

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
American Optometric Association Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Type or Print Name of Treasurer Thomas E. Nye O.D.

Signature of Treasurer Thomas E. Nye O.D. [Electronically Filed] Date  /  /

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

**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.....	649285.07	
(c) Total Receipts (from Line 19) .....	141535.96	378385.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	790821.03	1062229.03
7. Total Disbursements (from Line 31).....	81223.33	352631.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	709597.70	709597.70
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	95935.14	236373.35
(ii) Unitemized .....	45555.03	140793.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	141490.17	377166.84
(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) .....	141490.17	377166.84
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.).....	45.79	218.29
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))..... ▶	141535.96	378385.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	141535.96	378385.13

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	2223.33	39631.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2223.33	39631.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78500.00	302500.00
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 .....	500.00	500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500.00	500.00
29. Other Disbursements .....	0.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	81223.33	352631.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81223.33	352631.33

**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) .....	141490.17	377166.84
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	140990.17	376666.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2223.33	39631.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2223.33	39631.33

**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 131
	<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	

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 Philip Wayne Marler**  
Full Name (Last, First, Middle Initial)

Mailing Address 204 Pioneer Hill Dr

City Carthage State MS Zip Code 39051-9150

FEC ID number of 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 05 / 01 / 2012  
**Transaction ID : 34695298**

Amount of Each Receipt this Period 500.00

**B. Dr Michael Gabriel Stamboly**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 5Th St Ne

City Atlanta State GA Zip Code 30308-2022

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 ▼ 500.00

Date of Receipt 05 / 01 / 2012  
**Transaction ID : 34700475**

Amount of Each Receipt this Period 500.00

**C. Dr Gabrielle W Marshall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2463 Nw 1St St

City Bend State OR Zip Code 97701-1246

FEC ID number of 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 05 / 02 / 2012  
**Transaction ID : 34700725**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Dr Ian B Gaddie**  
Full Name (Last, First, Middle Initial)

Mailing Address 5600 Schuler Ln

City Prospect State KY Zip Code 40059-9501

FEC ID number of 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  
05 / 02 / 2012  
Transaction ID : 34700728

Amount of Each Receipt this Period  
250.00

**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 ▼ 425.00

Date of Receipt  
05 / 03 / 2012  
Transaction ID : 34701101

Amount of Each Receipt this Period  
85.00

**C. Dr Philip J Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 Wintergreen Way

City Magnolia State DE Zip Code 19962-1474

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 03 / 2012  
Transaction ID : 34701103

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 385.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**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 ▼ 833.35

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : 34701104**  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : 34701106**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr George W Hertneky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16862 County Road 28  
 City Brush State CO Zip Code 80723-9424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : 34701107**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 316.67  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 9 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Donna B Mc Laughlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 Ridge Crest Dr  
 City Mountain Top State PA Zip Code 18707-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702728**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Denise M Harvey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25837 Pike 225  
 City Eolia State MO Zip Code 63344-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702729**  
 Amount of Each Receipt this Period  
 250.00

**c. Dr J. Scott Simpson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Ridgewood Dr  
 City El Dorado State AR Zip Code 71730-5288  
 FEC ID number of 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  
 05 / 01 / 2012  
**Transaction ID : 34702730**  
 Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 865.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Donald J Vanderfeltz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26683 Highway D  
 City State Zip Code  
 California MO 65018-9802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702736**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr Mark James Cinalli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 229 Plantation Dr  
 City State Zip Code  
 Mineral Wells WV 26150-9638  
 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  
 05 / 01 / 2012  
**Transaction ID : 34702740**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Richard A Frio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7646 Windsor Dr N  
 City State Zip Code  
 N Syracuse NY 13212-1017  
 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 ▼  
 125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702744**  
 Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1375.00  
**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 11 OF 131
	<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	

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 Richard A Frio**  
Full Name (Last, First, Middle Initial)

Mailing Address 7646 Windsor Dr N

City N Syracuse State NY Zip Code 13212-1017

FEC ID number of 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  
05 / 01 / 2012  
**Transaction ID : 34702745**

Amount of Each Receipt this Period  
125.00

**B. Dr Murray Fingeret**  
Full Name (Last, First, Middle Initial)

Mailing Address 183 Lakeview Dr

City Hewlett State NY Zip Code 11557-1815

FEC ID number of 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  
05 / 01 / 2012  
**Transaction ID : 34702749**

Amount of Each Receipt this Period  
250.00

**C. Dr Elizabeth Anne Groninger**  
Full Name (Last, First, Middle Initial)

Mailing Address 740 Willow Pointe North Dr

City Plainfield State IN Zip Code 46168-2097

FEC ID number of 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  
05 / 01 / 2012  
**Transaction ID : 34702750**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**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 12 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Larry D Sumner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8116 E Harvard Cir  
 City Denver State CO Zip Code 80231-7619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702753**  
 Amount of Each Receipt this Period  
**250.00**

**B. Dr Michael Robert Schmit**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5122 Breckenridge Dr  
 City Cincinnati State OH Zip Code 45247-3306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702754**  
 Amount of Each Receipt this Period  
**240.00**

**C. Dr Judith Lynn Schaffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1744 N Federal Hwy  
 City Ft Lauderdale State FL Zip Code 33305-2543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702755**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>740.00</b>
<b>TOTAL</b> 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 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Michael W Geiger**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 8Th St

City Snyder State OK Zip Code 73566-2008

FEC ID number of 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  
05 / 01 / 2012  
**Transaction ID : 34702763**

Amount of Each Receipt this Period  
250.00

**B. Dr Susan A Driscoll**  
Full Name (Last, First, Middle Initial)

Mailing Address 717 Saint Dunstan Way

City Winter Park State FL Zip Code 32792-4851

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
05 / 01 / 2012  
**Transaction ID : 34702781**

Amount of Each Receipt this Period  
350.00

**C. Dr David Robert Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 Williamsburg Dr

City Tarboro State NC Zip Code 27886-3354

FEC ID number of 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  
05 / 01 / 2012  
**Transaction ID : 34702783**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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 14 OF 131
	<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	

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 Richard C Orgain**  
Full Name (Last, First, Middle Initial)

Mailing Address 1277 Highway 25

City Gallatin State TN Zip Code 37066-6106

FEC ID number of 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  
05 / 01 / 2012  
**Transaction ID : 34702799**

Amount of Each Receipt this Period  
250.00

**B. Dr Joseph M Bannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Greentree Dr

City Saint Clairsville State OH Zip Code 43950-1443

FEC ID number of 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  
05 / 01 / 2012  
**Transaction ID : 34702800**

Amount of Each Receipt this Period  
250.00

**C. Dr Susan S Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 1285 Owen Pl

City North Bellmore State NY Zip Code 11710-2118

FEC ID number of 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  
05 / 01 / 2012  
**Transaction ID : 34702802**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Jon Q Montoya**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 Aztec Rd Nw  
 City Albuquerque State NM Zip Code 87107-2715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702810**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

**B. Dr Jennifer L Moses**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 413 Wessex Rd  
 City Valparaiso State IN Zip Code 46385-7716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702811**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**C. Dr Susan G Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 Montemar Way  
 City San Jose State CA Zip Code 95125-5549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702814**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr William D Townsend**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 5Th Ave  
 City Canyon State TX Zip Code 79015-3708  
 FEC ID number of 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  
 05 / 01 / 2012  
**Transaction ID : 34702817**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr Jeffrey M Grove**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 135  
 City Limeport State PA Zip Code 18060-0135  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702818**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr David Bryce Reber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Fairmont Ct  
 City Hobbs State NM Zip Code 88240-1059  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 34702819**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 131
	<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

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 G. Troy Mork**  
Full Name (Last, First, Middle Initial)

Mailing Address 2065 Joplin St

City Mora	State MN	Zip Code 55051-6829
--------------	-------------	------------------------

FEC ID number of 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
05	/	01	/	2012

**Transaction ID : 34702826**

Amount of Each Receipt this Period  
250.00

**B. Dr William Ken Mc Carty**  
Full Name (Last, First, Middle Initial)

Mailing Address 3510 Edgewood Dr

City Amarillo	State TX	Zip Code 79109-4036
------------------	-------------	------------------------

FEC ID number of 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
05	/	01	/	2012

**Transaction ID : 34702833**

Amount of Each Receipt this Period  
250.00

**C. Dr Michael G Blake**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2859

City Gallup	State NM	Zip Code 87305-2859
----------------	-------------	------------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2012

**Transaction ID : 34702837**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 131
	<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

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 Robert A Hamilton**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 Autumn Ridge Bnd

City Owensboro State KY Zip Code 42303-2635

FEC ID number of 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  
05 / 03 / 2012  
**Transaction ID : 34702873**

Amount of Each Receipt this Period  
500.00

**B. Dr Paul C Ajamian**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 Shadowbrook Dr

City Roswell State GA Zip Code 30075-4600

FEC ID number of 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  
05 / 04 / 2012  
**Transaction ID : 34702892**

Amount of Each Receipt this Period  
250.00

**C. Dr Harvey B Richman**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 Main St

City Manasquan State NJ Zip Code 08736-3558

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.35

Date of Receipt  
05 / 04 / 2012  
**Transaction ID : 34702895**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 791.67

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

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

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

FOR LINE NUMBER: PAGE 19 OF 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr Julie A Toon**

Mailing Address 2204 N Longwood Cir

City State Zip Code  
 Wichita KS 67226-1157

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34702896**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Dr Jon Frederick Pederson**

Mailing Address 1025 Milwaukee St

City State Zip Code  
 Denver CO 80206-3337

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  
 05 / 04 / 2012  
**Transaction ID : 34702898**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**c. Dr Christopher J Quinn**

Mailing Address 9 Garryford Dr

City State Zip Code  
 Middletown NJ 07748-3761

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34706271**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**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 20 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Samuel D Pierce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2679 Vesclub Cir  
 City Vestavia State AL Zip Code 35216-1356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34706272**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr Diane Cowger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 460 Silver Oaks Dr  
 City Harrisonburg State VA Zip Code 22801-3579  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34706278**  
 Amount of Each Receipt this Period  
 500.00

**C. 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 ▼ 363.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34706466**  
 Amount of Each Receipt this Period  
 90.91

