Image# 12940821193				PAGE 1 / 174
	PORT OF REND DISBURS	EMENTS		Office Use Only
	E OR PRINT V	Example: If typing, ty	pe 12FE4M5	
COMMITTEE (in full)		over the lines.	12FE4M3	· · · · ·
American Optometric Ass	ociation Political Actio	on Committee		
ADDRESS (number and street)	505 Prince Street			
Check if different	uite 300			
م than previously م reported. (ACC)	lexandria			22314
2. FEC IDENTIFICATION NUMB	ER ▼ CITY ▲		STATE 🔺	ZIP CODE
C C00024968	3. IS TH REPO		OR AM	IENDED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20 (20 (M8) 20 (M8) 20 (M9) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (1	/14) Jul 20	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day PRE-Election	Primary (12P)	General	(12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M M / D	D / Y = Y = Y = Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election X Report for the:	General (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election on	11 / D	b / Y Y Y Y Y 2012	in the State of VA
5. Covering Period	18 / Y Y Y Y 12012	through	M M / D D / 11 26	2012
I certify that I have examined this Re	eport and to the best of my	knowledge and belief	it is true, correct and	d complete.
Type or Print Name of Treasurer	homas E. Nye O.D.			
Signature of Treasurer Thomas E.	Nye O.D.	[Electronically Filed	Date 12	/ D D / Y Y Y Y 05 2012
NOTE: Submission of false, erroneous	or incomplete information ma	v subject the person s	igning this Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

12/05/2012 13 : 33

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write o	r Type	Committee	Name

FEC Form 3X (Rev. 02/2003)

American Optometric Association Political Action Committee

R	eport Covering the Period: From:	0 / D D / Y Y Y Y 0 18 2012 To	b: 11 / D D / Y Y Y Y 26 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		683843.90
	(b) Cash on Hand at Beginning of Reporting Period	455751.60	
	(c) Total Receipts (from Line 19)	100833.76	835645.25
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	556585.36	1519489.15
7.	Total Disbursements (from Line 31)	112574.36	1075478.15
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	444011.00	444011.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

X

	Form 2V (Day 06/0004)	DETAILED SUMMARY PAGE of Receipts	
	Form 3X (Rev. 06/2004) be Committee Name		Page 3
		on Political Action Committee	
America		on Folitical Action Committee	
Report Cove	ering the Period: From:	M M / D D / Y	To: 11 / 26 / Y Y Y Y 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Indiv	ions (other than loans) From: riduals/Persons Other n Political Committees		
(i) I	temized (use Schedule A)		544705.98
()	Jnitemized rOTAL (add	31928.50	289559.91
	Lines 11(a)(i) and (ii)	100819.72	834265.89
	ical Party Committees	0.00	0.00
. ,	er Political Committees h as PACs)	0.00	0.00
11(a	l Contributions (add Lines)(iii), (b), and (c)) (Carry Is to Line 33, page 5)	100819.72	834265.89
	From Affiliated/Other mmittees	0.00	0.00
13. All Loans	Received	0.00	0.00
15. Offsets T	payments Received o Operating Expenditures	0.00	0.00
(Carry To 16. Refunds	, Rebates, etc.) tals to Line 37, page 5) of Contributions Made	0.00	0.00
Political (al Candidates and Other Committees	0.00	1000.00
(Dividend	deral Receipts ls, Interest, etc.) from Non-Federal and Levin Fu		379.36
(a) Non-F	Federal Account n Schedule H3)		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
	eipts (add Lines 11(d), 4, 15, 16, 17, and 18(c))	100833.76	835645.25
20. Total Fec (subtract	leral Receipts Line 18(c) from Line 19)	100833.76	835645.25

FE6AN026

Image# 12940821195

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2209.36	56838.1
(c) Total Operating Expenditures	2209.36	56838.1
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	2209.30	
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	110000.00	897750.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	100000.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	365.00	890.00
	0.00	0.0
(b) Political Party Committees(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.0
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	365.00	890.00
Other Disbursements	0.00	20000.00
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	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	112574.36	1075478.1
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	112574.36	1075478.15

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
 Total Contributions (other than loans) (from Line 11(d), page 3) 	100819.72	834265.89				
 Total Contribution Refunds (from Line 28(d)) 	365.00	890.00				
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	100454.72	833375.89				
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	2209.36	56838.15				
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00				
3. Net Operating Expenditures (subtract Line 37 from Line 36)	2209.36	56838.15				

FE6AN026

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE

6 OF

ιт	EMIZED RECEIPTS	Use separate schedule(s) for each category of the			(check only one)									
11			Detailed Summary Page			\square	11b 14	11c	12	Г	17			
	y information copied from such Reports and for commercial purposes, other than using the			erson for			ose of			butio				
	NAME OF COMMITTEE (In Full)													
	American Optometric Associat	ion Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr Scott M Walters			Da	ite of	Re	ceipt							
	Mailing Address 1025 Nw Regent Dr			IV	10	1	18	/ Y	2012		1			
	City	State	Zip Code	Т	Transaction ID : 35405030									
	Grants Pass	OR	97526-3383	An	nount	of	Each R	eceipt th	nis Peri	od				
	FEC ID number of contributing federal political committee.	С					,		2	50.0	0			
	Name of Employer	Occupation												
	Self Employed	Doctor of O	ptometry											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		1000.00	1										
в.	Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden			Da	ite of	Re	ceipt							
	Mailing Address 1445 Prospect Ave Unit D			_	10	/	18	/ Y	2012		1			
	City	State	Zip Code	т	rans	actio	on ID :	3540503	51					
	Placentia	CA	92870-3816	An	nount	of	Each R	eceipt th	nis Peri	od				
	FEC ID number of contributing federal political committee.	С					,		1	94.40	0			
	Name of Employer Self Employed	Occupation Doctor of O												
	Receipt For:	1	Year-to-Date ▼	_										
	Primary General	Aggregate												
	Other (specify) ▼	L	1610.86											
с.	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Da	ite of	Re	ceipt							
	Mailing Address 9940 Ashleigh Way			N	10	/	D D D D D D D D D D D D D D D D D D D	/ Y	2012		1			
	City	State	Zip Code	T	rans	acti	on ID :	3540589	92					
	Highlands Ranch	CO	80126-4244	An	nount	of	Each R	eceipt th	nis Peri	od				
	FEC ID number of contributing federal political committee.	С					7		1	66.9	4			
	Name of Employer	Occupation												
	Self Employed	Doctor of O	ptometry											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General		1669.40	1										
	Other (specify)		1											
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FOR LINE NUMBER:

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PAGE 7 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12									
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NAME OF COMMITTEE (In Full)	ing Delitical Action Operation										
American Optometric Associati	ion Political Action Committee										
Full Name (Last, First, Middle Initial) A. Dr Elissa Maria Contillo		Date of Receipt									
Mailing Address 98 Tuckertown Rd		M - M / D - D / Y - Y - Y - Y Y 10 19 2012									
City	State Zip Code										
S Kingstown	RI 02879-2703	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	100.00									
Name of Employer	Occupation										
Self Employed	Doctor of Optometry										
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	Primary General										
Full Name (Last, First, Middle Initial) B. Dr Paul Zerbinopoulos	1	Date of Receipt									
Mailing Address 22 Carrie Ln	M M / D D / Y Y Y Y Y 10 19 2012										
City	State Zip Code	Transaction ID : 35405894									
N Kingstown	RI 02852-4138	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	30.42									
Name of Employer	Occupation										
Self Employed	Doctor of Optometry										
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 304.20	1									
Full Name (Last, First, Middle Initial)											
c . Dr Pamela J Blodgett		Date of Receipt									
Mailing Address 22 Carrie Ln		M = M / D = D / Y = Y = Y 10 19 2012									
City N Kingstown	State Zip Code RI 02852-4138	Transaction ID : 35405895									
N Kingstown	02052-4130	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	30.42									
Name of Employer											
Self Employed	Doctor of Optometry										
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	304.20]									
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PAGE 8 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17								
Ar	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma	L ay not be sold or used by any p ddress of any political committee	erson f	or the	l purj htrib	pose of	soliciting		ntribut	ions								
	NAME OF COMMITTEE (In Full) American Optometric Association																		
A.	Full Name (Last, First, Middle Initial) Dr Wanda C Batson				Date of	Re	eceipt												
	Mailing Address 8120 Rock Hill Rd			10 / D D / Y Y Y Y 10 19 2012															
	City Baker	State FL	Zip Code 32531-7337	Transaction ID : 35405896 Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	С		250.00															
	Name of Employer Self Employed	Occupation Doctor of O																	
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00	1															
В.	Full Name (Last, First, Middle Initial) Dr Michael Bacigalupi Mailing Address 622 Se 13Th St		Date of	[:] Re	eceipt) / Y	Y	Y	Y										
	City Ft Lauderdale									10 19 2012 Transaction ID : 35405897 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.				,			30.	42										
	Name of Employer Self Employed																		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 304.20]															
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping				Date of	Re	eceipt												
	Mailing Address 1801 Creekside Dr						D 19			012	Y								
	City Friendswood	State TX	Zip Code 77546-7821					3540589 Receipt th		Period									
	FEC ID number of contributing federal political committee.				, ,		_	166	.67										
	Name of Employer																		
	Self Employed	Doctor of O	ptometry																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.70																
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SCHEDULE A (FEC Form 3X) ...

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FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b	11c		12 16	17				
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\setminus	NAME OF COMMITTEE (In Full)														
	American Optometric Association	on Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping				Date of	f Re	eceipt								
	Mailing Address 1801 Creekside Dr				10 19 2012										
	City	State	Zip Code		Transaction ID : 35405899										
	Friendswood	ТХ	77546-7821	_	Amount	t of	Each R	eceipt th	nis Pe	riod					
	FEC ID number of contributing federal political committee.	С					7			166.6	67				
	Name of Employer	Occupation													
	Self Employed	Doctor of O	ptometry												
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	Primary General		1666.70	11											
	Other (specify)		1000.70	4											
B	Full Name (Last, First, Middle Initial) Dr Scott M Burks				Date of	f Re	eceint								
	Mailing Address Po Box 1351				M	/		/ Y	Y	Y	Y				
						10 19 2012									
	City	State	Zip Code					3540590							
	Buffalo	MO	65622-1351	_	Amount	t of	Each R	eceipt th	nis Pe	riod					
	FEC ID number of contributing federal political committee.	C					7	7		100.0	00				
	Name of Employer	Occupation													
	Self Employed	Doctor of Op	otometry												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		1000.00												
<u> </u>	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett				Date of	f Re	eceipt								
	Mailing Address 9940 Ashleigh Way				M M	/	19	/ Y	201		Y				
	City	State	Zip Code		Trans	sact	ion ID :	3540590	03						
	Highlands Ranch	CO	80126-4244	_	Amount	t of	Each R	eceipt th	nis Pe	riod					
	FEC ID number of contributing federal political committee.	С					7	7		333.0	06				
	Name of Employer	Occupation													
	Self Employed	Doctor of O	ptometry												
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	Primary General		1333.88	11											
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	and Statements may not be sold or used by any per ng the name and address of any political committee	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) American Optometric Asso	ciation Political Action Committee							
Full Name (Last, First, Middle Initial) Dr D. William Lakin Mailing Address 44260 Boulder Dr City Clinton Twp FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48038-1430 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 400.00	Date of Receipt						
Full Name (Last, First, Middle Initial) B. Dr Wayne Maltz Mailing Address 10801 Valley Hills Dr City	Date of Receipt							
Houston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 77071-1610 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00	Transaction ID : 35412019 Amount of Each Receipt this Period 100.00						
Full Name (Last, First, Middle Initial) C. Dr Marc Robert Bloomenstein Mailing Address 5101 E Calavar Rd City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code AZ 85254-2869 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00	Date of Receipt						
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PAGE 11 OF

