate Conservatives Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2012

Transaction ID : 34559577

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Braley For Congress

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Bruce Braley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2012

Transaction ID : 34560182

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Bring Leadership Back PAC

Mailing Address P O Box 40964

City Arlington State VA Zip Code 22204

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Bring Leadership Back PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2012

Transaction ID : 34560186

Amount of Each Disbursement this Period

5000.00

Committee Contribution

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 28 / 2012

Transaction ID : 34560629

Amount of Each Disbursement this Period
2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Edolphus Towns

Office Sought: House
 Senate
 President
State: NY District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 28 / 2012

Transaction ID : 34560630

Amount of Each Disbursement this Period
2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. New Pioneers PAC

Mailing Address 228 S Washington St
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Committee Contribution

Candidate Name
New Pioneers PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 28 / 2012

Transaction ID : 34560631

Amount of Each Disbursement this Period
2500.00

Committee Contribution

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

<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. Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Candidate Contributions

011

Category/
Type

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	2	

Transaction ID : 34560632

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Candidate Contributions

Full Name (Last, First, Middle Initial)

B. Rob Wittman For Congress

Mailing Address P.O. Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Robert J. Wittman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	2	

Transaction ID : 34560635

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	2	

Transaction ID : 34560636

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Candidate Contribution

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

4	5	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<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. Arkansas for Leadership PAC

Mailing Address PO Box 1672

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Arkansas for Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2012

Transaction ID : 34560637

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W. Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Katherine Castor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2012

Transaction ID : 34565561

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tim Johnson For South Dakota Inc

Mailing Address PO Box 1536

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Tim Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2012

Transaction ID : 34565744

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

8500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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. Ron Barber For Congress

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Ron Barber

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Special-Primary2012**

State: AZ District: 08

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2012

Transaction ID : 34572480

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Karen Bass For Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Karen Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **▼**

State: CA District: 33

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2012

Transaction ID : 34572525

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Rick Larsen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **▼**

State: WA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2012

Transaction ID : 34574637

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Feinstein For Senate

Mailing Address 1801 Avenue Of The Stars Suite 829

City Los Angeles State CA Zip Code 90067

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Dianne Feinstein

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : 34574682

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Benjamin Cardin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : 34574723

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : 34574724

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2012

Transaction ID : 34574737

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Mullen For Congress

Mailing Address PO Box 11665

City South Bend State IN Zip Code 46634

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Brendan Mullen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2012

Transaction ID : 34574738

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. McDowell For Congress

Mailing Address 10820 Glen Street

City Rudyard State MI Zip Code 49780

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Gary McDowell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2012

Transaction ID : 34574740

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Ribble For Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Reid Ribble

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2012

Transaction ID : 34576161

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. John Tierney For Congress

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Rep. John F. Tierney

Category/
Type

Office Sought: House
 Senate
 President
State: MA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2012

Transaction ID : 34576163

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Loretta Sanchez

Mailing Address P.O. Box 6037

City Santa Ana State CA Zip Code 92706

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Rep. Loretta Sanchez

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 47

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2012

Transaction ID : 34576173

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Garagiola For Congress

Mailing Address PO Box 833

City State Zip Code
Frederick MD 21705

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Mr. Robert Garagiola

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 34576175

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / 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)..... ▶

2500.00

78500.00