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1090.91
<b>TOTAL</b> 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 131
	<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

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 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 ▼ **666.68**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

**Transaction ID : 34706468**

Amount of Each Receipt this Period  

166.67
--------

**B. 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 ▼ **666.68**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

**Transaction ID : 34706470**

Amount of Each Receipt this Period  

166.67
--------

**C. Dr Timothy A Stafford**  
Full Name (Last, First, Middle Initial)

Mailing Address 1012 Julius Richardson Rd

City Irmo	State SC	Zip Code 29063-9740
--------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

**Transaction ID : 34706483**

Amount of Each Receipt this Period  

500.00
--------

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

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

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

FOR LINE NUMBER: PAGE 22 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 101 Chandler W

City Highland State CA Zip Code 92346-5482

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **05 / 04 / 2012**

**Transaction ID : 34706485**

Amount of Each Receipt this Period **187.50**

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

Mailing Address 789 N Broad St

City Galesburg State IL Zip Code 61401-2766

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **05 / 04 / 2012**

**Transaction ID : 34706486**

Amount of Each Receipt this Period **175.00**

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

Mailing Address 6546 Jacal Ct Nw

City Albuquerque State NM Zip Code 87114-6120

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **05 / 04 / 2012**

**Transaction ID : 34706487**

Amount of Each Receipt this Period **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **445.84**

**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 131
	<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
-----------------------------	-----------------------------	-----------------------------

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 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 ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34706489**  
 Amount of Each Receipt this Period  
 83.34

**B. 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 ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34706490**  
 Amount of Each Receipt this Period  
 83.34

**C. Dr Hilaire A Pressley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8635 W Sahara Ave Pmb 443  
 City Las Vegas State NV Zip Code 89117-5858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34706493**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 226.68  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 131
	<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	

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 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 ▼ 240.68

Date of Receipt  
05 / 04 / 2012  
Transaction ID : 34706494

Amount of Each Receipt this Period  
37.00

**B. Dr David A Wolf**  
Full Name (Last, First, Middle Initial)

Mailing Address 6129 Churchill Downs Dr

City West Linn State OR Zip Code 97068-2535

FEC ID number of 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  
05 / 04 / 2012  
Transaction ID : 34706495

Amount of Each Receipt this Period  
250.00

**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 ▼ 666.68

Date of Receipt  
05 / 04 / 2012  
Transaction ID : 34706496

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 25 OF 131
	<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	

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 Donald J Higgins**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Belgravia Ter

City Farmington State CT Zip Code 06032-1550

FEC ID number of 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  
05 / 04 / 2012  
**Transaction ID : 34706497**

Amount of Each Receipt this Period  
500.00

**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 ▼ 800.00

Date of Receipt  
05 / 04 / 2012  
**Transaction ID : 34706508**

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 ▼ 800.00

Date of Receipt  
05 / 04 / 2012  
**Transaction ID : 34706509**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**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 ▼ **336.38**

Date of Receipt **05 / 04 / 2012**

**Transaction ID : 34706510**

Amount of Each Receipt this Period **83.34**

**B. Dr Jeffrey J Neighbors**  
Full Name (Last, First, Middle Initial)

Mailing Address 119 S Cadwell Ave

City Eagle Grove State IA Zip Code 50533-2121

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 05 / 2012**

**Transaction ID : 34706514**

Amount of Each Receipt this Period **100.00**

**C. Dr Gregory Eugene Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 Woodland Dr

City Maysville State KY Zip Code 41056-9604

FEC ID number of 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 **05 / 05 / 2012**

**Transaction ID : 34706515**

Amount of Each Receipt this Period **125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **308.34**

**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 27 OF 131
	<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	

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 Clarke D Newman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 Greenway Blvd  
 Apt A4  
 City Dallas State TX Zip Code 75209-7324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2012  
**Transaction ID : 34706516**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr John D Coble**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Sunset Hill Dr  
 City Rockwall State TX Zip Code 75087-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2012  
**Transaction ID : 34706532**  
 Amount of Each Receipt this Period  
 83.35

**C. Dr Andrew Ray Adamich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 711  
 City Gunnison State CO Zip Code 81230-0711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2012  
**Transaction ID : 34706533**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	383.35
<b>TOTAL</b> 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 131
	<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	

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 Lori L Grover**  
Full Name (Last, First, Middle Initial)

Mailing Address 11020 N 130Th Way

City State Zip Code  
Scottsdale AZ 85259-4430

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2012

**Transaction ID : 34706534**

Amount of Each Receipt this Period  
125.00

**B. Dr Dale Ching**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Westbury Dr

City State Zip Code  
Saratoga Spgs NY 12866-9126

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  
05 / 06 / 2012

**Transaction ID : 34706593**

Amount of Each Receipt this Period  
500.00

**C. Dr Jeremy M Durham**  
Full Name (Last, First, Middle Initial)

Mailing Address 1233 N Seasons Ct

City State Zip Code  
Goddard KS 67052-8534

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : 34706594**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> 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 131
	<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	

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 Cheryl T Stoker**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sarah St

City Natchitoches State LA Zip Code 71457-3492

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 07 / 2012  
**Transaction ID : 34706595**

Amount of Each Receipt this Period  
50.00

**B. Dr Derrell R Spurlock II**  
Full Name (Last, First, Middle Initial)

Mailing Address 1665 Barnes Rd

City Athens State LA Zip Code 71003-3043

FEC ID number of 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  
05 / 02 / 2012  
**Transaction ID : 34712196**

Amount of Each Receipt this Period  
365.00

**C. Dr James A Boucher**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 927

City Laramie State WY Zip Code 82073-0927

FEC ID number of 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  
05 / 02 / 2012  
**Transaction ID : 34712205**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 780.00

**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 30 OF 131
	<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	

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 Steven A Bryant**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 Cedar St

City Concordia State KS Zip Code 66901-2812

FEC ID number of 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 05 / 02 / 2012  
**Transaction ID : 34712209**

Amount of Each Receipt this Period 250.00

**B. Dr Donald E Stover**  
Full Name (Last, First, Middle Initial)

Mailing Address 2558 W White Chapel Ave

City Porterville State CA Zip Code 93257-6926

FEC ID number of 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 05 / 02 / 2012  
**Transaction ID : 34712215**

Amount of Each Receipt this Period 500.00

**C. Dr Sean R Claflin**  
Full Name (Last, First, Middle Initial)

Mailing Address 613 Floral Ave

City Canon City State CO Zip Code 81212-5025

FEC ID number of 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 05 / 02 / 2012  
**Transaction ID : 34712216**

Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 131
	<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	

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 Dennis E Mathews**  
Full Name (Last, First, Middle Initial)

Mailing Address 1320 Carr Ave

City Memphis State TN Zip Code 38104-4500

FEC ID number of 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  
05 / 02 / 2012  
Transaction ID : 34712225

Amount of Each Receipt this Period  
250.00

**B. Dr John E Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 610 Patricia St

City Elkhorn State WI Zip Code 53121-1172

FEC ID number of 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  
05 / 02 / 2012  
Transaction ID : 34712227

Amount of Each Receipt this Period  
250.00

**C. Dr Michael B Levinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Meadow Dr

City Woodmere State NY Zip Code 11598-2219

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 02 / 2012  
Transaction ID : 34712229

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr Mike M Sandy**

Mailing Address 3054 Green Fairway Cv S

City State Zip Code  
 Collierville TN 38017-8922

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  
 05 / 02 / 2012

**Transaction ID : 34712235**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Dr Michael J Long**

Mailing Address 8808 W Stebbinsville Rd

City State Zip Code  
 Edgerton WI 53534-8877

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  
 05 / 02 / 2012

**Transaction ID : 34712237**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Dr Randall G Melchert**

Mailing Address 12750 W Capitol Dr

City State Zip Code  
 Brookfield WI 53005-2467

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  
 05 / 02 / 2012

**Transaction ID : 34712239**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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



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

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

FOR LINE NUMBER: PAGE 33 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Bobby J Christensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12300 Jaycie Cir  
 City State Zip Code  
 Midwest City OK 73130-8463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : 34712256**  
 Amount of Each Receipt this Period  
 1500.00

**B. Dr Peter Charles Dubin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3397 Charleston Hwy  
 City State Zip Code  
 Walterboro SC 29488-6122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : 34712259**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Susan W Hendrix**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4303 Fayetteville Rd  
 City State Zip Code  
 Raeford NC 28376-8052  
 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  
 05 / 02 / 2012  
**Transaction ID : 34712262**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**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 34 OF 131
	<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	

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 Thomas V Casella Sr**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Bristlecone Way

City Augusta State GA Zip Code 30909-1846

FEC ID number of 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 05 / 02 / 2012  
**Transaction ID : 34712263**

Amount of Each Receipt this Period 500.00

**B. Dr Jeffrey William Case**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 Breckenridge Dr

City Branchburg State NJ Zip Code 08876-3692

FEC ID number of 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 05 / 02 / 2012  
**Transaction ID : 34712267**

Amount of Each Receipt this Period 500.00

**C. Dr Kenji Hamada**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Dawn Allan Dr

City Grants Pass State OR Zip Code 97527-8707

FEC ID number of 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 05 / 02 / 2012  
**Transaction ID : 34712272**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Charles George Beier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4816 Sw West Hills Dr  
 City Topeka State KS Zip Code 66606-2244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 366.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : 34712279**  
 Amount of Each Receipt this Period  
 366.00

**B. Dr J. Kevin Cunningham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 Kerr Lab Research Dr  
 City Ada State OK Zip Code 74820-9791  
 FEC ID number of 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  
 05 / 02 / 2012  
**Transaction ID : 34712282**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Lindsey M Clyde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3003 N Marigold Dr  
 City Phoenix State AZ Zip Code 85018-6700  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : 34712487**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1116.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr Susan Leach Reckell**

Mailing Address Po Box 17714

City State Zip Code  
Fountain Hls AZ 85269-7714

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  
05 / 02 / 2012  
**Transaction ID : 34712491**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr Olin Wade Fenton**

Mailing Address 1 Choctaw Way

City State Zip Code  
Talihina OK 74571-2022

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  
05 / 02 / 2012  
**Transaction ID : 34712496**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dr Mikel R Weideman**