			Detailed Summary Page		< 11a		11b	11c		12		. –			
	y information copied from such Reports and S for commercial purposes, other than using the										ions	17			
	NAME OF COMMITTEE (In Full) American Optometric Associatio														
A .	Full Name (Last, First, Middle Initial) Dr Julie Metzger Aubuchon Mailing Address 72 Belmont Ct			_	Date of	Re	ceipt) / Y	Y	Y	Y				
	City Florence	State KY	Zip Code 41042-8986	10 20 2012 Transaction ID : 35412022 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		600.00											
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O	ptometry												
	Primary General Other (specify)	Aggregale	Year-to-Date ▼ 1100.00												
в.	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander Mailing Address 2116 Wildwood Ct						ceipt	/ Y	Y	Y	Y				
	City Fullerton	State CA	Zip Code 92831-1339	10 20 2012 Transaction ID : 35412023 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					,	7	_	50.	00]			
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O	ptometry												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00												
c.	Full Name (Last, First, Middle Initial) Dr Robert J Parks				Date of	Re	eceipt								
	Mailing Address 86 Darlene Drive	_	10 20 Y Y Y Y Y 10 20 2012												
	City Wakefield	State RI	Zip Code 02879-8307	_				3541202 Receipt th		eriod					
	FEC ID number of contributing federal political committee.	С					7		_	31	.25				
	Name of Employer	Occupation													
	Self Employed	Doctor of O	ptometry												
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 468.77												
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PAGE 12 OF

			Detailed Summary Page		(11a		11b	11c	12	r	
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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit co	ntrib	outions f	from such	comm	hitte	e.
\backslash	NAME OF COMMITTEE (In Full)	-									
/	American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr David S Hays				Date o	f Re	eceipt				
	Mailing Address 8720 52Nd Street Ct W				м м 10	/	21) / Y	y y 2012		
	City	State	Zip Code		Trans	acti	ion ID :	35412037			
	University PI	WA	98467-1758		Amoun	t of	Each R	leceipt thi	s Perio	bc	
	FEC ID number of contributing federal political committee.	С					л. I			84.0	00
	Name of Employer	Occupation	1	_							
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		840.00	1							
в.	Full Name (Last, First, Middle Initial) Dr Donald W Furman				Date o	f Re	eceipt				
	Mailing Address 855 11Th Street PI				10	/	21	/ Y	y y 2012		
	City	State	Zip Code		Trans	acti	ion ID :	35412038			
	Garner	IA	50438-1847		Amoun	t of	Each R	Receipt this	s Perio	bd	
	FEC ID number of contributing federal political committee.	С					7		ş	84.0	0
	Name of Employer	Occupation	l								
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		, 840.00	4							
с.	Full Name (Last, First, Middle Initial) Dr Paul L Gustafson				Date o	f Re	eceipt				
	Mailing Address 159 Sunflower St				^M 10	/	21) / Y	y y 2012		
	City	State	Zip Code		Trans	sact	ion ID :	35412039	Э		
	Casper	WY	82604-3805		Amoun	t of	Each R	leceipt thi	s Perio	bc	
	FEC ID number of contributing federal political committee.	С					,			35.0	00
	Name of Employer	Occupation	I								
	Self Employed	Doctor of C	ptometry								
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	Primary General	00 0		11.							
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	y information copied from such Reports and for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
	American Optometric Associat	ion Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Kent G Hillery				Date of	Re	eceipt								
	Mailing Address 16448 Country Club Dr				м м 10	/	21		Y Y 2	2012	Y				
	City	State	Zip Code		Trans	acti	ion ID	: 35412	2042						
	Peosta	IA	52068-9710	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					,	,		50	.00				
	Name of Employer	Occupation	1												
	Self Employed	Doctor of O	ptometry												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		500.00	1											
в.	Full Name (Last, First, Middle Initial) Dr Mary Lynn Gregory				Date of	Re	eceipt								
	Mailing Address 3332 120Th Ave				^M M	1	21		Y Y 2	012	Y				
	City	State	Zip Code		Trans	acti	ion ID :	35412	043						
	Clear Lake	MN	55319-9506		Amount	t of	Each I	Receipt	this I	Period					
	FEC ID number of contributing federal political committee.	С					7			54	.55				
	Name of Employer Self Employed	Occupation Doctor of O													
	Receipt For:		Year-to-Date ▼												
	Primary General Other (specify) ▼	Aggregate	490.95												
<u> </u>	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz				Date of	Re	eceipt								
	Mailing Address 3537 Newcastle Dr Se				м м 10	/	21			2012	Y				
	City	State	Zip Code		Trans	act	ion ID	: 35412	2044						
	Rio Rancho	NM	87124-3672		Amount	t of	Each I	Receipt	this I	Period					
	FEC ID number of contributing federal political committee.	С					7	,		454	.55				
	Name of Employer	Occupation	1												
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting		ntributi	ions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Matthew J Maki Mailing Address 135 W Church St				Date of		eceipt) / Y	Y	Y	Y
	City Williamston	State MI	Zip Code 48895-1119				-	3542484	16	012	
	FEC ID number of contributing federal political committee.	С			Amoun	tof	Each F	Receipt th	IIS F	25.	00
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O									
	Primary General Other (specify)	Aggregate	250.00	1							
в.	Full Name (Last, First, Middle Initial) Dr David K Talley Mailing Address 1698 Brookside Dr				Date of	f Re	eceipt) / Y	Y	Y	Y
	City Germantown	State TN	Zip Code 38138-2531					3542484 Receipt th	8	012 Period	
	FEC ID number of contributing federal political committee.	С					7		_	85.	00
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	1							
C.	Full Name (Last, First, Middle Initial) Dr Blaine F Bird				Date of	Re					
	Mailing Address 2001 E 775 S	State	Zip Code		10 T	/	22		20	012	Y
	Springville	UT	84663-3206					3542484 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	30.	42
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 304.20	1							
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	IE OF COMMITTEE (In Full)										
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	Name (Last, First, Middle Initial) Steven C Ezzell				Date o	f Re	ceipt				
Mail	ing Address 649 Matthew Ct				м м 10	/	22) / Y	۲ 20	ү 12	Y
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wan	Ing Address 11700 Northview Dr				10		22) / ү	201	2	Y
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	Name (Last, First, Middle Initial) • Joseph J Jordan Jr				Date of	f Re	ceipt				
Mail	ing Address 971 Suncook Valley Rd				м м 10	/	23		Y 201		Y
City		State	Zip Code		Trans	sact	ion ID :	354328	25		
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\setminus	NAME OF COMMITTEE (In Full)									
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Α.	Full Name (Last, First, Middle Initial) Dr Paul Anton Hodge				Date o	f Re	eceipt			
	Mailing Address 3042 118Th Ave				10	1	23) / Y	2012	
	City	State	Zip Code		Trans	sacti	ion ID :	354328	28	
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в.	Full Name (Last, First, Middle Initial) Dr Chris R Deibert				Date o	of Re	eceipt			
	Mailing Address 8 Johnson Dr				10	/		/ Y	2012	
	City	State	Zip Code		10 Trans	acti	23	3543283	2012	-
	Luray	VA	22835-9705					leceipt t		od
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<u></u> с.	Full Name (Last, First, Middle Initial) Dr Jeff A Hayden				Date o	of Re	eceipt			
	Mailing Address 679 Plumtree Ln				10	/	23		2012	
	City	State	Zip Code		Tran	sact	ion ID :	354328	31	
	Fenton	MI	48430-4207		Amoun	t of	Each R	Receipt t	his Peri	od
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$\left\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Richard W Phillips Mailing Address 1977 Spring Hollow Ln				Date of		eceipt	/ Y	Y	Y	Y
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В.	Full Name (Last, First, Middle Initial) Dr Barry J Barresi	I			Date of	f Re	eceipt				
	Mailing Address 659 Spyglass Summit Dr				M M 10	1	D D 23	/ Y		ү)12	Y
	City Chesterfield	State MO	Zip Code 63017-2142					3543283			
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C.	Full Name (Last, First, Middle Initial) Dr Mary Alice A. Tanguay	I			Date of	f Re	eceipt				
	Mailing Address 2332 Castle Rock Rd				м м 10	/	D D 19	/ Y) 12	Y
	City Carrollton	State TX	Zip Code 75007-2012					3543348		Deried	
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$\Big)$	American Optometric Associatio	on Politica	al Action Committee								
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	Mailing Address 5730 Turkey Oak Rd				м – м 10	/	D 19			012	Y
	City North Chastorfield	State VA	Zip Code 23237-3912					3543348			
	North Chesterfield	VA	23237-3912	_ /	Amoun	t of	Each F	Receipt th	nis F	Period	
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в.	Full Name (Last, First, Middle Initial) Dr Dominic S Onwukwe				Date of	f Re	ceipt				
	Mailing Address 4812 Silverbrook Way				м м 10	1	D 19) 12	Y
	City	State	Zip Code		Trans	acti	on ID :	3543348			
	Bowie	MD	20720-3470	/	Amoun	t of	Each F	Receipt th	nis F	Period	
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<u></u> с.	Full Name (Last, First, Middle Initial) Dr Parise M Chamberland				Date of	f Re	ceipt				
	Mailing Address 9 Ridge Rd				м м 10	/	D 19) 12	Y
	City	State	Zip Code		Trans	act	ion ID	: 3543348	38		
	Winthrop	ME	04364-3332	/	Amoun	t of	Each F	Receipt th	nis F	Period	
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Α.	Full Name (Last, First, Middle Initial) Dr John W Crotty				Date o	f Re	ceipt				
	Mailing Address 725 16Th St				м м 10	/	D 19			ү 012	Y
	City Auburn	State NE	Zip Code 68305-2204					: 354334			
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в.	Full Name (Last, First, Middle Initial) Dr James W Devine				Date o	f Re	ceipt				
	Mailing Address 8600 Martell Rd				M M	/	D 19			у 012	Y
	City	State	Zip Code		Trans	acti	on ID :	354334	99		
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<u> </u>	Full Name (Last, First, Middle Initial) Dr Janet Rose Fett				Date o	f Re	ceipt				
	Mailing Address 517 S Ridge Dr				м м 10	/	D 19			ү 012	Y
	City	State	Zip Code		Trans	sact	ion ID	: 35433	502		
	S Sioux City	NE	68776-3828		Amoun	t of	Each I	Receipt	this F	Period	
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$\Big\rangle$	American Optometric Associat	tion Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Gary D Finn				Date of	f Re	eceipt								
	Mailing Address 6708 N 160Th St				м м 10	/	D 19) / Y		012	Y				
	City	State	Zip Code		Trans	act	ion ID :	3543350)4						
	Omaha	NE	68116-4073	Amount of Each Receipt this Period											
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В.	Full Name (Last, First, Middle Initial) Dr Courtney M Goetsch				Date of	f Re	eceipt								
	Mailing Address 105 S 13Th Place Cir				м м 10	/	19) / Y	20)12	Y				
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<u> </u>	Full Name (Last, First, Middle Initial) Dr Steven J Gradowski				Date of	f Re	eceipt								
	Mailing Address 6214 S 118Th Plz				м м 10	/	19)12	Y				
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NAME OF COMMITTEE (In Full)		
American Optometric Asso	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr Ann M Feidler-Klein		Date of Receipt
Mailing Address 909 Park Way		M M / D D / Y Y Y Y Y 10 19 2012
City	State Zip Code	Transaction ID : 35433516
Norfolk	NE 68701-3068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
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Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00]
Full Name (Last, First, Middle Initial) B. Dr Jeffrey S Klein		Date of Receipt
Mailing Address 909 Park Way		
		10 19 2012
City	State Zip Code	Transaction ID : 35433517
Norfolk	NE 68701-3068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
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Primary General	400.00	1
Other (specify)	400.00	1
Full Name (Last, First, Middle Initial) c. Dr Corey M Langford		Date of Receipt
Mailing Address 7756 N 153Rd St		M M / D D / Y Y Y Y 10 19 2012
City	State Zip Code	Transaction ID : 35433523
Bennington	NE 68007-1551	Amount of Each Receipt this Period
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Name of Employer	Occupation	—
Self Employed	Doctor of Optometry	
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Walter C Mc Cormick Mailing Address 924 Tibbals St				Date of			/ Y		Y	Y
	City Holdrege	State NE	Zip Code 68949-1653					35433529 eceipt thi	9	012	
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в.	Full Name (Last, First, Middle Initial) Dr Steven Gerald Miller				Date of	_					
	Mailing Address 1302 Eldorado Rd	State	Zip Code		10 Tranc		19	35433532	20)12	Y
	Norfolk	NE	68701-3006					eceipt thi		eriod	
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A. Full Name (Last, First, Middle Initial) Dr Richard L Powell Mailing Address 820 Manchester Cir	State	Zip Code		Date of	/	D D 19		2012	Ŷ
Lincoln	NE	68528-1043				ion ID : : Each Re		30 his Perio	d
FEC ID number of contributing federal political committee.	С					7		10	00.00
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B. Full Name (Last, First, Middle Initial) Dr Scott C Reins Mailing Address 6500 Vanderslice Ln				Date of	f Re	ceipt	/ Y	Y Y	Ý
City Lincoln	State NE	Zip Code 68516-9247				19 on ID : 3 Each Re		2012 38 his Perio	d
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Mailing Address 7740 Sw 13Th Street				^M M	/	D D 19	/ Y	_2012	Y
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<u> </u>	NAME OF COMMITTEE (In Full) American Optometric Association														
A.	Full Name (Last, First, Middle Initial) Dr Sharon K Tharp				Date of	f Rec	ceipt								
	Mailing Address 4014 Country Club Blvd				м м 10	/	19) / Y	Y 20) 12	Y				
	City	State	Zip Code			actio		3543354							
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<u> </u>	Full Name (Last, First, Middle Initial) Dr Mark A Toelle				Date of	f Rec	ceipt								
	Mailing Address 16258 Craig Ave				10 19 2012										
	City	State	Zip Code					3543354							
	Bennington	NE	68007-1885	Amount of Each Receipt this Period											
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	Name of Employer Self Employed	Occupation Doctor of O													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 299.97												
с.	Full Name (Last, First, Middle Initial) Dr Christopher S Wolfe				Date of	f Rec	ceipt								
	Mailing Address 6515 S 157Th St				M M 10	1	19)12	Y				
	City Omaha	State NE	Zip Code 68135-5314	┝				3543355 Receipt thi		eriod					
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associa													
<u> </u>	Full Name (Last, First, Middle Initial) Dr Steven S Wolfe				Date of	f Re	eceipt							
	Mailing Address 15324 Weber St				м м 10	1	D 19		ү 201		Y			
	City Bennington	State NE	Zip Code 68007-1407					3543355 Receipt thi		riod				
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в.	Full Name (Last, First, Middle Initial) Dr Darren J Wright				Date of	_								
	Mailing Address 1702 M St	Ctoto	Zin Code	10 19 2012 Transaction ID : 35433554										
	City Auburn	State NE	Zip Code 68305-2146					35433554 Receipt thi		riad				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 233.33]										
с.	Full Name (Last, First, Middle Initial) Dr Dori M Carlson				Date of	f Re	eceipt							
	Mailing Address 121 Briggs Ave N				м м 10	/	D 24		y 201		Y			
	City Park River	State ND	Zip Code 58270-4507					3543545 Receipt thi		riod				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.																
	NAME OF COMMITTEE (In Full) American Optometric Associati															
A.	Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed Mailing Address 4550 Simpson Highway 28 W	1			Date of	Re	eceipt		/ – Y	Ý	Y					
	City	State	Zip Code		10 Trans	act	24	354354		012						
	Magee	MS	39111-5187				-	Receipt t	-	Period						
	FEC ID number of contributing federal political committee.	С				_	7	7	_	90.	00					
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	Primary General Other (specify) ▼	Aggregate	900.00	1												
в.	Full Name (Last, First, Middle Initial) Dr Jacqueline M Bowen				Date of	Re	eceipt									
	Mailing Address 3930 W 19Th Street Ln				м м 10	1	24		2	ү 012	Y					
	City Greeley	State CO	Zip Code 80634-3446	Transaction ID : 35435454 Amount of Each Receipt this Period												
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с.	Full Name (Last, First, Middle Initial) Dr Robert E Prouty	I			Date of	Re	eceipt									
	Mailing Address 8886 N Awl Rd				м м 10	/	24			012	Y					
	City Parker	State CO	Zip Code 80138-6840					354354 Receipt t		Period						
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SCHEDULE A (FEC Form 3X)