Mailing Address 295 Dupont Dr

City State Zip Code  
Lander WY 82520-3076

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  
05 / 02 / 2012  
**Transaction ID : 34712498**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 37 OF 131
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Eric C Mc Peak</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2012 <b>Transaction ID : 34712501</b>
Mailing Address Po Box 336		Amount of Each Receipt this Period 500.00
City Hiawatha	State KS	Zip Code 66434-0336
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Harold R Codianne</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2012 <b>Transaction ID : 34712504</b>
Mailing Address 602 Bellmeade Ct		Amount of Each Receipt this Period 250.00
City Allen	State TX	Zip Code 75013-5479
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) <b>C. Dr Sarah K Storrs</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2012 <b>Transaction ID : 34712656</b>
Mailing Address Po Box 1056		Amount of Each Receipt this Period 365.00
City Kittitas	State WA	Zip Code 98934-1056
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 ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> 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 38 OF 131
	<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	

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 Melvyn S Mazer**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Dell Cir

City Trumbull State CT Zip Code 06611-2309

FEC ID number of 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  
05 / 02 / 2012  
**Transaction ID : 34712658**

Amount of Each Receipt this Period  
250.00

**B. Dr David L Evans**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Foxcrest Cv

City Jacksonville State AR Zip Code 72076-2681

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
05 / 02 / 2012  
**Transaction ID : 34712660**

Amount of Each Receipt this Period  
260.00

**C. Dr David P Nelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5714 Oxbow Bnd

City Madison State WI Zip Code 53716-2472

FEC ID number of 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  
05 / 02 / 2012  
**Transaction ID : 34712668**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 810.00

**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 39 OF 131
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Leif E Erickson</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2012 <b>Transaction ID : 34712669</b>
Mailing Address 15569 Railroad St Ste 301		Amount of Each Receipt this Period 250.00
City Hayward	State WI	
Zip Code 54843-5707		Aggregate Year-to-Date ▼ 250.00
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Dr Joanne Hendrick</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2012 <b>Transaction ID : 34712670</b>
Mailing Address Po Box 509		Amount of Each Receipt this Period 500.00
City Monument	State CO	
Zip Code 80132-0509		Aggregate Year-to-Date ▼ 500.00
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Dr David A Johnson</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2012 <b>Transaction ID : 34712671</b>
Mailing Address 507 Rose Down Trce N		Amount of Each Receipt this Period 1000.00
City Peachtree Cty	State GA	
Zip Code 30269-3718		Aggregate Year-to-Date ▼ 1000.00
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) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 40 OF 131
	<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	

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 Hal C Herring Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 1523 Alexander St

City Fairmont State NC Zip Code 28340-1405

FEC ID number of 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 05 / 02 / 2012  
**Transaction ID : 34712672**

Amount of Each Receipt this Period 500.00

**B. Dr Frank Reece Day Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 2790 Commons Dr

City Lawrenceville State GA Zip Code 30044-5761

FEC ID number of 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 05 / 02 / 2012  
**Transaction ID : 34712675**

Amount of Each Receipt this Period 250.00

**C. 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 ▼ 352.00

Date of Receipt 05 / 02 / 2012  
**Transaction ID : 34712676**

Amount of Each Receipt this Period 88.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 838.00

**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 41 OF 131
	<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	

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 Darrin P Fleming**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 992 Country Club Rd  
 Ste 101  
 City Eugene State OR Zip Code 97401-6023  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : 34712677**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr John Loucopoulos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Hammonasset Meadows Rd  
 City Madison State CT Zip Code 06443-2011  
 FEC ID number of 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  
 05 / 02 / 2012  
**Transaction ID : 34712680**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr Alan G Peaslee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4552 Tillman Bluff Rd  
 City Valdosta State GA Zip Code 31602-0851  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : 34712681**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Angela Stack Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 Long Cove Ln  
 City State Zip Code  
 Mooresville NC 28117-5827  
 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  
 05 / 03 / 2012  
**Transaction ID : 34713453**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Steven D Koch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1204 Madison St  
 City State Zip Code  
 Wenatchee WA 98801-1937  
 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  
 05 / 03 / 2012  
**Transaction ID : 34713456**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr Lisa A Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Scenic Hill Rd  
 City State Zip Code  
 Shelton CT 06484-2269  
 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  
 05 / 03 / 2012  
**Transaction ID : 34713459**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 43 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Thomas John Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 Jones Ave  
 City Oconto State WI Zip Code 54153-1448  
 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  
 05 / 03 / 2012  
**Transaction ID : 34713466**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Cynthia A Cid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 217 Saddlemountain Rd  
 City Colorado Spgs State CO Zip Code 80919-2106  
 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  
 05 / 03 / 2012  
**Transaction ID : 34713474**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr Michael Charles Crutchfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10000 Charlemont Dr  
 City Las Vegas State NV Zip Code 89134-6703  
 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  
 05 / 03 / 2012  
**Transaction ID : 34713475**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Debra Lee Stoenner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 8  
 City Hayden Lake State ID Zip Code 83835-0008  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : 34713477**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr Anne Huyen Le**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 N Hall Dr  
 City Sugar Land State TX Zip Code 77478-3861  
 FEC ID number of 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  
 05 / 03 / 2012  
**Transaction ID : 34713479**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Henry Allen Hull**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Timber Rdg  
 City New Braunfels State TX Zip Code 78132-4640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : 34713481**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1150.00  
**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 45 OF 131
	<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	

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 Robert Brian Macneil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 73 Cooney Rd  
 City Pomfret Ctr State CT Zip Code 06259-2200  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : 34713495**  
 Amount of Each Receipt this Period  
 365.00

**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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2012  
**Transaction ID : 34721320**  
 Amount of Each Receipt this Period  
 200.00

**C. Dr Judith Hendrickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 Ashland Dr  
 City Augusta State GA Zip Code 30909-3705  
 FEC ID number of 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  
 05 / 04 / 2012  
**Transaction ID : 34721679**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	815.00
<b>TOTAL</b> 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 46 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Michael W Shannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 Hudson St  
 City Cumming State GA Zip Code 30040-2432  
 FEC ID number of 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  
 05 / 04 / 2012  
**Transaction ID : 34721682**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr David Allan Rumpf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12720 Ne 72Nd St  
 City Kirkland State WA Zip Code 98033-8314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34721683**  
 Amount of Each Receipt this Period  
 350.00

**C. 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 ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2012  
**Transaction ID : 34722172**  
 Amount of Each Receipt this Period  
 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	685.00
<b>TOTAL</b> 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 47 OF 131
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Lynn Smith Hammonds</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2012 <b>Transaction ID : 34722173</b>
Mailing Address 2725 Smyer Rd			Amount of Each Receipt this Period 166.67
City Vestavia	State AL	Zip Code 35216-1026	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 833.35
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 ▼	
		833.35	

Full Name (Last, First, Middle Initial) <b>B. Dr Kenneth Ray Moultrie</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2012 <b>Transaction ID : 34722175</b>
Mailing Address 1809 Gaslight Way Ne			Amount of Each Receipt this Period 50.00
City Huntsville	State AL	Zip Code 35801-1555	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
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) <b>C. Dr Jonathan R Bundy</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 09 / 2012 <b>Transaction ID : 34722177</b>
Mailing Address 3045 N Hozoni Rd			Amount of Each Receipt this Period 50.00
City Prescott	State AZ	Zip Code 86305-3992	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.67
<b>TOTAL</b> 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 48 OF 131
	<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	

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 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 **833.35**

Date of Receipt **05 / 10 / 2012**  
**Transaction ID : 34772290**  
 Amount of Each Receipt this Period **166.67**

**B. Dr Mira B Swicicki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 664 Clark Rd  
 City Bellingham State WA Zip Code 98225-7842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **454.46**

Date of Receipt **05 / 10 / 2012**  
**Transaction ID : 34772294**  
 Amount of Each Receipt this Period **222.22**

**C. Dr Robert P Wooldridge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1852 Aintree Ave  
 City Draper State UT Zip Code 84020-7711  
 FEC ID number of 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 **05 / 10 / 2012**  
**Transaction ID : 34772297**  
 Amount of Each Receipt this Period **125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>513.89</b>
<b>TOTAL</b> 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 49 OF 131
	<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

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 James A Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 W 39Th St  
 City Casper State WY Zip Code 82604-5052  
 FEC ID number of 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  
 05 / 07 / 2012  
**Transaction ID : 34773684**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr John J Jicha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2607 Burch Pt  
 City High Point State NC Zip Code 27265-9333  
 FEC ID number of 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  
 05 / 07 / 2012  
**Transaction ID : 34773689**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr Michael J Cohn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Wayside Rd  
 City Westborough State MA Zip Code 01581-3622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2012  
**Transaction ID : 34773694**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2550.00
<b>TOTAL</b> 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 50 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr Steven J St. Marie**

Mailing Address 17 Westview Dr

City State Zip Code  
 Saint Albans VT 05478-8021

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  
 05 / 07 / 2012

**Transaction ID : 34773695**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Dr Jason T Ortman**

Mailing Address 8085 E Byers Ave

City State Zip Code  
 Denver CO 80230-6755

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  
 05 / 07 / 2012

**Transaction ID : 34773702**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Dr Gerald D Furnari**

Mailing Address 948 N Krome Ave

City State Zip Code  
 Homestead FL 33030-4409

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : 34773704**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

**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 51 OF 131
	<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

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 Daniel J Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Orchard St

City Boone State NC Zip Code 28607-3638

FEC ID number of 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  
05 / 07 / 2012  
Transaction ID : 34773707

Amount of Each Receipt this Period  
250.00

**B. Dr Edward R Levy**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Ferndale Rd

City New City State NY Zip Code 10956-6308

FEC ID number of 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  
05 / 07 / 2012  
Transaction ID : 34773708

Amount of Each Receipt this Period  
250.00

**C. Dr Robert Vernon Glaze Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 5097 165Th PI Se

City Bellevue State WA Zip Code 98006-5511

FEC ID number of 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  
05 / 07 / 2012  
Transaction ID : 34773709

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 52 OF 131
	<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	

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 David P Guhl**  
Full Name (Last, First, Middle Initial)