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\setminus	NAME OF COMMITTEE (In Full)										
	American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Peter V Candela				Date o	f Re	ceipt				
	Mailing Address Po Box 614				м м 10	/	D D D 24	/ Y	2012		7
	City	State	Zip Code		Trans	acti	ion ID :	3543546			
	Blythewood	SC	29016-0614	_	Amoun	t of	Each R	eceipt th	nis Peri	iod	
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	Full Name (Last, First, Middle Initial)										
В.	Dr Rebecca L Eiss				Date of	f Re	ceipt				
	Mailing Address 940 Quaker Ln Apt 209				M M 10	/	24	/ Y	y 2012		
	City E Greenwich	State RI	Zip Code 02818-5004				-	3543546	-		
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с.	Full Name (Last, First, Middle Initial) Dr Martin J Sikorski				Date o	f Re	ceipt				
	Mailing Address 1912 E York Ln				м м 10	/	23	/ Y	2012		7
	City	State	Zip Code			sact		3544512			
	Wheaton	IL	60187-5816		Amoun	t of	Each R	eceipt th	nis Peri	iod	
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or	for commercial purposes, other than using th	e name and a	ddress of any political committee	e to so	licit cor	ntrib	outions f	rom such	со	mmitte	ee.
\backslash	NAME OF COMMITTEE (In Full)										
/	American Optometric Associati	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Michael V Johnston				Date of	f Re	eceipt				
	Mailing Address 1805 W Park St				MM	/		/ Y		Y	Y
	City	State	Zip Code	- 1	10 Trans	act	23	35445130		012	
	Harlan	IA	51537-1247					eceipt thi		eriod	
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в.	Full Name (Last, First, Middle Initial) Dr Michael J Mc Kinney	I			Date of	f Re	eceipt				
	Mailing Address 1416 Kitsap Lake Rd Nw				м м 10	1	23	/ Y)12	Y
	City	State	Zip Code		Trans	acti	ion ID :	35445131			
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C.	Full Name (Last, First, Middle Initial) Dr Suzanne D Scott	1			Date of	f Re	eceipt				
	Mailing Address 405 Se Derby St				м м 10	/	23	/ Y)12	Y
	City	State	Zip Code		Trans	act	ion ID :	3544513	2		
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SCHEDULE A (FEC Form 3X)

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	American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Landon J Jones				Date of	Re	ceipt				
	Mailing Address 109 Ne 60Th St				м – м 10	/	23	Y / C		ү)12	Y
	City Seattle	State WA	Zip Code 98115-6522					354451 Receipt t		eriod	
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в.	Full Name (Last, First, Middle Initial) Dr Shannon C Franklin				Date of	Re	ceipt				
	Mailing Address 427 Cranberry Ln				10 ^M	/	25		20	12	Y
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<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Mario Joseph Contaldi				Date of	Re	ceipt				
	Mailing Address 7728 Mid Cities Blvd				10 ^M	/	25		20	ү 12	Y
	City	State	Zip Code		Trans	act	ion ID :	354530	64		
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			Detailed Summary Page		11a 13		11b 14	11c	12	17
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A.	Full Name (Last, First, Middle Initial) Dr Joe Wesley De Loach Mailing Address 504 Edgelake Dr				Date of		ceipt		- Y - Y	Y
	City	State	Zip Code	4	10		25	3545306	2012	
	Dallas	ТХ	75218-2111	A	moun	t of	Each F	Receipt th	nis Perio	d
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B.	Full Name (Last, First, Middle Initial) Dr John S Bowen	1			Date of	f Re	ceipt			
	Mailing Address 2570 Northshore Blvd Ste 200				м м 10	1	25) / Y	2012	Y
	City Flower Mound	State TX	Zip Code 75028-8386					3545306		
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C.	Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden				Date of	f Re	ceipt			
	Mailing Address 4324 Green Point Dr				м м 10	/	25) / Y	2012	Y
	City Waco	State TX	Zip Code 76710-1406	A				3545306 Receipt th		d
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _

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	American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Ashley K Mc Ferron				Date o	of Re	eceipt				
	Mailing Address 5079 W Sunset Dr				10 ^M	/	25		y 201	2 12	
	City Lake Oswego	State OR	Zip Code 97035-4253					354530 Receipt tl		riod	
	FEC ID number of contributing federal political committee.	С					7			41.6	57
	Name of Employer	Occupation									
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в.	Full Name (Last, First, Middle Initial) Dr Charles K Atwell				Date o	of Re	eceipt				
	Mailing Address 238 Chasse Cir				м м 10	/	25		201	2 Y	
	City	State	Zip Code					3545306			
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	Other (specify)		420.00								
с.	Full Name (Last, First, Middle Initial) Dr Christopher L Eddy				Date o	of Re	eceipt				
	Mailing Address 6306 Buchanan St				^M 10	/	25		201		
	City Fort Collins	State CO	Zip Code					354530			
		0	80525-5810	_	Amoun	nt of	Each F	Receipt t	his Pe	riod	_
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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)										
American Optometric Associat	ion Politica	a Action Committee								
Full Name (Last, First, Middle Initial) A. Dr Rustin M Hatch			[Date o	f Re	eceipt				
Mailing Address 1425 Evergreen Dr				м м 10	1	25	/ Y	ү ү 2012	Y	
City	State	Zip Code			acti		3545307		-	
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Other (specify)		373.31								
Full Name (Last, First, Middle Initial) B. Dr David M Redman	l			Date o	f Re	eceipt				
Mailing Address 795 Foxhill Cir				м м 10	1	25	/ Y	2012	Y	
City	State CA	Zip Code				-	3545307			
Hollister	CA	95023-9747	_ ^	Amoun	t of	Each R	eceipt th	is Perio	d	_
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Primary General Other (specify) ▼		291.69]							
Full Name (Last, First, Middle Initial) C. Mr Jonathan F Hymes				Date o	f Re	eceipt				
Mailing Address 1505 Prince Street Suite 300				м м 10	/	25	/ Y	2012	Y	
City	State VA	Zip Code					3545307			
Alexandria	VA	22314-2874	/	Amoun	t of	Each R	eceipt th	is Perio	d	_
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American Optometric Association Receipt For:	-	Office Director	_							
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			Detailed Summary Page		< 11a 13	_	11b 14	11c		12 16	17			
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	American Optometric Associati	on Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr Steven K Brownmiller				Date of	f Re	eceipt							
	Mailing Address 1004 Ridge Rd				м м 10	/	25) / Y) 12	Y			
	City	State	Zip Code		Trans	act	ion ID :	3545307	4					
	Denison	IA	51442-1124		Amoun	t of	Each R	Receipt th	is P	eriod				
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	Primary General Other (specify) ▼		500.00]										
В.	Full Name (Last, First, Middle Initial) Dr Robert L Owens	1			Date of	f Re	eceipt							
	Mailing Address 8 Century Ln			10 / Y Y Y Y Y 25 2012										
	City	State	Zip Code		Trans	acti	ion ID :	3545307	7					
	Newmanstown	PA	17073-8982		Amoun	t of	Each R	Receipt th	is P	eriod				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]										
с.	Full Name (Last, First, Middle Initial) Dr Frederick P Darin	1			Date of	f Re	eceipt							
	Mailing Address 405 Tirrell Rd				м м 10	/	25) / Y)12	Y			
	City Charlotte	State MI	Zip Code 48813-2131					3545307 Receipt th		eriod				
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	Name of Employer	Occupation												
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	y information copied from such Reports and s for commercial purposes, other than using the				for the		oose of	solicitin		ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Mamie Cassandra Chan Mailing Address 13713 Vic Rd Ne				Date of	Re	ceipt	/ Y		012	Y
	City Albuquerque	State NM	Zip Code 87112-6602				on ID :	354530 8 eceipt tl	B1		
	FEC ID number of contributing federal political committee.	С					7		_	50.	.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of O Aggregate		1							
в.	Full Name (Last, First, Middle Initial) Dr Beth A Kneib Mailing Address 602 Nw 163Rd St			_	Date of	Re	ceipt	/ Y)12	Y
	City Shoreline FEC ID number of contributing federal political committee.	State WA	Zip Code 98177-3727	_	Transa Amount		on ID : :	3545308 eceipt tl	35		67
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O Aggregate									
C .	Full Name (Last, First, Middle Initial) Dr Richard L Talkington Mailing Address Po Box 521				Date of	Re	ceipt	/ Y	Y	Y	Y
	City Franklin	State NH	Zip Code 03235-0521	_	10 Trans Amount		26 on ID :	354565	84	012 Period	
	FEC ID number of contributing federal political committee.	С					7			100	.00
	Name of Employer	Occupation	1								
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			▶ ▶			7	7	-	191.	67

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	y information copied from such Reports and s for commercial purposes, other than using the				or the		pose of	f soliciting		ontribut	ions
	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Pamela E Theriot				Date of	Re	eceipt				
	Mailing Address 612 University Ave				м м 10	/	26		ү 2	2012	Y
	City Syracuse	State NY	Zip Code 13210-1807					3545658 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7	- 7	_	50.	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00								
В.	Full Name (Last, First, Middle Initial) Dr D. Cory Rath				Date of	Re	eceipt				
	Mailing Address 10748 Sprucedale Ave				M M	/	26		2(012	Y
	City Las Vegas	State NV	Zip Code 89144-4401					3545658 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7	7	_	100.	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
<u></u>	Full Name (Last, First, Middle Initial) Dr Tonia Batts				Date of	Re	eceipt				
	Mailing Address 285 Bockman Rd				м м 10	/	26			012	Y
	City Fulton	State KY	Zip Code 42041-6537	Transaction ID : 35456589 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					7				.00
	Name of Employer	Occupation	1	_							
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		276.00								
s	UBTOTAL of Receipts This Page (optional)			•			,			242.	00
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			Detailed Summary Page		< 11a		11b	11c		12		17		
	y information copied from such Reports and S for commercial purposes, other than using the										ions	17		
	NAME OF COMMITTEE (In Full)	e name anu a						TOTTI SUCI			90.			
	American Optometric Associati	on Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr Audie M Teague Jr				Date of Receipt									
	Mailing Address 105 Friar Tuck Ln					10 26 2012								
	City State Zip Code					Transaction ID : 35456590								
	Prescott	AR	71857-2608		Amount	t of	Each R	eceipt thi	is P	eriod				
	FEC ID number of contributing federal political committee.	С			84.00									
	Name of Employer	Occupation	I											
	Self Employed	ptometry												
	Receipt For: Aggregate Year-to-Date ▼													
	Primary General Other (specify) ▼		420.00											
В.	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks III					Re	ceipt							
	Mailing Address 1229 Highland Lakes Trl					/	27	/ Y	ү 20)12	Y			
	City	State	Zip Code		Trans	acti	on ID :	35465220	6					
	Birmingham	AL	35242-6886		Amount	t of	Each R	eceipt thi	is P	eriod				
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer Self Employed													
	Receipt For:	ptometry Year-to-Date ▼												
	Primary General Other (specify) ▼		500.00											
	Full Name (Last, First, Middle Initial) Dr Thomas E Nye				Date of	Re	ceipt							
	Mailing Address 42 Tabor Ln					/	27	/ Y)12	Y			
	City	State	Zip Code		Trans	acti	ion ID :	3546522	7					
	Hamilton	OH	45013-5118	_	Amount	t of	Each R	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С			100.00									
	Name of Employer	_												
	Self Employed													
	Receipt For:	Aggregate	Year-to-Date V											
	Other (specify)		900.00											
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			► - ►			7	· · ·	-	234.	00]		
FOR LINE NUMBER:

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S		
or for commercial purposes, other than using the	e name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	an Dalitical Action Committee	
American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 6710 124Th PI Se		M = M / D = D / Y = Y = Y
		10 27 2012
City	State Zip Code	Transaction ID : 35465228
Snohomish	WA 98296-8649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer	Occupation	-
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) 3. Dr Kevin L Gee		Date of Receipt
Mailing Address 9119 Highway 6		M = M / D = D / Y = Y = Y = Y
Ste 200		10 28 2012
City	State Zip Code	Transaction ID : 35465263
Missouri City	TX 77459-4876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.91
Name of Employer	Occupation	-
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	000.10	
Other (specify)	909.10	
Full Name (Last, First, Middle Initial) C. Dr Lillian T Kalaczinski		Date of Receipt
Mailing Address 7421 Treeline Dr Se		M M / D D / Y Y Y Y Y 10 28 2012
City	State Zip Code	Transaction ID : 35465264
Grand Rapids	MI 49546-7465	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		315.91
TOTAL This Period (last page this line number	only)	

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(cł	neck only	y or	ne)				
111			for each category of the Detailed Summary Page		X 11a		11b	11c	12	Г	
	y information copied from such Reports and S for commercial purposes, other than using the									ibutio	
	NAME OF COMMITTEE (In Full)										
	American Optometric Association	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Sue E Lowe				Date of	Re	ceipt				
	Mailing Address 1704 Skyline Rd				M M	/	D D	/ Y		Y Y	1
	City	State	Zip Code	_	10 Trans	acti	28	3546526	2012 5	2	
	Laramie	WY	82070-8932					eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					,	7	1	166.6	7
	Name of Employer	Occupation		-							
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1666.70								
	Full Name (Last, First, Middle Initial) Dr Erica V Lukasko				Date of	Re	ceipt				
	Mailing Address 119 Constitution Dr				M M	/	28	/ Y	2012		1
	City	State	Zip Code			acti		3546526			
	Lafayette	LA	70503-6323	_	Amount	of	Each R	eceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					,	,		25.0	D
	Name of Employer Self Employed	Occupation									
	Receipt For:	Doctor of Op	•								
	Primary General	Aggregate	Year-to-Date ▼	. 1.							
	Other (specify)		250.00								
	Full Name (Last, First, Middle Initial) Dr Ron Benner				Date of	Re	ceipt				
	Mailing Address 1408 E Maryland Ln				м м 10	/	28	/ Y	2012		1
	City	State MT	Zip Code 59044-2238				-	3546526			_
			59044-2236		Amount	of	Each R	eceipt th	nis Peri	iod	_
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	Name of Employer	Occupation									
	Self Employed Receipt For:	Doctor of O	-								
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1666.70								
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	EIVIIZED RECEIPIS		for each category of the Detailed Summary Page		11a		11b	11c		12	
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\backslash	NAME OF COMMITTEE (In Full)										
$\Big)$	American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Neil W Draisin			[Date o	f Re	eceipt				
	Mailing Address 21 Fairway Village Ln				м м 10	/	28	D /		2012	Y
	City	State	Zip Code		Trans	acti	ion ID :	354652	:68		
	Isle Of Palms	SC	29451-2732	A	moun	t of	Each F	Receipt 1	this F	Period	
	FEC ID number of contributing federal political committee.	С					,			41.	67
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		416.70								
в.	Full Name (Last, First, Middle Initial) Dr Jennifer M Zolman	I			Date o	f Re	eceipt				
	Mailing Address 141 Sea Cotton Cir				м м 10	/	D 28			012	Y
	City	State	Zip Code		Trans	acti	on ID :	354652	69		
	Charleston	SC	29412-8296	A	moun	t of	Each F	Receipt	this F	Period	
	FEC ID number of contributing federal political committee.	С					,		_	41.	67
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		416.70								
C.	Full Name (Last, First, Middle Initial) Dr Robert G Goerss				Date o	f Re	eceipt				
	Mailing Address 3120 Brookford Dr				м м 10	/	28			012	Y
	City Saint Charles	State MO	Zip Code 63303-6356					354652			
			00000 0000		moun	t of	Each H	Receipt	this H	Period	
	FEC ID number of contributing federal political committee.	С					 -		_	50	.00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		E00.00								
	Other (specify)		500.00								
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any p ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Optometric Assoc	ciation Political Action Committee	
A. Full Name (Last, First, Middle Initial) Dr Thomas J Landry Mailing Address 9 Greenridge Dr City Painted Post	State Zip Code NY 14870-9388	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	50.00
B. Full Name (Last, First, Middle Initial) B. Dr Trevor J Cleveland Mailing Address 1610 Wilson Ct		Date of Receipt
City Eugene FEC ID number of contributing federal political committee. Name of Employer	State Zip Code OR 97402-3361	Transaction ID : 35465273 Amount of Each Receipt this Period 50.00
Self Employed Receipt For: Primary General Other (specify) V	Doctor of Optometry Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) C. Dr Lanny F Duclos Jr Mailing Address 3795 Sun Valley Dr		Date of Receipt
City Grantsville FEC ID number of contributing	State Zip Code UT 84029-8512	Transaction ID : 35465274 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Other (specify)	500.00	150.00
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	EMIZED RECEIPTS		for each category of Detailed Summary P		X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Commit	ttee	
Α.	Full Name (Last, First, Middle Initial) Dr William L Ratcliff Mailing Address 530 10Th St	0	70		Date of Receipt 10 10 10 10 10 10 10 10
	City Huntington	State WV	Zip Code 25701-2222	-	Transaction ID : 35465275
	FEC ID number of contributing federal political committee.	С]	Amount of Each Receipt this Period 42.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of O Aggregate	ptometry Year-to-Date ▼	20.00	
в.	Full Name (Last, First, Middle Initial) Dr Timothy A Stafford Mailing Address 1012 Julius Richardson Rd				Date of Receipt
	City	State SC	Zip Code 29063-9740		10 28 2012 Transaction ID : 35465276
	FEC ID number of contributing federal political committee.	C	29003-9740]	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of O			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200	0.00	
С.	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe				Date of Receipt
	Mailing Address 789 N Broad St				M M / D D / Y Y Y Y 10 28 2012
	City Galesburg	State IL	Zip Code 61401-2766	_	Transaction ID : 35465279 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С]	175.00
	Name of Employer	Occupation			
	Self Employed	Doctor of O	ptometry		
	Receipt For:	Aggregate	Year-to-Date ▼ 175	50.00	
	UBTOTAL of Receipts This Page (optional)				717.00
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	•		Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
	ny information copied from such Reports and for commercial purposes, other than using th				for the		pose of	f soliciting		ntribut	ions
	NAME OF COMMITTEE (In Full)		served of any pointed committee								
$\Big\rangle$	American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Lynn A Davis				Date of	Re	eceipt				
	Mailing Address 6546 Jacal Ct Nw				M M	1	28			ү 012	Y
	City	State	Zip Code		Trans	act	ion ID :	3546528	30		
	Albuquerque	NM	87114-6120	_	Amount	of	Each F	Receipt t	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,	3		83	34
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		833.40								
В.	Full Name (Last, First, Middle Initial) Dr Dean E Riskedahl	·			Date of	Re	eceipt				
	Mailing Address 2092 32Nd Ave Ne				M M 10	1	28)12	Y
	City	State	Zip Code					3546528			
	Issaquah	WA	98029-7349	_	Amount	t of	Each F	Receipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,			25.	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
C.	Full Name (Last, First, Middle Initial) Dr John L Walters	·			Date of	Re	eceipt				
	Mailing Address 47 Mast Hill Rd				м м 10	1	28) 12	Y
	City Saco	State ME	Zip Code 04072-9338					: 354652 Receipt tl		Period	
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	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
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	Primary General Other (specify) ▼		462.68								
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SCHEDULE A (FEC Form 3X)