Mailing Address 5170 Wild Rose Ln

City Colorado Spgs State CO Zip Code 80918-3966

FEC ID number of 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  
05 / 07 / 2012  
Transaction ID : 34773712

Amount of Each Receipt this Period  
500.00

**B. Dr Longley Lynn Parker**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 S Saint Vrain Ave Unit 5

City Estes Park State CO Zip Code 80517-7488

FEC ID number of 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  
05 / 07 / 2012  
Transaction ID : 34773713

Amount of Each Receipt this Period  
250.00

**C. Dr Michael C Dorius**  
Full Name (Last, First, Middle Initial)

Mailing Address 348 S 525 W

City Hurricane State UT Zip Code 84737-3252

FEC ID number of 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  
05 / 07 / 2012  
Transaction ID : 34773717

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 53 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Wing C Hsieh**  
Full Name (Last, First, Middle Initial)

Mailing Address 4014 Country Club Blvd

City State Zip Code  
Sioux City IA 51104-1306

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  
05 / 07 / 2012

**Transaction ID : 34773721**

Amount of Each Receipt this Period  
250.00

**B. Dr Sharon K Tharp**  
Full Name (Last, First, Middle Initial)

Mailing Address 4014 Country Club Blvd

City State Zip Code  
Sioux City IA 51104-1306

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  
05 / 07 / 2012

**Transaction ID : 34773722**

Amount of Each Receipt this Period  
250.00

**C. Dr James P De Vleming**  
Full Name (Last, First, Middle Initial)

Mailing Address 670 Se Meadow Vale Dr

City State Zip Code  
Pullman WA 99163-2445

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : 34773723**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 54 OF 131
	<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	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Gary L Williams</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 <b>Transaction ID : 34773726</b>
Mailing Address 5001 Fallgatter St		Amount of Each Receipt this Period 365.00
City Bakersfield	State CA	Zip Code 93308-4875
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 ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Theodore E Bogart</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 <b>Transaction ID : 34773728</b>
Mailing Address 707 N Chestnut St		Amount of Each Receipt this Period 500.00
City Shelbyville	State IL	Zip Code 62565-1157
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Charles A Richards</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 <b>Transaction ID : 34775381</b>
Mailing Address 16250 Monache Rd		Amount of Each Receipt this Period 250.00
City Apple Valley	State CA	Zip Code 92307-1409
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Donna Buraczewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Main St  
 City Simpson State PA Zip Code 18407-1219  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2012  
**Transaction ID : 34775382**  
 Amount of Each Receipt this Period  
 365.00

**B. Dr C. Garry Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 Royal Xing  
 City Franklin State TN Zip Code 37064-8909  
 FEC ID number of 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  
 05 / 07 / 2012  
**Transaction ID : 34775385**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr J. Eric Paulsen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 Memorial Dr  
 City Sturgeon Bay State WI Zip Code 54235-1064  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2012  
**Transaction ID : 34775392**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1115.00  
**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 56 OF 131
	<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	

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 Eugene D Cropp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 708 Cabrillo Dr  
 City Verona State WI Zip Code 53593-8236  
 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  
 05 / 07 / 2012  
**Transaction ID : 34775393**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Robert Bruce Bower**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2906 116Th St  
 City Kenosha State WI Zip Code 53158-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2012  
**Transaction ID : 34775394**  
 Amount of Each Receipt this Period  
 365.00

**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 Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 830.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : 34775704**  
 Amount of Each Receipt this Period  
 166.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	781.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 57 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Robert Craig Janot**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Orchard St  
 City Sulphur State LA Zip Code 70663-6268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : 34775706**  
 Amount of Each Receipt this Period  
 41.67

**B. Dr Andrea E Bethel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1621 Terra De Sol Dr Se  
 City Rio Rancho State NM Zip Code 87124-8709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : 34775708**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr Steve N Nguyen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 Primrose Dr  
 City Irving State TX Zip Code 75063-5507  
 FEC ID number of 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  
 05 / 11 / 2012  
**Transaction ID : 34775711**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 341.67  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Brandi N Bilyeu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 845 Olympus Dr  
 City Sheridan State WY Zip Code 82801-5432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **615.00**

Date of Receipt **05 / 12 / 2012**  
**Transaction ID : 34782697**  
 Amount of Each Receipt this Period **365.00**

**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 Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 12 / 2012**  
**Transaction ID : 34782699**  
 Amount of Each Receipt this Period **100.00**

**C. Dr JoAnn 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 Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 12 / 2012**  
**Transaction ID : 34782700**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **515.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 59 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Brian D Cin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17342 Alice Loop  
 City Eagle River State AK Zip Code 99577-7579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2012  
**Transaction ID : 34782711**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr Edwin Y Endo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 98-828 Hiliu PI  
 City Aiea State HI Zip Code 96701-2785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2012  
**Transaction ID : 34782712**  
 Amount of Each Receipt this Period  
 41.66

**C. Dr Jeffrey David Hill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 126 Trey Moor Dr  
 City Alabaster State AL Zip Code 35007-3150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2012  
**Transaction ID : 34782713**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 141.66  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 131
	<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	

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 Gilbert E Pierce**  
Full Name (Last, First, Middle Initial)

Mailing Address 8639 Olenbrook Dr

City Lewis Center State OH Zip Code 43035-8702

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **05 / 13 / 2012**

**Transaction ID : 34782714**

Amount of Each Receipt this Period **45.00**

**B. 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 Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt **05 / 14 / 2012**

**Transaction ID : 34782717**

Amount of Each Receipt this Period **83.33**

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

Mailing Address 225 Terrace Dr

City Lilly State PA Zip Code 15938-5819

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **833.35**

Date of Receipt **05 / 14 / 2012**

**Transaction ID : 34782718**

Amount of Each Receipt this Period **166.67**

**SUBTOTAL** of Receipts This Page (optional)..... **295.00**

**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 61 OF 131
	<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	

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 Markus I Barth**  
Full Name (Last, First, Middle Initial)

Mailing Address 1346 Heller Dr

City Yardley State PA Zip Code 19067-2714

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **208.35**

Date of Receipt **05 / 14 / 2012**

**Transaction ID : 34782720**

Amount of Each Receipt this Period **41.67**

**B. Dr Sarah C Gordon**  
Full Name (Last, First, Middle Initial)

Mailing Address 252 Inverness Center Dr

City Birmingham State AL Zip Code 35242-4834

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 14 / 2012**

**Transaction ID : 34782721**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 917 S Market St

City Knoxville State IL Zip Code 61448-1299

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **05 / 14 / 2012**

**Transaction ID : 34782723**

Amount of Each Receipt this Period **85.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>176.67</b>
<b>TOTAL</b> 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 62 OF 131
<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

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 David Edward Magnus**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2144

City Corrales State NM Zip Code 87048-2144

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 14 / 2012  
**Transaction ID : 34782724**

Amount of Each Receipt this Period  
50.00

**B. 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 ▼ 1000.00

Date of Receipt  
05 / 14 / 2012  
**Transaction ID : 34782726**

Amount of Each Receipt this Period  
200.00

**C. Dr Larry Donavon Morrison**  
Full Name (Last, First, Middle Initial)

Mailing Address 24130 County Road 149

City Detroit Lakes State MN Zip Code 56501

FEC ID number of 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  
05 / 15 / 2012  
**Transaction ID : 34783790**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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 63 OF 131
	<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	

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 David L Parker**  
Full Name (Last, First, Middle Initial)

Mailing Address 4889 Bobo Pl

City Olive Branch State MS Zip Code 38654-8223

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.35

Date of Receipt  
05 / 15 / 2012  
Transaction ID : 34783801

Amount of Each Receipt this Period  
41.67

**B. Dr Jennifer E Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Pambrook Dr

City Fishersville State VA Zip Code 22939-2123

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
05 / 15 / 2012  
Transaction ID : 34783802

Amount of Each Receipt this Period  
41.00

**C. Dr Scott L Nehring**  
Full Name (Last, First, Middle Initial)

Mailing Address 32840 S Meridian Rd

City Woodburn State OR Zip Code 97071-8768

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
05 / 15 / 2012  
Transaction ID : 34783803

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.67

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

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

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

FOR LINE NUMBER: PAGE 64 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr Randy L Andregg**

Mailing Address 11368 W Hickory Hill Ct

City State Zip Code  
 Boise ID 83713-2467

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 ▼  
 208.35

Date of Receipt  
 05 / 15 / 2012  
**Transaction ID : 34783808**

Amount of Each Receipt this Period  
 41.67

Full Name (Last, First, Middle Initial)  
**B. Dr Mamie Cassandra Chan**

Mailing Address 13713 Vic Rd Ne

City State Zip Code  
 Albuquerque NM 87112-6602

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  
 05 / 15 / 2012  
**Transaction ID : 34783812**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Dr Mark W Shirey**

Mailing Address 1095 Dominion Dr E

City State Zip Code  
 Mobile AL 36695-8475

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  
 05 / 15 / 2012  
**Transaction ID : 34789050**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 341.67

**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 65 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Thomas W Hobbs**  
Full Name (Last, First, Middle Initial)

Mailing Address 13 Ne 550Th Rd

City Warrensburg State MO Zip Code 64093-7473

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2012  
**Transaction ID : 34790894**

Amount of Each Receipt this Period 50.00

**B. Dr Rodney Alan Windhorst**  
Full Name (Last, First, Middle Initial)

Mailing Address 4119 Priest Point Dr Ne

City Tulalip State WA Zip Code 98271-7335

FEC ID number of 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 05 / 15 / 2012  
**Transaction ID : 34791105**

Amount of Each Receipt this Period 365.00

**C. Dr Robert S Stutman M.B.A.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3708 Clipper Rd

City Baltimore State MD Zip Code 21211-1422

FEC ID number of 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 05 / 15 / 2012  
**Transaction ID : 34791107**