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			Detailed Summary Page		1a 3		11b 14	11c 15	12		17
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	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee								
A .	Full Name (Last, First, Middle Initial) Dr Andrea P Thau			Da	ite of	f Re	ceipt				
	Mailing Address 145 E 84Th St Apt 11A			IV	и 10	/	28) / Y	2012		
	City New York	State NY	Zip Code 10028-2058					3546528 Receipt th		od	
	FEC ID number of contributing federal political committee.	С					,		1	66.67	7
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1666.70								
в.	Full Name (Last, First, Middle Initial) Dr Donald J Higgins			Da	ite of	f Re	ceipt				
	Mailing Address 5 Belgravia Ter			M	10	1	D D D	/ Y	2012	Y Y	
	City Farmington	State CT	Zip Code 06032-1550					3546528 Receipt th		od	
	FEC ID number of contributing federal political committee.	С					,			00.00)
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00								
<u> </u>	Full Name (Last, First, Middle Initial) Dr Paul W Bohac			Da	ite of	f Re	ceipt				
	Mailing Address 5775 Wyncliff Rd			IV	10	/	28) / Y	2012		1
	City N Charleston	State SC	Zip Code 29418-5220					354652 Receipt tl		od	
	FEC ID number of contributing federal political committee.	С					, .			33.34	4
	Name of Employer	Occupation		_							
	Self Employed Receipt For:	Doctor of O	ptometry Year-to-Date ▼	_							
	Primary General Other (specify)	Aggregate	333.40								
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			Detailed Summary Page		11a 13		11b 14	-	11c 15	\vdash	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the											
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	on Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Douglas J Walker				Date of							
	Mailing Address Po Box 988	State	Zip Code		10		2	28	/ Y	2	012	Y
	City Brookings	OR	97415-0021	_					3546528 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					7		,	_	25.	00
	Name of Employer	Occupation										
	Self Employed Receipt For:	Doctor of O	,	_								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
в.	Full Name (Last, First, Middle Initial) Dr David K Masihdas				Date of	Re	eceipt					
	Mailing Address 6695 Old Mill Cir				M M	1		D 28	/ Y	ү 20)12	Y
	City	State	Zip Code						546529			
	Salt Lake Cty	UT	84121-6919		Amount	of	Each	Re	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С				_	7	_	7	_	365.	00
	Name of Employer Self Employed	Occupation Doctor of O										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.00									
с.	Full Name (Last, First, Middle Initial) Dr Michael J Veliky				Date of	Re	eceipt					
	Mailing Address 787 Pony Trail				м м 10	/		D 28	/ Y)12	Y
	City Franklin Lakes	State NJ	Zip Code 07417-1549						3546529 eceipt th		Period	
	FEC ID number of contributing federal political committee.	С					7			_	50.	00
	Name of Employer	Occupation		_								
	Self Employed	Doctor of O	ptometry									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		500.00									
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SCHEDULE A (FEC Form 3X)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b 14	11c 15	12	Г	17
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	NAME OF COMMITTEE (In Full)										
\rangle	American Optometric Association	on Politica	I Action Committee								
А.	Full Name (Last, First, Middle Initial) Dr Michelle A Broderick				Date of	Re	ceipt				
	Mailing Address 7 Broad Sound Ln				м м 10	/	28	/ Y	2012		1
	City	State	Zip Code		Trans	acti	on ID :	3546529	92		
	Freeport	ME	04032-6297	_	Amount	of	Each R	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С					,			32.0	0
	Name of Employer	Occupation									
	Self Employed	Doctor of Op	otometry								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify)		320.00								
			1 1 1								
В.	Full Name (Last, First, Middle Initial) Dr Blaine A Littlefield				Date of	Re	ceipt				
	Mailing Address 27 Wilderness Dr				M M	/	28	/ Y	2012		1
	City	State	Zip Code			acti	on ID : :	3546529			
	Freeport	ME	04032-5824		Amount	of	Each R	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С					7			33.0	0
	Name of Employer	Occupation									
	Self Employed	Doctor of Op	otometry								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify)		330.00								
<u> </u>	Full Name (Last, First, Middle Initial) Dr Alan Joseph Mathieu				Date of	Re	ceipt				
	Mailing Address Po Box 132				M M 10	1	D D 28	/ Y	2012		1
	City	State	Zip Code		Trans	act	ion ID :	3546529	94		
	Raymond	ME	04071-0132	_	Amount	of	Each R	eceipt th	nis Peri	od	
	FEC ID number of contributing federal political committee.	С					,			32.0	0
	Name of Employer	Occupation									
	Self Employed	Doctor of O	otometry								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		320.00								
	Other (specify)		520.00								
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SCHEDULE A (FEC Form 3X) ...

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3		11b 14	11c		12 16	<u> </u>	17
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NAME OF COMMITTEE (In Full)											
American Optometric Associa	tion Politica	al Action Committee									
Full Name (Last, First, Middle Initial) A. Dr Todd M Hamilton			Da	ite of	Re	ceipt					
Mailing Address 278 Falmouth Rd			T	т м 10	/	28	D /) 12	Y	
City Windham	State ME	Zip Code 04062-4815					354652 Receipt		eriod		
FEC ID number of contributing federal political committee.	С					7			32.	00]
Name of Employer	Occupation	1									
Self Employed	Doctor of O	ptometry									
Receipt For:	Aggregate	Year-to-Date ▼									
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Full Name (Last, First, Middle Initial) B. Dr Thomas A Lucas Jr			Da	ite of	Re	ceipt					
Mailing Address 2023 Sandy Point Rd			Τ	10	/	28)12	Y	
City	State	Zip Code	T		acti		354652				
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Name of Employer Self Employed	Occupation Doctor of O										
Receipt For:	'	Year-to-Date ▼									
Primary General Other (specify) ▼	Aggregate	2000.00]								
Full Name (Last, First, Middle Initial) C. Dr Kathleen E Goff			Da	ite of	Re	ceipt					
Mailing Address 114 Crested Peak Ct			T.	10	/	28)12	Y	
City	State	Zip Code		rans	act	ion ID :	354652	297			
Santa Teresa	NM	88008-9423	An	nount	t of	Each F	Receipt	this P	eriod		
FEC ID number of contributing federal political committee.	С					,			83.	34	
Name of Employer	Occupation										
Self Employed	Doctor of O	ptometry									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		836.42]								
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			Detailed Summary Page		11a 13		11b 14		11c 15	-	12 16		17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f sol	liciting		ntribut	ions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	on Politica	al Action Committee										
A.	Full Name (Last, First, Middle Initial) Dr Richard C Edlow Mailing Address 8913 Griffin Way				Date of	Re	eceipt	D	/	V	Y	V	
		State	Zip Code		10	ĺ	28	3		20)12		
	City Baltimore	MD	21208-1424		Amount		ion ID : Each F				eriod		
	FEC ID number of contributing federal political committee.	С					,		,		91	00	
	Name of Employer	Occupation											
	Self Employed Receipt For:	Doctor of O	. ,	_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 819.00]									
в.	Full Name (Last, First, Middle Initial) Dr Carey A Patrick				Date of	Re	eceipt						
	Mailing Address 970 Patrician Ct				M M 10	/	D 28		/ Y	ү 20	ү 12	Y	
	City	State TX	Zip Code				on ID :						
	Fairview	IX	75069-8781		Amount	of	Each F	Rece	eipt this	۶P	eriod	_	_
	FEC ID number of contributing federal political committee.	С				_	,		7	[100	00	
	Name of Employer Self Employed	Occupation Doctor of O											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]									
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Derek J Louie				Date of	Re	eceipt						
	Mailing Address 5079 W Sunset Drive				м м 10	/	28		/ Y		12	Y	
	City Lake Oswego	State OR	Zip Code 97035-4253		Trans Amount		ion ID				oriod		
	FEC ID number of contributing federal political committee.	С				. 01	,			, ,		.00	
	Name of Employer	Occupation		_									
	Self Employed	Doctor of O	ptometry										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		260.00										
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			Detailed Summary Page		11a 13	\vdash	11b 14	11c	12 16	17
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee							
A.	Full Name (Last, First, Middle Initial) Dr Steven Leon Haleo				Date of	Re	eceipt			
	Mailing Address 458 Cranborne Chase				м м 10	1	28		2012	Y
	City Fort Mill	State SC	Zip Code 29708-7922					3546530 Receipt th		1
	FEC ID number of contributing federal political committee.	С					7).42
	Name of Employer	Occupation								
	Self Employed Receipt For:	Doctor of O	, ,							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.84	1						
— B.	Full Name (Last, First, Middle Initial) Dr Michael E Bennett				Date of	Re	eceipt			
	Mailing Address 4940 Victoria Pl				M M 10	1	28		y y 2012	Y
	City	State	Zip Code					3546530		
		OK	73044-8668	_ ′	Amount	t of	Each F	Receipt th	is Period	1
	FEC ID number of contributing federal political committee.	С				_	7		166	6.67
	Name of Employer Self Employed	Occupation Doctor of O								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1666.70	1						
с.	Full Name (Last, First, Middle Initial) Dr Hilaire A Pressley				Date of	Re	eceipt			
	Mailing Address 8635 W Sahara Ave Pmb 443				м м 10	/	28		ү ү 2012	Ŷ
	City Las Vegas	State NV	Zip Code 89117-5858					3546531 Receipt th		
	FEC ID number of contributing federal political committee.	С					,			0.00
	Name of Employer	Occupation								
	Self Employed	Doctor of O	ptometry							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		600.00							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o					-	7		257	.09

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr James Dylan Vaught Mailing Address 1305 Collins St City Conway FEC ID number of contributing	State Zip Code SC 29526-3624	Date of Receipt 10 30 2012 Transaction ID : 35465678 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Dr Taya M Patzman Mailing Address 1320 Crestview Ln City	State Zip Code	Date of Receipt
Bismarck FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	ND 58501-3048 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Transaction ID : 35466788 Amount of Each Receipt this Period 125.00
C. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Barbara A Scheetz	375.00	Date of Receipt
Mailing Address 28926 360Th St City Van Meter FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code IA 50261-6015 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 275.00	Mmm / D / Y
SUBTOTAL of Receipts This Page (optional)		650.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12	17			
Any information copied from such Report or for commercial purposes, other than u				for the		pose of	solicitin	g contrib	utions			
NAME OF COMMITTEE (In Full) American Optometric Asso	ociation Politica	al Action Committee										
A. Full Name (Last, First, Middle Initial) Dr Gabrielle W Marshall Mailing Address 2463 Nw 1St St				Date of	_	D D	/ 1		Ý			
City Bend	State OR	Zip Code 97701-1246				02 ion ID : 3		2012 10 his Perio	d			
FEC ID number of contributing federal political committee.	С					,	,		50.00			
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of O Aggregate		1									
Full Name (Last, First, Middle Initial) B. Dr Ian B Gaddie Mailing Address 5600 Schuler Ln		7 7 7 8	-	Date of	f Re	eceipt	/ 7		Y			
City Prospect FEC ID number of contributing	State KY	Zip Code 40059-9501		11 02 2012 Transaction ID : 35469311 35469311 Amount of Each Receipt this Period 250.00								
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of O					<u>y</u>			<u> </u>			
Full Name (Last, First, Middle Initial) C. Dr Jeffrey Sagalow Mailing Address 520 Westfield Ave			-	Date of	f Re	eceipt 31	/ Y	2012	Ý			
City Elizabeth FEC ID number of contributing federal political committee.	State NJ	Zip Code 07208-1658				<u>ion ID :</u> Each R		his Perio	d)0.00			
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of O Aggregate	ptometry Year-to-Date ▼										
Other (specify) ▼ SUBTOTAL of Receipts This Page (opti	,					7		40	0.00			
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	EMIZED RECEIPTS	Detailed Summary Page			11a		11b		11c		12													
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				ittee to solicit contributions from such committee																				
\setminus	NAME OF COMMITTEE (In Full)	Delition																						
/	American Optometric Association	on Politica	al Action Committee																					
Α.	Full Name (Last, First, Middle Initial) Dr Ioanis Panagiotopoulos				Date of	Re	ceipt	t																
	Mailing Address 124 Stevens St				M – M	/	D	D	/ /	Y	Y	Y												
	Apt 6	State	Zip Code	_	10	١.,		31			012	_												
	Lowell	MA	01851-1756		Amount		-		354701		Period													
	FEC ID number of contributing federal political committee.	С					7				125	.00												
	Name of Employer	Occupation		_																				
	Self Employed	Doctor of O	ptometry																					
	Receipt For:	Aggregate	Year-to-Date ▼																					
	Other (specify)		225.00																					
в.	Full Name (Last, First, Middle Initial) Dr John C Mullins				Date of	Re	ceipt	t																
	Mailing Address 599 Buckhead				м м 10	/	D	D 31	/ 9)12	Y												
	City	State Zip Code OH 44012-2364										Transaction ID : 35470155 Amount of Each Receipt this Period												
	Avon Lake	OH		Amount	of	Each	ו Re	eceipt t	his F	Period														
	FEC ID number of contributing federal political committee.	С				7		- 7		250	.00													
	Name of Employer Self Employed	Occupation Doctor of O																						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00																					
с.	Full Name (Last, First, Middle Initial) Dr Alden N Haffner				Date of	Re	ceipt	t																
	Mailing Address 201 E 36Th St Apt 6F				^M ^M 10	1		D 31)12	Y												
	City New York	State NY	Zip Code 10016-3607		Trans Amount				354701 eceipt t		Period													
	FEC ID number of contributing federal political committee.	С					7				125	.00												
	Name of Employer	Occupation		_																				
	Self Employed	Doctor of O	ptometry																					
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	Other (specify)		225.00																					
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any pe ng the name and address of any political committee	prson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Anthony Nichola Sacco Mailing Address 27 Poor Richards Dr City Bow FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NH 03304-3506 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 1300 Meadow Farm Chu		Date of Receipt
City Zanesville FEC ID number of contributing federal political committee.	State Zip Code OH 43701-9329	Transaction ID : 35470168 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Dr Thomas Edward Dunlap Ji Mailing Address Po Box 1249 City Albemarle FEC ID number of contributing federal political committee.	State Zip Code NC 28002-1249	Date of Receipt 10 31 2012 Transaction ID : 35470169 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) v	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
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	y information copied from such Reports and S for commercial purposes, other than using the							soliciting	g cont	tributio	ons			
	NAME OF COMMITTEE (In Full)													
	American Optometric Association	on Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr Lisa Marie Lorenzo				Date of	Re	ceipt							
	Mailing Address 107 Bethany Dr				м м 10	/	31	/ Y	۲ 201	12	Y			
	City Mc Murray	State PA	Zip Code 15317-2909	_	Transaction ID : 35470172 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,			125.(00			
	Name of Employer Self Employed	Occupation Doctor of O	ptometry											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00											
в.	Full Name (Last, First, Middle Initial) Dr Margaret Placen Johnston				Date of	Re	ceipt							
	Mailing Address 7405 Old Dominion Dr				M M	/	31	/ Y	y 201	2	Y			
	City Mc Lean	State VA	Zip Code 22101-2723	-				3547017 eceipt th		riod				
	FEC ID number of contributing federal political committee.	С								250.0	00			
	Name of Employer Self Employed	Occupation Doctor of Or	ptometry											
	Receipt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		500.00]										
C.	Full Name (Last, First, Middle Initial) Dr Phillip Arnold Kades				Date of	Re	ceipt							
	Mailing Address 797 Diandrea Dr				м м 10	1	D D 31	/ Y	y 201		Y			
	City Akron	State OH	Zip Code 44333-2980				-	3547017 eceipt th	-	riod				
	FEC ID number of contributing federal political committee.	С					7			125.0	00			
	Name of Employer	Occupation												
	Self Employed	Doctor of O	ptometry											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 315.00]										
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SCHEDULE A (FEC Form 3X)

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	ormation copied from such Reports and So ommercial purposes, other than using the				for the		pose of	soliciting	g conti	ributio	ons				
	E OF COMMITTEE (In Full)														
Am	erican Optometric Associatio	on Politica	I Action Committee												
	Name (Last, First, Middle Initial) Arabel E Hatfield				Date o	f Re	eceipt								
Maili	ng Address 125 River Rd				10 / D D / Y Y Y Y Y 10 31 2012										
City		State	Zip Code		Transaction ID : 35470187 Amount of Each Receipt this Period										
Loga	an	WV	25601-4045	_	Amoun	t of	Each F	Receipt th	nis Pei	riod					
	ID number of contributing ral political committee.	С					,	7		250.0	00				
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	Employed	Doctor of Op	otometry												
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	Primary General Other (specify)		250.00	11											
			7 7	١.											
	Name (Last, First, Middle Initial) John Bonsett-Veal				Date o	f Do	vooint								
	ng Address 357 N Main St) / V	V	Y N	/				
intalli					10		31	, , , ,	201						
City		State	Zip Code		Trans	acti	on ID :	3547019							
Oreg	gon	53575-1425		Amoun	t of	Each F	Receipt th	nis Pei	riod						
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	e of Employer	Occupation													
	Employed	Doctor of Op	otometry												
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	Primary General Other (specify) v		, 250.00												
	Name (Last, First, Middle Initial) J. Eric Paulsen				Date o	f Re	eceipt								
Maili	ng Address 1801 Memorial Dr				м м 10	/	31) / Y	201		ſ				
City		State	Zip Code		Trans	sact	ion ID :	3547019	97						
Stur	geon Bay	WI	54235-1064		Amoun	t of	Each F	Receipt th	nis Pei	riod					
	ID number of contributing al political committee.	С					,			500.0	00				
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SCHEDULE A (FEC Form 3X)

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\setminus	NAME OF COMMITTEE (In Full)	D 11/1													
	American Optometric Association	on Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Jack N Shorr				Date o	f Re	eceipt								
	Mailing Address 5541 Bounty Cir				M = M / D = D / Y = Y = Y = Y Y 10 31 2012										
	City	State FL	Zip Code 32778-9288					3547019	98						
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	FEC ID number of contributing federal political committee.	С			L		7			91.2	25				
	Name of Employer	Occupation													
	Self Employed	Doctor of O	ptometry												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		273.75												
в.	Full Name (Last, First, Middle Initial) Dr Kathleen E Powell				Date o	of Re	eceipt								
	Mailing Address 9710 Copper Dr				1_1	/	03		201	2 Y					
	City	State	Zip Code			sacti		3547036							
	Anchorage	AK 99507-1226							his Pe	riod					
	FEC ID number of contributing federal political committee.	C					7	7		85.0	0				
	Name of Employer	Occupation		_											
	Self Employed	Doctor of Op	otometry												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		935.00												
— c.	Full Name (Last, First, Middle Initial) Dr Philip J Gross				Date o	of Re	eceipt								
	Mailing Address 46 Wintergreen Way				11	/	03		201						
	City	State	Zip Code		Tran	sact	ion ID :	354703	65						
	Magnolia	DE	19962-1474	_	Amoun	t of	Each F	Receipt tl	nis Pe	riod					
	FEC ID number of contributing federal political committee.	С					,		_	50.0	00				
	Name of Employer	Occupation													
	Self Employed	Doctor of O	ptometry												
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General		550.00												
	Other (specify) 🔻		7												
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	and Statements may not be sold or used by any pe ng the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Assoc	iation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Robert L Jarrell III Mailing Address 50 Cedar Hill Rd Ne City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary	State Zip Code NM 87122-1928 C Occupation Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr George W Hertneky Mailing Address 16862 County Road 28	1833.37	Date of Receipt
City Brush FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code C 80723-9424 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 550.00	Transaction ID : 35470367 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Dr Jon Frederick Pederson Mailing Address 1025 Milwaukee St City Denver FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code C 80206-3337 C Occupation Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 550.00	Date of Receipt
	al)	266.67

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11	EMIZED RECEIPTS	for each category of the Detailed Summary Page					11b	11c	12		_
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	for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
$\Big/$	American Optometric Associatio	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Harvey B Richman				Date o	f Re	ceipt				
	Mailing Address 136 Main St				M M	/	04	/ Y	2012		1
	City	State	Zip Code		Trans	sacti	on ID :	354704			
	Manasquan	NJ	08736-3558		Amoun	t of	Each R	eceipt t	his Peri	od	
	FEC ID number of contributing federal political committee.	С					7			41.67	7
	Name of Employer	Occupation		-							
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		458.37	1							
В.	Full Name (Last, First, Middle Initial) Dr Samuel D Pierce				Date o	f Re	ceipt				
	Mailing Address 2679 Vesclub Cir				M M		D D	/ Y		Y Y	1
	City	State	Zip Code	_	11	۰.	04		2012		
	Vestavia	AL	35216-1356					354704		od	
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	FEC ID number of contributing federal political committee.								5	00.00)
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	Other (specify)		2000.00	11							
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c.	Full Name (Last, First, Middle Initial) Dr Adrian Tenorio				Date o	f Re	ceipt				
	Mailing Address 1702 Royal Dr				M M	/	05	/ Y	2012		1
	City	State	Zip Code		Trans	sact	ion ID :	354704	31		
	Las Cruces	NM	88011-4926	_	Amoun	t of	Each R	eceipt t	his Peri	od	
	FEC ID number of contributing federal political committee.	С					,			25.00	0
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	y information copied from such Reports and for commercial purposes, other than using th						pose of	soliciting	g contribu	utions				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr Gregory Eugene Taylor Mailing Address 804 Woodland Dr			1	Date of) / Y	Y Y	Y				
	City Maysville	State KY	Zip Code 41056-9604	11 05 2012 Transaction ID : 35470432 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7	1.1	12	5.00				
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O	ptometry											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]										
В.	Full Name (Last, First, Middle Initial) Dr Clarke D Newman			(Date of	f Re	eceipt							
	Mailing Address 7700 Greenway Blvd Apt A4 City	State	Zip Code		11 Trans		05		2012	Y				
	Dallas	ТХ	75209-7324					Receipt th		d				
	FEC ID number of contributing federal political committee.	C					7		250	0.00				
	Name of Employer Self Employed	Occupation Doctor of O												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2750.00]										
C.	Full Name (Last, First, Middle Initial) Dr Robert Lee D'Orazio				Date of	f Re	eceipt							
	Mailing Address 1611 Kiva Dr		7.0.1		M M 11		02	_ L	2012	Y				
	City Gallup	State NM	Zip Code 87301-5767					3547206 Receipt th		4				
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	Name of Employer	Occupation	I											
	Self Employed	Doctor of C	ptometry											
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NAME OF COMMITTEE (In Full) American Optometric Associat	ion Politica	al Action Committee													
Full Name (Last, First, Middle Initial) Dr Eugene D Cropp Mailing Address 708 Cabrillo Dr City Verona FEC ID number of contributing federal political committee.	State WI	Zip Code 53593-8236	Date of Receipt MIN / DID / YIYIY 11 / 02 Transaction ID : 35472069 Amount of Each Receipt this Period 100.00												
Name of Employer Self Employed Receipt For:	Occupation Doctor of O Aggregate														
Full Name (Last, First, Middle Initial) B. Dr Barbara Joan Tarbell Mailing Address 8 Stark Ct City	State	Zip Code		Date o	/	D 02	2	/ Y	2012	Y					
Ringoes FEC ID number of contributing federal political committee. Name of Employer	NJ C Occupation	08551-1800	_	Transaction ID : 35472070 Amount of Each Receipt this Period 250.0											
Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of O Aggregate	ptometry Year-to-Date ▼ 500.00													
Full Name (Last, First, Middle Initial) C. Dr David H Foster Mailing Address 108 Meadowlark Rd				Date o		· ·	D	/ Y	Y Y	Y					
City Reading FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General Other (specify) ▼	State PA Occupation Doctor of O Aggregate		M M 02 2012 Transaction ID : 35472072 Amount of Each Receipt this Period 125.00 125.00												
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$\overline{\}$	NAME OF COMMITTEE (In Full)														
	American Optometric Association	on Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Matthew J Hurst				Date of	Re	eceipt								
	Mailing Address 2066 Scenic View Rd Sw				м м 11	/	02) / Y		012	Y				
	City New Philadelphia	State OH	Zip Code 44663-9609	Transaction ID : 35472077 Amount of Each Receipt this Period											
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	Self Employed	Doctor of O	ptometry												
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00												
В.	Full Name (Last, First, Middle Initial) Dr Michael C Mc Grath				Date of	Re	eceipt								
	Mailing Address 31553 W 10 Mile Rd				1 <u>1</u>	1	02)12	Y				
	City	State	Zip Code		Trans	acti	ion ID :	3547207							
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00												
с.	Full Name (Last, First, Middle Initial) Dr Stephen P Steinmetz				Date of	Re	eceipt								
	Mailing Address 844 Woodbine Ct				м м 11	/	02)12	Y				
	City Naperville	State IL	Zip Code 60540-8217	-				3547208 Receipt th		Period	_				
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	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee									
A.	Full Name (Last, First, Middle Initial) Dr Anne Huyen Le Mailing Address 137 N Hall Dr City Sugar Land FEC ID number of contributing federal political committee.	State TX C	Zip Code 77478-3861			sact	ion	02 ID:3	/ 23 354720 eccipt t	20 84)12 eriod 250	
;	Name of Employer Self Employed Receipt For: Primary General Other (specify) v	Occupation Doctor of O Aggregate]								
B.	Full Name (Last, First, Middle Initial) Dr Edward Todd Jacobs Mailing Address 113 Stratton Pl City	State	Zip Code	_	Date of 11	/	D	02	547209	201	ү 12	Y
 	Mt Sterling FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	KY C Occupation Doctor of Op Aggregate							eceipt t		eriod 250	.00
C.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Robert Alan Connors Mailing Address 74 Old Farms Rd		250.00		Date c	of Re		ot 02	/ 7	20	Y 12	Y
- 	City Avon FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	State CT Occupation Doctor of O Aggregate							354720 eccipt t		eriod 500	.00
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	EMIZED RECEIPTS		Detailed Summary Page	×	11a		11b	11c		12	
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	y information copied from such Reports and for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)										
	American Optometric Associat	ion Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr William M Crow				Date of	Re	eceipt				
	Mailing Address Po Box 63				M M	1	02			ү 012	Y
	City	State MO	Zip Code 65360-0063					3547210			
	Windsor FEC ID number of contributing federal political committee.	C			Amount	t of	Each F	Receipt th	nis F	Period	00
	Name of Employer	Occupation									
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	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		225.00]							
в.	Full Name (Last, First, Middle Initial) Dr Judith Lynn Schaffer				Date of	Re	eceipt				
	Mailing Address 1744 N Federal Hwy				M M	1	02		20)12	Y
	City	State	Zip Code		Trans	acti	on ID :	3547210	8		
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]							
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Michael W Geiger				Date of	Re	ceipt				
	Mailing Address 400 8Th St				^M M	/	02)12	Y
	City Snyder	State OK	Zip Code 73566-2008					354721 Receipt th		Period	_
	FEC ID number of contributing federal political committee.	С					1			250	.00
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	Primary General Other (specify)		500.00]							
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ITEMIZED RECEIPTS	X 11a 11b 11c 12 13 14 15 16 17	
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NAME OF COMMITTEE (In Full) American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Marla L Moon Mailing Address 905 Walnut Spring Ln City State College FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code PA 16801-6856 C Occupation Doctor of Optometry	Date of Receipt 11 02 2012 Transaction ID : 35472112 Amount of Each Receipt this Period 125.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Dr John F Hawley Mailing Address 1513 Pollen Crest Ct City	State Zip Code	Date of Receipt
Bakersfield FEC ID number of contributing federal political committee.	CA 93314-8513	Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr Kurt L Ebersole Mailing Address 2108 S Main St		Date of Receipt
City Findlay FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General Other (specify) ▼	State OH Zip Code 45840-1236 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	11 02 2012 Transaction ID : 35472120 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	625.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		1b 4	11c 15	12	17
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee							
Α.	Full Name (Last, First, Middle Initial) Dr James A Ferrell Mailing Address 1411 Weatherly Plz Se	State	Zip Code		Date of	/	02	/ Y 3547212	2012	Y
	Huntsville	AL	35803-2617						nis Perior	d
	FEC ID number of contributing federal political committee.	С								0.00
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]						
в.	Full Name (Last, First, Middle Initial) Dr Richard A Frio Mailing Address 7646 Windsor Dr N				Date of	Rece	eipt	/ Y	Y Y	Y
	City N Syracuse	State NY	Zip Code 13212-1017					547212 eceipt th	2012 4 nis Period	
	FEC ID number of contributing federal political committee.	С				,		- 7	20	0.00
	Name of Employer Self Employed	Occupation Doctor of O								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]						
c.	Full Name (Last, First, Middle Initial) Dr Richard A Frio				Date of	Rece	eipt			
	Mailing Address 7646 Windsor Dr N	State	Zip Code		11	/	02	Ľ	2012	Y
	City N Syracuse	NY	13212-1017	-				3547212 eceipt th	25 nis Period	d
	FEC ID number of contributing federal political committee.	С								0.00
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SCHEDULE A (FEC Form 3X)