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1415.00

**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 66 OF 131
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Douglas Curtis Clark</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2012 <b>Transaction ID : 34791110</b>
Mailing Address 2530 Woodfern Cir		Amount of Each Receipt this Period 1000.00
City Birmingham	State AL	Zip Code 35244-6405
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr David W Hamill</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2012 <b>Transaction ID : 34791111</b>
Mailing Address 395 Sahalee Ln		Amount of Each Receipt this Period 1000.00
City Florence	State SC	Zip Code 29501-8956
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Mark R Stanchfield</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2012 <b>Transaction ID : 34791114</b>
Mailing Address 720 4Th St Se		Amount of Each Receipt this Period 500.00
City Cut Bank	State MT	Zip Code 59427-3511
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 67 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Tad Robert Kosanovich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 Sunset Rd  
 City Osprey State FL Zip Code 34229-9207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : 34791115**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Jeffrey Gilbert Hirschl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7428 Eagle Trce  
 City Boardman State OH Zip Code 44512-8100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : 34791117**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr William D Sullins III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 154 County Road 575  
 City Englewood State TN Zip Code 37329-5129  
 FEC ID number of 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  
 05 / 15 / 2012  
**Transaction ID : 34791119**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 68 OF 131
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Melissa S Webb</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2012 <b>Transaction ID : 34791120</b>
Mailing Address 5392 River Birch Dr		Amount of Each Receipt this Period 250.00
City Columbus	State IN	Zip Code 47201-2743
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) <b>B. Dr Scott R Ream</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2012 <b>Transaction ID : 34791131</b>
Mailing Address 209 Wildwood Ter		Amount of Each Receipt this Period 500.00
City West Plains	State MO	Zip Code 65775-2547
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Gwenda Renee' Gnad</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2012 <b>Transaction ID : 34791132</b>
Mailing Address 624 Hawkins Ave		Amount of Each Receipt this Period 500.00
City Lake Ronkonkoma	State NY	Zip Code 11779-2375
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 69 OF 131
	<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	

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 Sandra L Bury**  
Full Name (Last, First, Middle Initial)

Mailing Address 9440 S 51St Ave  
Apt 507

City Oak Lawn State IL Zip Code 60453-6298

FEC ID number of 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  
05 / 15 / 2012  
**Transaction ID : 34791136**

Amount of Each Receipt this Period  
250.00

**B. Dr David S Mora**  
Full Name (Last, First, Middle Initial)

Mailing Address 1818 Fremont St

City Laredo State TX Zip Code 78043-2605

FEC ID number of 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  
05 / 15 / 2012  
**Transaction ID : 34791137**

Amount of Each Receipt this Period  
250.00

**C. Dr Victor J Connors**  
Full Name (Last, First, Middle Initial)

Mailing Address 7184 Lee Rd

City Lodi State WI Zip Code 53555-9553

FEC ID number of 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  
05 / 15 / 2012  
**Transaction ID : 34791143**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 70 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Abie R Chadderdon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2005 Timberline Rd  
 City Marshalltown State IA Zip Code 50158-3865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : 34791186**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr Michele R Haranin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Concord Rd  
 City Dover State DE Zip Code 19904-9100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2012  
**Transaction ID : 34794391**  
 Amount of Each Receipt this Period  
 65.00

**C. Dr Lee Ann Barrett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1199 E Morgan St  
 City Boonville State MO Zip Code 65233-1336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : 34794568**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> 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 71 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Freddie M Mayes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 Magnolia Dr  
 City State Zip Code  
 Central City KY 42330-1727  
 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  
 05 / 17 / 2012  
**Transaction ID : 34794570**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr Larry C Wallis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Kentshire Ct  
 City State Zip Code  
 Greenville DE 19807-2583  
 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  
 05 / 17 / 2012  
**Transaction ID : 34794572**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr Robert Spencer Christensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179 Del Oro Lagoon  
 City State Zip Code  
 Novato CA 94949-5333  
 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  
 05 / 17 / 2012  
**Transaction ID : 34794573**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 72 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Jason R Kolodziejczyk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1023 Buckand  
 City State Zip Code  
 Fremont OH 43420-2805  
 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  
 05 / 17 / 2012  
**Transaction ID : 34794575**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr Paul William Heersink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2094 Us Highway 160 W  
 City State Zip Code  
 Monte Vista CO 81144-9357  
 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  
 05 / 16 / 2012  
**Transaction ID : 34795895**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr William L Whitesell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22146 Dunn Dr  
 City State Zip Code  
 Spring Hill KS 66083-3037  
 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  
 05 / 16 / 2012  
**Transaction ID : 34795897**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00  
**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 73 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Scott Warren Bennion**  
Full Name (Last, First, Middle Initial)

Mailing Address 26542 235Th Ave Se

City State Zip Code  
Maple Valley WA 98038-6707

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  
05 / 16 / 2012  
Transaction ID : 34795902

Amount of Each Receipt this Period  
250.00

**B. Dr Robert E Fisch**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 57Th St  
Unit 108

City State Zip Code  
Kenosha WI 53140-4250

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  
05 / 16 / 2012  
Transaction ID : 34795906

Amount of Each Receipt this Period  
250.00

**C. Dr Nacondus Gamble**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Sagefield Dr

City State Zip Code  
Ellabell GA 31308-7405

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  
05 / 16 / 2012  
Transaction ID : 34795908

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 74 OF 131
	<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

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 Giselle Lander**  
Full Name (Last, First, Middle Initial)

Mailing Address 5010 Boulder Creek Dr

City Solon State OH Zip Code 44139-1380

FEC ID number of 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  
05 / 16 / 2012  
**Transaction ID : 34795909**

Amount of Each Receipt this Period  
250.00

**B. Dr Steven L Compton**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 Turner Ford Rd

City Franklin State KY Zip Code 42134-6903

FEC ID number of 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  
05 / 16 / 2012  
**Transaction ID : 34795910**

Amount of Each Receipt this Period  
500.00

**C. Dr Lacy Bordelon Shaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 1824 Bryn Mawr St

City Alexandria State LA Zip Code 71301-4501

FEC ID number of 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  
05 / 16 / 2012  
**Transaction ID : 34795919**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 75 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr William L Park**  
Full Name (Last, First, Middle Initial)

Mailing Address 2501 N 189Th Cir W

City Colwich State KS Zip Code 67030-9729

FEC ID number of 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  
05 / 16 / 2012  
Transaction ID : 34795923

Amount of Each Receipt this Period  
250.00

**B. Dr Lisa R Cantrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1980 Westward Trl

City Bruceville State TX Zip Code 76630-3468

FEC ID number of 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  
05 / 17 / 2012  
Transaction ID : 34796806

Amount of Each Receipt this Period  
365.00

**C. Dr Randall Hoch**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Fox Farm Rd

City Lewistown State MT Zip Code 59457-8696

FEC ID number of 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  
05 / 18 / 2012  
Transaction ID : 34797202

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<b>TOTAL</b> 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 76 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Mark R Stanchfield</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2012
Mailing Address 720 4Th St Se		<b>Transaction ID : 34797204</b>
City Cut Bank	State MT	Zip Code 59427-3511
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 375.00	
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 ▼ 875.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Harue Jean Marsden</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2012
Mailing Address 1445 Prospect Ave Unit D		<b>Transaction ID : 34797205</b>
City Placentia	State CA	Zip Code 92870-3816
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 194.40	
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 ▼ 638.86	

Full Name (Last, First, Middle Initial) <b>C. Dr Cynthia W Baker</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012
Mailing Address 18625 Tranquility Ct		<b>Transaction ID : 34800012</b>
City Baton Rouge	State LA	Zip Code 70817-3943
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	819.40
<b>TOTAL</b> 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 77 OF 131
	<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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Stacey J Meier</b>			Date of Receipt MM / DD / YYYY 05 / 17 / 2012 <b>Transaction ID : 34800014</b>
Mailing Address 604 E Yearling Rd			Amount of Each Receipt this Period 1000.00
City Phoenix	State AZ	Zip Code 85085-1817	
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Dr Daniel C Drought</b>			Date of Receipt MM / DD / YYYY 05 / 17 / 2012 <b>Transaction ID : 34800020</b>
Mailing Address 4622 Clay St			Amount of Each Receipt this Period 365.00
City Geneva	State OH	Zip Code 44041-8108	
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 ▼ 365.00		

Full Name (Last, First, Middle Initial) <b>C. Dr Genevieve K Corrigan</b>			Date of Receipt MM / DD / YYYY 05 / 17 / 2012 <b>Transaction ID : 34800021</b>
Mailing Address 484 Williams St			Amount of Each Receipt this Period 250.00
City Folsom	State CA	Zip Code 95630-9559	
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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1615.00
<b>TOTAL</b> 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 78 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Allison L Whitener**  
Full Name (Last, First, Middle Initial)

Mailing Address 4614 Highway 78 N

City Dyersburg State TN Zip Code 38024-6844

FEC ID number of 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  
05 / 17 / 2012  
Transaction ID : 34800023

Amount of Each Receipt this Period  
250.00

**B. Dr Aaron J Warner**  
Full Name (Last, First, Middle Initial)

Mailing Address 5004 N High Prairie Pl

City Star State ID Zip Code 83669-5370

FEC ID number of 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  
05 / 17 / 2012  
Transaction ID : 34800025

Amount of Each Receipt this Period  
250.00

**C. Dr Marjorie J Knotts**  
Full Name (Last, First, Middle Initial)

Mailing Address 6120 Guilford Ave

City Indianapolis State IN Zip Code 46220-1940

FEC ID number of 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  
05 / 17 / 2012  
Transaction ID : 34800026

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 79 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Douglas C Morrow**  
Full Name (Last, First, Middle Initial)

Mailing Address 903 Midway Dr

City Auburn State IN Zip Code 46706-1129

FEC ID number of 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 05 / 17 / 2012  
**Transaction ID : 34800028**

Amount of Each Receipt this Period 1000.00

**B. Dr Kenneth K Morse**  
Full Name (Last, First, Middle Initial)

Mailing Address 2710 E 14Th St 82601-2507

City Casper State WY Zip Code 82609-2941

FEC ID number of 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 05 / 17 / 2012  
**Transaction ID : 34800029**

Amount of Each Receipt this Period 365.00

**C. Dr Eric Halperin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1910 Alder Cove Rd W

City Tillamook State OR Zip Code 97141-8354

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 17 / 2012  
**Transaction ID : 34800035**

Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1715.00

**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 80 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Beatrice Halper Michel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1910 Alder Cove Rd W