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$\overline{\}$	NAME OF COMMITTEE (In Full)										
\rangle	American Optometric Association	on Politica	I Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Tina Nguyen Burr				Date of	f Re	eceipt				
	Mailing Address 3882 Waythorn Pl				M M	/	02) / Y	201	Y 1	
	City	State	Zip Code		Trans	act	ion ID :	3547212	29		
	Fairfax	VA	22033-2444	_	Amount	t of	Each F	Receipt th	nis Pei	riod	
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_	Full Name (Last, First, Middle Initial) Dr Robert Brian Macneil				Data at	(D -					
в.	Mailing Address 73 Cooney Rd			_	Date of	r Re	· ·				
	Maining Address 73 Cooney Rd				1 <u>1</u>	1	02) / Y	2012	Υ = Υ 2	
	City	State	Zip Code			acti		3547213		_	
	Pomfret Ctr	СТ	06259-2200					Receipt th		riod	
	FEC ID number of contributing federal political committee.	С					,			365.0	0
	Name of Employer	Occupation									
	Self Employed	Doctor of Op	otometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		, 730.00								
с.	Full Name (Last, First, Middle Initial) Dr John D Coble				Date of	f Re	eceipt				
	Mailing Address 1501 Sunset Hill Dr				M M 11	/	06) / Y	201		
	City	State	Zip Code		Trans	sact	ion ID :	3547698	82		
	Rockwall	TX	75087-3216		Amount	t of	Each F	Receipt th	nis Pei	riod	
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			Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
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	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Andrew Ray Adamich Mailing Address Po Box 711				Date of		eceipt) / Y	Y	Ý	Y
	City	State	Zip Code	_	11 Trans	act	06 ion ID :	3547698		2012	
	Gunnison FEC ID number of contributing	C	81230-0711		Amount	t of	Each F	Receipt th	is F	Period 50.	00
	federal political committee. Name of Employer	Occupation					7	7			_
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	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	1							
в.	Full Name (Last, First, Middle Initial) Dr Jason A Ricks				Date of	Re	eceipt				
	Mailing Address 108 Agate Dr				M M 11	1	06) / Y	2(ү 012	Y
	City Lewistown	State MT	Zip Code 59457-3202					3547698 Receipt th		Period	
	FEC ID number of contributing federal political committee.	С					7			30.	42
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 302.10]							
с.	Full Name (Last, First, Middle Initial) Dr Paul D Batson				Date of	Re	eceipt				
	Mailing Address 5323 Whisper Wood Dr				м м 11	/	07			012	Y
	City Birmingham	State AL	Zip Code 35226-1092					3548254 Receipt th		Pariod	
	FEC ID number of contributing federal political committee.	С					1	10001011		50.	.00
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	Self Employed	Doctor of O	ptometry								
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	NAME OF COMMITTEE (In Full)										
$\Big)$	American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Jeremy M Durham				Date of	Rec	eipt				
	Mailing Address 1233 N Seasons Ct				M M	1	07) / Y) 12	Y
	City	State	Zip Code		Trans	actio	on ID :	3548254	8		
	Goddard	KS	67052-8534		Amount	t of E	ach R	leceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С				,			_	50.	.00
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	Self Employed	Doctor of O	ptometry								
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	Primary General Other (specify) ▼		550.00	1							
В.	Full Name (Last, First, Middle Initial) Dr Adam P Parker				Date of	Rec	eipt				
	Mailing Address 10800 Rimbey Ct				M M	/	08	/ Y	ү 20	12	Y
	City	State	Zip Code		Trans	actio	n ID :	3549094	3		
	Glen Allen	VA	23060-6481		Amount	t of E	ach R	leceipt th	is P	eriod	
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	Name of Employer Self Employed	Occupation Doctor of Op									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00								
С.	Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman				Date of	Rec	eipt				
	Mailing Address 46 Lambeth Walk				M M 11	/	D D 08) / Y) 12	Y
	City Fairview	State NC	Zip Code 28730-7721					3549094			
		NO	20130-1121		Amount	t of E	ach R	leceipt th	is P	eriod	
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	Self Employed	Doctor of O	ptometry								
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NAME OF COMMITTEE (In Full) American Optometric Association	on Political Act	ion Committee							
Full Name (Last, First, Middle Initial) A. Dr Terry L Kirkland Mailing Address 4414 Barbados City Wichita Falls FEC ID number of contributing federal political committee.	TX 76	Code 308-4036			/ acti	08		his Perio	
Name of Employer Self Employed Receipt For: Primary General Other (specify) v	Occupation Doctor of Optometry Aggregate Year-to-]						
Full Name (Last, First, Middle Initial) B. Dr Robert P Nyre Mailing Address 2505 10Th Ave Nw	State Zip	Code		Date of	/	08	/ Y	2012	Y
City Minot FEC ID number of contributing federal political committee. Name of Employer		703-1754	/			on ID : : Each R		his Peric	od 10.00
Self Employed Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-]						
C. Full Name (Last, First, Middle Initial) Dr Dawn Marie Miller Mailing Address 3004 E Lake Hill Dr				Date of	f Re	ceipt	/ 7	2012	Y
City Orange FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	•	-		Trans		ion ID :		47 his Peric	od 25.00
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	for commercial purposes, other than using the								
\backslash	NAME OF COMMITTEE (In Full)								
	American Optometric Association	on Politica	al Action Committee						
Α.	Full Name (Last, First, Middle Initial) Dr William Thomas Reynolds Jr				Date of	Receipt			
	Mailing Address 200 La Rose Ct				M M	/ D		2012	Y
	City	State	Zip Code		Trans	action ID	: 3549094		
	Richmond	KY	40475-7855		Amount	of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С						190	.48
	Name of Employer	Occupation							
	Self Employed	Doctor of O	ptometry						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify)		1809.56						
			/J						
в.	Full Name (Last, First, Middle Initial) Dr Geoffrey W Goodfellow				Date of	Receipt			
	Mailing Address 260 Aspen Dr				M M	/ D		2012	Y
	City	State	Zip Code				: 3549094		
	Beecher	IL	60401-5123		Amount	of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С						25	.00
	Name of Employer	Occupation	I						
	Self Employed	Doctor of O	ptometry						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify)		230.00						
			, , , , , , , , , , , , , , , , , , , ,						
с.	Full Name (Last, First, Middle Initial) Dr April L Jasper				Date of	Receipt			
	Mailing Address Po Box 2375				M M 11	/ D 0	D / Y	үүү 2012	Y
	City	State	Zip Code				: 3549095		
	West Palm Bch	FL	33402-2375		Amount	of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С						500	.00
	Name of Employer	Occupation							
	Self Employed	Doctor of O	ptometry						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Other (specify)		500.00						
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s	UBTOTAL of Receipts This Page (optional)		<u> </u>			3	715.	48	
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ITEMIZED RECEIPTS	for each catego Detailed Summ		X 11a 11b 11c 12
			13 14 15 16 17 rson for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and address of any pol	itical committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Associ	ation Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial) A. Dr Donald Scott Dilzer Mailing Address 2810 Castleman Rd			Date of Receipt
			11 07 2012
City Berryville	State Zip Code VA 22611-3025		Transaction ID : 35490957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer Self Employed	Occupation Doctor of Optometry		_
Receipt For:	Aggregate Year-to-Date ▼		_
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) B. Dr Mike E Harris			Date of Receipt
Mailing Address 1940 Kingsbury Dr			M M / D D / Y Y Y Y 11 07 2012
City	State Zip Code		Transaction ID : 35490961
Casper	WY 82609-3529		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of Optometry		-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr Karen T Fortman			Date of Receipt
Mailing Address 11613 State Route 362			11 07 Y Y Y Y Y
City Minster	State Zip Code OH 45865-9370		Transaction ID : 35490962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		-
Self Employed	Doctor of Optometry		
Receipt For:	Aggregate Year-to-Date ▼		
Other (specify) ▼		250.00	
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SCHEDULE A (FEC Form 3X) ...