City Tillamook State OR Zip Code 97141-8354

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **05 / 17 / 2012**

**Transaction ID : 34800036**

Amount of Each Receipt this Period **350.00**

**B. Dr Neal S Jessup**  
Full Name (Last, First, Middle Initial)

Mailing Address 4018 Horsepen Mountain Dr

City Vinton State VA Zip Code 24179-1128

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **05 / 17 / 2012**

**Transaction ID : 34800040**

Amount of Each Receipt this Period **365.00**

**C. Dr Alva S Pack III**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Springlake Dr

City Spartanburg State SC Zip Code 29302-3686

FEC ID number of 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 **05 / 17 / 2012**

**Transaction ID : 34800042**

Amount of Each Receipt this Period **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1080.00</b>
<b>TOTAL</b> 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 81 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Robert D Sloan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2102 Woodcrest St  
 City Chillicothe State MO Zip Code 64601-3902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : 34800044**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Daniel M Bowersox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5710 Valley Park Dr  
 City Louisville State KY Zip Code 40299-4193  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : 34800046**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Kenneth Whitten Best**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21223 Country Club Dr  
 City Cornelius State NC Zip Code 28031-6627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : 34800047**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 82 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Allan L Barker**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Wildwood Ave

City Rocky Mount State NC Zip Code 27803-1732

FEC ID number of 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  
05 / 17 / 2012  
**Transaction ID : 34800048**

Amount of Each Receipt this Period  
500.00

**B. Dr Kevin K Lui**  
Full Name (Last, First, Middle Initial)

Mailing Address 927 Ikena Cir

City Honolulu State HI Zip Code 96821-2555

FEC ID number of 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  
05 / 17 / 2012  
**Transaction ID : 34800049**

Amount of Each Receipt this Period  
250.00

**C. Dr Stacie R Nichols**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 372

City Davenport State WA Zip Code 99122-0372

FEC ID number of 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  
05 / 17 / 2012  
**Transaction ID : 34800051**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 83 OF 131
	<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	<input type="checkbox"/> 17

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

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

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

Mailing Address 413 Wessex Rd

City Valparaiso State IN Zip Code 46385-7716

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
05 / 17 / 2012  
**Transaction ID : 34800060**

Amount of Each Receipt this Period  
2000.00

**B. Dr Kellye J Knueppel FCOVD**  
Full Name (Last, First, Middle Initial)

Mailing Address 15280 Watertown Plank Rd

City Elm Grove State WI Zip Code 53122-2336

FEC ID number of 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  
05 / 17 / 2012  
**Transaction ID : 34800062**

Amount of Each Receipt this Period  
600.00

**C. Dr Richard A Kjome**  
Full Name (Last, First, Middle Initial)

Mailing Address N11268 Pineywood Dr

City Elcho State WI Zip Code 54428-9415

FEC ID number of 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  
05 / 17 / 2012  
**Transaction ID : 34800064**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3100.00

**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 84 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Jan S. N. Remillard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5268 Oio Dr  
 City Honolulu State HI Zip Code 96821-1816  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : 34800069**  
 Amount of Each Receipt this Period  
 365.00

**B. Dr James D Mayes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 W Gold Ave  
 City Hobbs State NM Zip Code 88240-1990  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : 34800072**  
 Amount of Each Receipt this Period  
 365.00

**C. Dr Robert P Bittel Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1455 Regency Dr  
 City Jefferson Hills State PA Zip Code 15025-3187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : 34800073**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1730.00  
**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 85 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Dr Rodney D Fair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1169 Coneflower Way  
 City Brighton State CO Zip Code 80601-6785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : 34800086**  
 Amount of Each Receipt this Period  
 350.00

**B. 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2012  
**Transaction ID : 34818173**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr Scott M Pearl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2245 Nw 142Nd Way  
 City Pembroke Pines State FL Zip Code 33028-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2012  
**Transaction ID : 34818174**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 491.67  
**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 86 OF 131
	<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	

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 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 ▼ 834.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2012  
**Transaction ID : 34818175**  
 Amount of Each Receipt this Period  
 166.94

**B. 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 ▼ 417.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2012  
**Transaction ID : 34818176**  
 Amount of Each Receipt this Period  
 83.47

**C. 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 ▼ 833.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2012  
**Transaction ID : 34818181**  
 Amount of Each Receipt this Period  
 166.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	417.08
<b>TOTAL</b> 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 88 OF 131
	<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	

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 Marc Robert Bloomenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 E Calavar Rd  
 City State Zip Code  
 Scottsdale AZ 85254-2869  
 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  
 05 / 20 / 2012  
**Transaction ID : 34819087**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr Kevin L Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2116 Wildwood Ct  
 City State Zip Code  
 Fullerton CA 92831-1339  
 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  
 05 / 20 / 2012  
**Transaction ID : 34819090**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr Michael E Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4940 Victoria Pl  
 City State Zip Code  
 Guthrie OK 73044-8668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 833.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2012  
**Transaction ID : 34822968**  
 Amount of Each Receipt this Period  
 166.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	316.67
<b>TOTAL</b> 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 89 OF 131
	<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
-----------------------------	-----------------------------	-----------------------------

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 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 ▼ 420.00

Date of Receipt  
 05 / 21 / 2012  
**Transaction ID : 34822969**  
 Amount of Each Receipt this Period  
 84.00

**B. 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 Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 05 / 21 / 2012  
**Transaction ID : 34822970**  
 Amount of Each Receipt this Period  
 84.00

**C. Dr Thomas L Lim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1136 Thorntree Court  
 City San Jose State CA Zip Code 95120-1740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 05 / 21 / 2012  
**Transaction ID : 34822972**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	209.67
<b>TOTAL</b> 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 90 OF 131
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Kent Hillery</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2012 <b>Transaction ID : 34822973</b>
Mailing Address 16448 Country Club Dr		Amount of Each Receipt this Period 50.00
City Peosta	State IA	Zip Code 52068-9710
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <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) <b>B. Dr Viktoria L Davis</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2012 <b>Transaction ID : 34822974</b>
Mailing Address 310 E Main St		Amount of Each Receipt this Period 250.00
City Madelia	State MN	Zip Code 56062-1735
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Mary Lynn Gregory</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2012 <b>Transaction ID : 34822976</b>
Mailing Address 3332 120Th Ave		Amount of Each Receipt this Period 54.55
City Clear Lake	State MN	Zip Code 55319-9506
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 ▼ 218.20	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	354.55
<b>TOTAL</b> 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 91 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Michael E Hanen-Smith M.S.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Norman Ridge Dr  
 City State Zip Code  
 Bloomington MN 55437-1709  
 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  
 05 / 21 / 2012  
**Transaction ID : 34822977**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Jennifer L Planitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3537 Newcastle Dr Se  
 City State Zip Code  
 Rio Rancho NM 87124-3672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1818.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2012  
**Transaction ID : 34822978**  
 Amount of Each Receipt this Period  
 454.55

**C. Dr James R Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2724 Surrey Ln  
 City State Zip Code  
 Idaho Falls ID 83404-7143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2012  
**Transaction ID : 34828483**  
 Amount of Each Receipt this Period  
 45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **749.55**  
**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 92 OF 131
	<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
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr David K Talley</b>		Date of Receipt 05 / 22 / 2012 <b>Transaction ID : 34828486</b>
Mailing Address 1698 Brookside Dr		Amount of Each Receipt this Period 85.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Steven C Ezzell</b>		Date of Receipt 05 / 22 / 2012 <b>Transaction ID : 34828489</b>
Mailing Address 649 Matthew Ct		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Joseph J Jordan Jr</b>		Date of Receipt 05 / 23 / 2012 <b>Transaction ID : 34829516</b>
Mailing Address 971 Suncook Valley Rd		Amount of Each Receipt this Period 166.67
City Alton	State NH	Zip Code 03809-5212
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 ▼ 833.35	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	351.67
<b>TOTAL</b> 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 93 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Barry J Barresi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 659 Spyglass Summit Dr  
 City Chesterfield State MO Zip Code 63017-2142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **833.35**

Date of Receipt **05 / 23 / 2012**  
**Transaction ID : 34829517**  
 Amount of Each Receipt this Period **166.67**

**B. Dr Paul Anton Hodge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3042 118Th Ave  
 City Allegan State MI Zip Code 49010-9555  
 FEC ID number of 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 **05 / 23 / 2012**  
**Transaction ID : 34829521**  
 Amount of Each Receipt this Period **50.00**

**C. Dr Chris R Deibert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Johnson Dr  
 City Luray State VA Zip Code 22835-9705  
 FEC ID number of 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 **05 / 23 / 2012**  
**Transaction ID : 34829523**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **266.67**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Elliott M Rosengarten</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2012 <b>Transaction ID : 34829524</b>
Mailing Address 7135 Shefford Ln		Amount of Each Receipt this Period 250.00
City Louisville	State KY	Zip Code 40242-2854
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Jeff A Hayden</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2012 <b>Transaction ID : 34829525</b>
Mailing Address 679 Plumtree Ln		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Dennis M Brtva</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2012 <b>Transaction ID : 34833407</b>
Mailing Address 57 Pebblebrook Ct		Amount of Each Receipt this Period 85.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	435.00
<b>TOTAL</b> 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 95 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 121 Briggs Ave N

City State Zip Code  
 Park River ND 58270-4507

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**818.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 24 / 2012**

**Transaction ID : 34833408**

Amount of Each Receipt this Period  
**163.64**

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

Mailing Address 4550 Simpson Highway 28 W

City State Zip Code  
 Magee MS 39111-5187

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 24 / 2012**

**Transaction ID : 34833409**

Amount of Each Receipt this Period  
**90.00**

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

Mailing Address Po Box 614

City State Zip Code  
 Blythewood SC 29016-0614

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**416.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 24 / 2012**

**Transaction ID : 34833410**

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: PAGE 96 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr David B Gaudreau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 169 Grove St  
 City Putnam State CT Zip Code 06260-2115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2012  
**Transaction ID : 34833595**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Shawn C Sorenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2282 N Vizcaya  
 City Eagle State ID Zip Code 83616-5434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2012  
**Transaction ID : 34833601**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Mark D Pifer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1627 Cedar Point Rd  
 City Sandusky State OH Zip Code 44870-5210  
 FEC ID number of 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  
 05 / 18 / 2012  
**Transaction ID : 34833603**  
 Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 865.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 OF 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 1200 Spahn Dr

City Waunakee State WI Zip Code 53597-1918

FEC ID number of 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  
05 / 18 / 2012  
**Transaction ID : 34833604**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr Jeannette Lorra Holland**

Mailing Address 11245 Us 59 Hwy

City Oskaloosa State KS Zip Code 66066-5188

FEC ID number of 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  
05 / 18 / 2012  
**Transaction ID : 34833607**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dr Charles H Fitzpatrick**

Mailing Address 18 Byron Dr

City Mount Laurel State NJ Zip Code 08054-4700

FEC ID number of 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  
05 / 18 / 2012  
**Transaction ID : 34833613**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 98 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Daniel A Shea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3515 W Bayview Ct  
 City State Zip Code  
 Wichita KS 67204-2377  
 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  
 05 / 18 / 2012  
**Transaction ID : 34833614**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Kent G Yount**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9063 Arrow Grass Way  
 City State Zip Code  
 Highlands Ranch CO 80126-2640  
 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  
 05 / 18 / 2012  
**Transaction ID : 34833616**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr Paul Bryan Stauder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Victory Ln  
 City State Zip Code  
 Fairfield IL 62837-1363  
 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  
 05 / 18 / 2012  
**Transaction ID : 34833617**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> 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 99 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Dr Jacqueline M Bowen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3930 W 19Th Street Ln  
 City State Zip Code  
 Greeley CO 80634-3446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2012  
**Transaction ID : 34833677**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr Daniel J Kosterman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16420 Carla St  
 City State Zip Code  
 Eagle River AK 99577-7618  
 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  
 05 / 24 / 2012  
**Transaction ID : 34841640**  
 Amount of Each Receipt this Period  
 255.00

**C. Dr Robert D O'Connell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 3187  
 City State Zip Code  
 Kenai AK 99611-3187  
 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 ▼  
 1120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2012  
**Transaction ID : 34841647**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1305.00
<b>TOTAL</b> 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 100 OF 131
<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

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 Dennis A Swarner**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 1669

City Kenai State AK Zip Code 99611-1669

FEC ID number of 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  
05 / 24 / 2012  
**Transaction ID : 34841661**

Amount of Each Receipt this Period  
255.00

**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 ▼ 680.00

Date of Receipt  
05 / 24 / 2012  
**Transaction ID : 34841664**

Amount of Each Receipt this Period  
255.00

**C. Dr Shannon C Franklin**  
Full Name (Last, First, Middle Initial)

Mailing Address 427 Cranberry Ln

City Crozet State VA Zip Code 22932-3160

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
05 / 25 / 2012  
**Transaction ID : 34841670**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 560.00

**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 101 OF 131
	<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	

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 Beth A Kneib**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 Nw 163Rd St  
 City Shoreline State WA Zip Code 98177-3727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : 34841673**  
 Amount of Each Receipt this Period  
 41.67

**B. Dr Mario Joseph Contaldi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7728 Mid Cities Blvd  
 City N Richlnd Hls State TX Zip Code 76180-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 454.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : 34841674**  
 Amount of Each Receipt this Period  
 90.91

**C. Dr Joe Wesley De Loach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Edgelake Dr  
 City Dallas State TX Zip Code 75218-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : 34841675**  
 Amount of Each Receipt this Period  
 109.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.58
<b>TOTAL</b> 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 102 OF 131
	<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	

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 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 ▼  
420.00

Date of Receipt  
05 / 25 / 2012  
Transaction ID : 34841676

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 ▼  
454.55

Date of Receipt  
05 / 25 / 2012  
Transaction ID : 34841677

Amount of Each Receipt this Period  
90.91

**C. Dr Ashley K Mc Ferron**  
Full Name (Last, First, Middle Initial)

Mailing Address 5079 W Sunset Dr

City Lake Oswego State OR Zip Code 97035-4253

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.35

Date of Receipt  
05 / 25 / 2012  
Transaction ID : 34841679

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 216.58

**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 103 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr Charles K Atwell**

Mailing Address 238 Chasse Cir

City State Zip Code  
 St Charles IL 60174-1418

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 ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : 34841680**

Amount of Each Receipt this Period  
 42.00

Full Name (Last, First, Middle Initial)  
**B. Dr Christopher L Eddy**

Mailing Address 6306 Buchanan St

City State Zip Code  
 Fort Collins CO 80525-5810

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 ▼  
 412.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : 34841681**

Amount of Each Receipt this Period  
 84.00

Full Name (Last, First, Middle Initial)  
**C. Dr Gerald R Neidigh Jr.**

Mailing Address 3030 Middlewood Rd

City State Zip Code  
 Midlothian VA 23113-2167

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : 34841684**

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 251.00

**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 104 OF 131
	<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	

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 John M Millirons**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 S Oakdale Dr

City Stillwater State OK Zip Code 74074-6888

FEC ID number of 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  
05 / 24 / 2012  
**Transaction ID : 34841842**

Amount of Each Receipt this Period  
500.00

**B. Dr Avery T Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 1386 S 38Th St

City Grand Forks State ND Zip Code 58201-3708

FEC ID number of 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  
05 / 24 / 2012  
**Transaction ID : 34841844**

Amount of Each Receipt this Period  
250.00

**c. Dr Morgan R Leach**  
Full Name (Last, First, Middle Initial)

Mailing Address 313 Fox Dr

City Great Falls State MT Zip Code 59404-3835

FEC ID number of 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  
05 / 24 / 2012  
**Transaction ID : 34841848**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1115.00

**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 105 OF 131
	<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

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 Mindy Sterner Leach**  
Full Name (Last, First, Middle Initial)

Mailing Address 313 Fox Dr

City State Zip Code  
Great Falls MT 59404-3835

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2012  
**Transaction ID : 34841849**

Amount of Each Receipt this Period  
365.00

**B. Dr Michael Allen Hansen**  
Full Name (Last, First, Middle Initial)

Mailing Address 690 Tabriz Dr

City State Zip Code  
Billings MT 59105-2812

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 24 / 2012  
**Transaction ID : 34841850**

Amount of Each Receipt this Period  
2000.00

**C. Dr Mark Joseph Roy III**  
Full Name (Last, First, Middle Initial)

Mailing Address 2198 Highway 20

City State Zip Code  
Vacherie LA 70090-5473

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  
05 / 25 / 2012  
**Transaction ID : 34842573**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2865.00
<b>TOTAL</b> 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 106 OF 131
<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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Richard L Talkington</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2012 <b>Transaction ID : 34842584</b>
Mailing Address Po Box 521		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Pamela E Theriot</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2012 <b>Transaction ID : 34842585</b>
Mailing Address 612 University Ave		Amount of Each Receipt this Period 50.00
City Syracuse	State NY	Zip Code 13210-1807
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <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) <b>C. Dr D. Cory Rath</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2012 <b>Transaction ID : 34842587</b>
Mailing Address 10748 Sprucedale Ave		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 107 OF 131
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Curtis A Ono</b>		Date of Receipt
Mailing Address 822 W Barrett St		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Seattle WA 98119-1829		<b>Transaction ID : 34842588</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
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 ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dr Maryjane Healey</b>		Date of Receipt
Mailing Address 6710 124Th PI Se		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Snohomish WA 98296-8649		<b>Transaction ID : 34842592</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
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 ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dr C. Thomas Crooks III</b>		Date of Receipt
Mailing Address 1229 Highland Lakes Trl		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Birmingham AL 35242-6886		<b>Transaction ID : 34842593</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
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 ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 108 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Dr Thomas E Nye**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Tabor Ln  
 City Hamilton State OH Zip Code 45013-5118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2012  
**Transaction ID : 34842595**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr James R Hale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2616 Sw Brooklane Dr  
 City Corvallis State OR Zip Code 97333-1500  
 FEC ID number of 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 M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2012  
**Transaction ID : 34842596**  
 Amount of Each Receipt this Period  
 500.00

**C. 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 ▼ 454.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2012  
**Transaction ID : 34842599**  
 Amount of Each Receipt this Period  
 90.91

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 690.91  
**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: (check only one)	PAGE 109 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Sue E Lowe</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2012 <b>Transaction ID : 34842601</b>
Mailing Address 1704 Skyline Rd		Amount of Each Receipt this Period 166.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	

Full Name (Last, First, Middle Initial) <b>B. Dr Ron Benner</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2012 <b>Transaction ID : 34842603</b>
Mailing Address 1408 E Maryland Ln		Amount of Each Receipt this Period 166.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	

Full Name (Last, First, Middle Initial) <b>C. Dr Neil W Draisin</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2012 <b>Transaction ID : 34842604</b>
Mailing Address 21 Fairway Village Ln		Amount of Each Receipt this Period 41.67
City Isle Of Palms	State SC	Zip Code 29451-2732
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.01
<b>TOTAL</b> 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 110 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Jennifer M. Smi Zolman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2012 <b>Transaction ID : 34842605</b>
Mailing Address 141 Sea Cotton Cir		Amount of Each Receipt this Period 41.67
City Charleston	State SC	Zip Code 29412-8296
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) <b>B. Dr Robert G Goerss</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2012 <b>Transaction ID : 34842607</b>
Mailing Address 3120 Brookford Dr		Amount of Each Receipt this Period 50.00
City Saint Charles	State MO	Zip Code 63303-6356
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <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) <b>C. Dr Thomas J Landry</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 28 / 2012 <b>Transaction ID : 34842608</b>
Mailing Address 9 Greenridge Dr		Amount of Each Receipt this Period 50.00
City Painted Post	State NY	Zip Code 14870-9388
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	141.67
<b>TOTAL</b> 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 111 OF 131
	<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	<input type="checkbox"/> 17

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

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

**A. Dr Trevor J Cleveland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Wilson Ct  
 City Eugene State OR Zip Code 97402-3361  
 FEC ID number of 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  
 05 / 28 / 2012  
**Transaction ID : 34842609**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr Lanny F Duclos Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3795 Sun Valley Dr  
 City Grantsville State UT Zip Code 84029-8512  
 FEC ID number of 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  
 05 / 28 / 2012  
**Transaction ID : 34842611**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr William L Ratcliff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 10Th St  
 City Huntington State WV Zip Code 25701-2222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2012  
**Transaction ID : 34842612**  
 Amount of Each Receipt this Period  
 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.00
<b>TOTAL</b> 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 112 OF 131
	<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	

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 Jan L Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Chandler W

City Highland	State CA	Zip Code 92346-5482
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **937.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2012

**Transaction ID : 34842614**

Amount of Each Receipt this Period  

187.50
--------

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

Mailing Address 789 N Broad St

City Galesburg	State IL	Zip Code 61401-2766
-------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2012

**Transaction ID : 34842615**

Amount of Each Receipt this Period  

175.00
--------

**C. 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 ▼ **416.70**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2012

**Transaction ID : 34842616**

Amount of Each Receipt this Period  

83.34
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>445.84</b>
<b>TOTAL</b> 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 113 OF 131
	<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	

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 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 **416.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2012  
**Transaction ID : 34842619**  
 Amount of Each Receipt this Period  
**83.34**

**B. Dr Hilaire A Pressley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8635 W Sahara Ave Pmb 443  
 City Las Vegas State NV Zip Code 89117-5858  
 FEC ID number of 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  
 05 / 28 / 2012  
**Transaction ID : 34842622**  
 Amount of Each Receipt this Period  
**60.00**

**C. 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 **277.68**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2012  
**Transaction ID : 34842623**  
 Amount of Each Receipt this Period  
**37.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>180.34</b>
<b>TOTAL</b> 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 114 OF 131
	<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	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Andrea P Thau</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2012 <b>Transaction ID : 34842624</b>
Mailing Address 145 E 84Th St Apt 11A		Amount of Each Receipt this Period 166.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.35	

Full Name (Last, First, Middle Initial) <b>B. Dr Michael J Veliky</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2012 <b>Transaction ID : 34842630</b>
Mailing Address 787 Pony Trail		Amount of Each Receipt this Period 50.00
City Franklin Lakes	State NJ	Zip Code 07417-1549
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) <b>C. Dr Thomas A Lucas Jr</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2012 <b>Transaction ID : 34842635</b>
Mailing Address 2023 Sandy Point Rd		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.67
<b>TOTAL</b> 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 115 OF 131  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2012  
**Transaction ID : 34842636**  
 Amount of Each Receipt this Period  
 200.00

**B. 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 ▼ 419.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2012  
**Transaction ID : 34842637**  
 Amount of Each Receipt this Period  
 83.34

**C. Dr Richard C Edlow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8913 Griffin Way  
 City Baltimore State MD Zip Code 21208-1424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2012  
**Transaction ID : 34842678**  
 Amount of Each Receipt this Period  
 91.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 374.34  
**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 116 OF 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr William E Thomas</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2012 <b>Transaction ID : 34848859</b>
Mailing Address 3371 Rodeo Rd		Amount of Each Receipt this Period 500.00
City Missoula	State MT	Zip Code 59803-9651
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Kristi D Schied</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2012 <b>Transaction ID : 34849015</b>
Mailing Address 2430 Lydia Ln		Amount of Each Receipt this Period 500.00
City Billings	State MT	Zip Code 59102-7958
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Julie Metzger Aubuchon</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2012 <b>Transaction ID : 34849017</b>
Mailing Address 72 Belmont Ct		Amount of Each Receipt this Period 500.00
City Florence	State KY	Zip Code 41042-8986
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 117 OF 131
	<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

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 Carey A Patrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 970 Patrician Ct  
 City Fairview State TX Zip Code 75069-8781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2012  
**Transaction ID : 34852767**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr Christopher L Jons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 Apache Dr  
 City Buffalo State WY Zip Code 82834-2514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2012  
**Transaction ID : 34903689**  
 Amount of Each Receipt this Period  
 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$400.00 This changes the YTD Total to \$200.00

**C. Dr Eric R Slapnicher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 Douglas Ave Apt 310  
 City Minneapolis State MN Zip Code 55403-3195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : 34903690**  
 Amount of Each Receipt this Period  
 0.00  
**[MEMO ITEM]**  
 Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	95935.14

# 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

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

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

Full Name (Last, First, Middle Initial)

### A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Visa/MC Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2012

Transaction ID : 34858214

Amount of Each Disbursement this Period

1125.86

Visa/MC Fees

Full Name (Last, First, Middle Initial)

### B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
American Express Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2012

Transaction ID : 34858215

Amount of Each Disbursement this Period

344.82

American Express Fees

Full Name (Last, First, Middle Initial)

### C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Bank Fee

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2012

Transaction ID : 34858216

Amount of Each Disbursement this Period

82.40

Bank Fee

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

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

1553.08

**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

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

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

Full Name (Last, First, Middle Initial)

**A. WellsFargo**

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

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 : 34858218**

Amount of Each Disbursement this Period

Bank Fee

**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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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  
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

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

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

Full Name (Last, First, Middle Initial)

**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  
State: OR District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : 34701071**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins For Congress**

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : 34701072**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Denham For Congress**

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Jeff Denham**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2012

**Transaction ID : 34706280**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

4500.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. Lobiondo For Congress**

Mailing Address P. O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Frank A. LoBiondo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2012

**Transaction ID : 34706284**

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

MM / DD / YYYY  
05 / 04 / 2012

**Transaction ID : 34706287**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Sen. Joe Manchin III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2012

**Transaction ID : 34721590**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

4500.00

**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

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

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

Full Name (Last, First, Middle Initial)

### A. Pompeo For Congress Inc

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67212

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Mike Pompeo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2012

Transaction ID : 34721592

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

### B. Reclaim America PAC

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Reclaim America PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2012

Transaction ID : 34721593

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

### C. Alamo PAC

Mailing Address 816 Congress Avenue  
Suite 960

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Alamo PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2012

Transaction ID : 34721594

Amount of Each Disbursement this Period

5000.00

Committee Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lance For Congress**

Mailing Address PO Box 225

City State Zip Code  
Colonia NJ 07067

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2012

**Transaction ID : 34773407**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. The Congressman Joe Barton Committee**

Mailing Address P.O. Box 1444

City State Zip Code  
Ennis TX 75120

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Joe L. Barton**

Category/  
Type

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2012

**Transaction ID : 34773409**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Ben Cardin For Senate**

Mailing Address P.O. Box 21093

City State Zip Code  
Catonsville MD 21228

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Sen. Benjamin Cardin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2012

**Transaction ID : 34773421**

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

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

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michaud For Congress**

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Michael H. Michaud**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

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

**Transaction ID : 34773423**

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Pat Roberts For U S Senate Inc**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Sen. Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

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

**Transaction ID : 34773424**

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement  
Void

011

Candidate Name

**Rep. Michael D. Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 03

Date of Disbursement

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

**Transaction ID : 34775555**

Amount of Each Disbursement this Period

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

Void

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

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

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

1	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

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

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

Full Name (Last, First, Middle Initial)

**A. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Sen. Joe Manchin III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2012

**Transaction ID : 34783678**

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Bonamici For Congress**

Mailing Address 2236 Se 10th Ave

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Suzanne Bonamici**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2012

**Transaction ID : 34788709**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Mica For Congress**

Mailing Address P. O. Box 181546

City Casselberry State FL Zip Code 32718

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. John L. Mica**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

**Transaction ID : 34791226**

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

7500.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. Hatch Election Committee Inc**

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Sen. Orrin Grant Hatch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: UT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2012

**Transaction ID : 34792846**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Ribble For Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Reid J. Ribble**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2012

**Transaction ID : 34796957**

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Ribble For Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Reid J. Ribble**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2012

**Transaction ID : 34796959**

Amount of Each Disbursement this Period

4000.00

Candidate 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

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

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

Full Name (Last, First, Middle Initial)

**A. Republican Party of Kentucky**

Mailing Address PO BOX 1068

City Frankfort State KY Zip Code 40601

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2012

Transaction ID : 34822986

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

**B. Ben Chandler For Congress**

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Benjamin Chandler**

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

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2012

Transaction ID : 34829420

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Mark Pocan For Congress**

Mailing Address 309 N Baldwin St

City Madison State WI Zip Code 53703

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Mark Pocan**

Office Sought:  House  Senate  President  
State: WI District: 02

Disbursement For: 2012  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2012

Transaction ID : 34829421

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

12500.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. Dewhurst For Texas**

Mailing Address 1210 San Antonio Street Suite 700

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. David Dewhurst**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2012

Transaction ID : 34829422

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2012

Transaction ID : 34829423

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Nunnelee For Congress**

Mailing Address 438 East Main St  
PO Box 7092

City Tupelo State MS Zip Code 38802

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Alan Nunnelee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 22 / 2012

Transaction ID : 34829429

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

12500.00

**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

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

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Strickland For Congress 2012**

Mailing Address 603 E Alton Ave Ste H

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Anthony Strickland**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2012

**Transaction ID : 34844873**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Vargas For Congress 2012**

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Mr. Juan Vargas**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2012

**Transaction ID : 34844884**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2012

**Transaction ID : 34844893**

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

15000.00

**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

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

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

Full Name (Last, First, Middle Initial)

**A. LYNN PAC**

Mailing Address P.O. BOX 1872

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Committee Contribution

011

Candidate Name  
**LYNN PAC**

Category/  
Type

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  
05 / 31 / 2012

**Transaction ID : 34849947**

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

**B.**

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

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

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)..... ▶

1000.00

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

78500.00

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

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

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

Full Name (Last, First, Middle Initial)

**A. Dr Christopher L Jons**

Mailing Address 618 Apache Dr

City Buffalo State WY Zip Code 82834-2514

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 34791194**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**B. Dr Christopher L Jons**

Mailing Address 618 Apache Dr

City Buffalo State WY Zip Code 82834-2514

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 34791197**

Amount of Each Disbursement this Period

Refund

Full Name (Last, First, Middle Initial)

**C. Dr Eric R Slapnicher**

Mailing Address 700 Douglas Ave  
Apt 310

City Minneapolis State MN Zip Code 55403-3195

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**010**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 34852833**

Amount of Each Disbursement this Period

Refund

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

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