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	American Optometric Association	on Politica	I Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Maurice Jose Lyn				Date of	Re	ceipt				
	Mailing Address 638 Clanton Market Pl				MM	/		/ Y	Y Y		1
	City	State	Zip Code	_	11 Trans	acti	07 ion ID : 3	3549096	2012 5 4		
	Clanton	AL	35045-2246	_	Amount					bd	
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	Self Employed	Doctor of Op	otometry								
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	Other (specify)		, 225.00								
	Full Name (Last, First, Middle Initial) Dr Michael D Moore				Date of	Po	coint				
D.	Mailing Address 3716 Holiday Dr Se				M M	/	D D	/ Y	2012	Y	1
	City	State	Zip Code	_	11 Trans	acti	07 on ID : :	3549096	2012 9		
	Olympia	WA	98501-4261		Amount					bd	
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	Name of Employer Self Employed	Occupation		_							
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	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		350.00								
с.	Full Name (Last, First, Middle Initial) Dr Norman Robert Spivy				Date of	Re	ceipt				
	Mailing Address 8492 E 29Th Pl				M M	/	0 07	/ Y	2012	Y	1
	City	State	Zip Code		Trans	acti	ion ID :	3549097			
	Denver	CO	80238-2725		Amount	of	Each R	eceipt th	nis Perio	bd	
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	Self Employed	Doctor of O	otometry								
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\backslash	NAME OF COMMITTEE (In Full)											
	American Optometric Associatio	on Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Elizabeth Anne Groninger				Date of	Re	ceipt					
	Mailing Address 740 Willow Pointe North Dr				M M	/		D 07	/ Y		ү 012	Y
	City	State	Zip Code		Trans	acti	on II)::	3549097	72		
	Plainfield	IN	46168-2097	-	Amoun	t of	Each	I Re	eceipt th	nis P	Period	
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	Self Employed	Doctor of O	ptometry									
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	Other (specify) ▼		375.00									
в.	Full Name (Last, First, Middle Initial) Dr Trent J Pitt				Date of	Re	ceipt					
	Mailing Address 3011 Nw 63Rd St				^M M	/	D (D 07	/ Y)12	Y
	City	State	Zip Code		Trans	acti	on IC)::	3549097			
	Oklahoma City	OK	73116-3629		Amoun	t of	Each	I Re	eceipt th	nis P	eriod	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Mark E Nordin				Date of	Re	ceipt					
	Mailing Address 524 Jasper Ln				м м 11	/		D 07	/ Y)12	Y
	City	State	Zip Code		Trans	acti	ion II) : :	3549097	76		
	Paintsville	KY	41240-9338	_	Amoun	t of	Each	I Re	eceipt th	nis P	Period	
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Any information copied from such Reports an or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full)												
American Optometric Associa	ation Politica	al Action Committee										
Full Name (Last, First, Middle Initial) A. Dr Kimberly Wells Nordin				Date of	Re	ceipt						
Mailing Address 524 Jasper Ln			1.1 D D / Y Y Y Y 07 2012									
City	State KY	Zip Code 41240-9338					354909					
Paintsville FEC ID number of contributing federal political committee.	С	41240-9330		Amount	of	Each F	Receipt t	nis P	eriod 250.	.00		
Name of Employer	Occupation											
Self Employed	Doctor of O	ptometry										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00										
Full Name (Last, First, Middle Initial) B. Dr Donald B Rhodes		, ,		Date of	Re	ceipt						
Mailing Address 21833 Beryl Dr				11 07 2012								
City	State	Zip Code		Trans	acti	on ID :	3549097	78				
Palo Cedro	CA	96073-9728	_	Amount	of	Each F	Receipt t	his P	eriod			
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Full Name (Last, First, Middle Initial) C. Dr Mark J Cook				Date of	Re	ceipt						
Mailing Address 5698 Mountain Rd				1 <u>1</u>	/	07) 12	Y		
City Brighton	State MI	Zip Code 48116-9732					354909 Receipt t		eriod	_		
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		Detailed Summary Page		11a 13		11b 14	11c	12	17					
Any information copied from such Reports and or for commercial purposes, other than using t				or the		pose of	soliciting	g contribu	tions					
NAME OF COMMITTEE (In Full) American Optometric Associat														
Full Name (Last, First, Middle Initial) Dr Harry Robert Denison Mailing Address 116 Newman Place			Date of Receipt											
City Hot Springs	State AR	Zip Code 71913-9580					3549098 leceipt th	2012 30 nis Perioc						
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Name of Employer Self Employed Receipt For:	Occupation Doctor of C	ptometry												
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]											
Full Name (Last, First, Middle Initial) Dr David K May Mailing Address 1200 Spahn Dr				Date of	_	ceipt	/ Y	2012	Y					
City Waunakee	State WI	Zip Code 53597-1918		Transaction ID : 35490983 Amount of Each Receipt this Period										
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Full Name (Last, First, Middle Initial) C. Dr Douglas Gerard Herriott			C	ate of	f Re	ceipt								
Mailing Address 980 Nw High Point Dr				^M ^M 11		07	JL	2012	Y					
City Lees Summit	State MO	Zip Code 64081-1986	A				3549098 leceipt th	36 nis Perioc						
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	y information copied from such Reports and for commercial purposes, other than using th										
\backslash	NAME OF COMMITTEE (In Full)		_								
	American Optometric Associat	ion Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr James A Richardson				Date of	Re	ceipt				
	Mailing Address 2401 W 39Th St				M M	1	07			2012	Υ
	City Casper	State WY	Zip Code 82604-5052	_			-	354909			
	FEC ID number of contributing federal political committee.	C			Amount	t of	Each F	Receipt	this I	Period 500	.00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00								
в.	Full Name (Last, First, Middle Initial) Dr Michael Stuart Nason Mailing Address 7433 Prescott Ln			_	Date of	F Re	ceipt	D /	YYY	Ý	Ŷ
			7.0.1	_	11	L.	07			012	_
City	Lake Worth	State FL	Zip Code 33467-7849	_				354909			
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
<u></u>	Full Name (Last, First, Middle Initial) Dr Randall T Parrish Jr	1			Date of	Re	ceipt				
	Mailing Address 3555 County Road 78				M M	1	07			012	Y
	City Fort Denaud	State FL	Zip Code 33935-6370					: 35490 Receipt	990		
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associat	tion Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Jack Sol Mermelstein Mailing Address 38-63 Dauria Dr				Date of		eceipt	/ Y	Y	Y	Y				
	City	State NJ	Zip Code 07410-5104				07 ion ID : 3		4	012					
	Fair Lawn FEC ID number of contributing federal political committee.	С	07410-5104		Amount	t of	Each Re	eceipt thi	is P	eriod 125.	00				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]											
в.	Full Name (Last, First, Middle Initial) Dr Robert Sholomon Mailing Address, and Walks, Di				Date of										
	Mailing Address 269 Walton St	State	Zip Code	11 07 2012 Transaction ID : 35491015											
	Englewood	NJ	07631-5016				Each Re			eriod					
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
	and Statements may not be sold or used by any p g the name and address of any political committer	
NAME OF COMMITTEE (In Full) American Optometric Assoc	iation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Azadeh Razmandi Mailing Address 2151 Route 38 Apt 908 City Cherry Hill FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 08002-4233 C Occupation Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 225.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr Laurel J Pulsifer Mailing Address Po Box 3086 City North Conway FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code NH 03860-3086 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr John M Dovie Mailing Address 500 Wildflower Ln City Blacksburg FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code VA 24060-1838 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 225.00	Date of Receipt
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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American Optometric Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Scott D Forester Mailing Address 17112 Hawks Ridge Ln City Edmond FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code OK 73012-8400 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr Lori A Mazza Mailing Address 1951 Richard Ln City West Palm Bch FEC ID number of contributing federal political committee.	State Zip Code FL 33406-6532	Date of Receipt
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Richard I Presley Mailing Address 5312 W 41St St City Tulsa FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code OK 74107-6110 C C Occupation C Doctor of Optometry Aggregate Year-to-Date ▼ 500.00 500.00	Date of Receipt
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\setminus	NAME OF COMMITTEE (In Full)										
	American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Kelly C Barnes				Date of	f Rec	eipt				
	Mailing Address 10110 Green Level Church Re	d				/		7 / Y			Y
	City Ste 102	State	Zip Code			actic		35491463		12	
	Cary	NC	27519-8155							eriod	
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	Self Employed	Doctor of O	ptometry								
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	Primary General Other (specify)		250.00								
в.	Full Name (Last, First, Middle Initial) Dr Tommy J Ducklo				Date of	f Rec	eipt				
	Mailing Address 3504B Amanda Ave					/) / Y	y 201	2	Y
	City	State	Zip Code		Trans	actio	on ID :	35491464	1		
	Nashville	TN	37215-2102		Amount	t of E	Each F	Receipt thi	s Pe	riod	
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	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
с.	Full Name (Last, First, Middle Initial) Dr Laura Camille DePoe				Date of	f Rec	eipt				
	Mailing Address 2794 Emerald Dr					/) / Y			Y
	City	State GA	Zip Code								
	Jonesboro	GA	30236-5302	_	Amount	t of E	Each F	Receipt thi	s Pe	riod	
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	American Optometric Associat	ion Politica	al Action Committee												
A.	Full Name (Last, First, Middle Initial) Dr Robert Vernon Glaze Jr				Date of	f Re	eceipt								
	Mailing Address 5097 165Th PI Se				11 06 Y Y Y Y Y 2012										
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	Primary General Other (specify) ▼		400.00]											
B.	Full Name (Last, First, Middle Initial) Dr Daniel G Bintz				Date of	f Re	eceipt								
	Mailing Address 10 Country Place Dr			11 06 20						y 012	Y				
	City	State	Zip Code 73644-1452					3549146							
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с.	Full Name (Last, First, Middle Initial) Dr Gifford Mc Bride				Date of	f Re	eceipt								
	Mailing Address 3005 Parklawn Dr				м м 11	/	06) / Y		у 012	Y				
	City	State OK	Zip Code		Trans	sact	ion ID :	3549147	1						
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SCHEDULE A (FEC Form 3X) DEAL

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	12	Г	17			
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NAME OF COMMITTEE (In Full)													
American Optometric Associat	ion Politica	al Action Committee											
Full Name (Last, First, Middle Initial) A. Dr Jen F Weigel				Date of	f Re	eceipt							
Mailing Address 4303 Bellavia Ln				M M / D D / Y Y Y Y 11 06 2012									
City	State	Zip Code		Transaction ID : 35491472									
Fairfax	VA	22030-4433	_	Amount	t of	Each F	Receipt th	nis Peri	od				
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Full Name (Last, First, Middle Initial) B. Dr Paul L Kathrein				Date of	f Re	eceipt							
Mailing Address 427 Riverview Ct				11 06 2012									
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Great Falls	MT	59404-3558		Amount	t of	Each F	Receipt th	nis Peri	od				
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Full Name (Last, First, Middle Initial) C. Dr Mark Laton Bettencourt				Date of	f Re	ceipt							
Mailing Address 4469 Horizon Trl				1 <u>1</u>	/	06		2012		1			
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			Detailed Summary Page		-		11b	11c		12	□	
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or	for commercial purposes, other than using the	he name and a	aaress of any political committe	e to so	DIICIT COI	ntrib	outions 1	from suc	n co	mmitte	e.	
	American Optometric Associat	ion Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Denise M Harvey				Date of	f Re	eceipt					
	Mailing Address 25837 Pike 225				M M	/	06			ү 012	Y	
	City	State	Zip Code		Trans	act	ion ID :	354914	76			
	Eolia	MO	63344-4501	_	Amoun	t of	Each F	Receipt t	his F	'eriod		
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	Other (specify) ▼		375.00									
в.	Full Name (Last, First, Middle Initial) Dr Cindy S Matteson				Date of	f Re	eceipt					
	Mailing Address 31344 Pike Pl			11 06 _2012								
	City	State	Zip Code		Trans	acti	ion ID :	354914				
	Union City	CA	94587-2592		Amoun	t of	Each F	Receipt t	his F	'eriod		
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	Primary General Other (specify) ▼		500.00									
<u></u> с.	Full Name (Last, First, Middle Initial) Dr Jennifer Joy Malpass				Date of	f Re	eceipt					
	Mailing Address 2S942 Thorncrest Rd				M M	/	06) 012	Y	
	City Batavia	State IL	Zip Code 60510-9673					354914				
			00310-9073	-	Amoun	t of	Each F	Receipt t	nis F	'eriod		
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Committee									
A.	Full Name (Last, First, Middle Initial) Dr John R Mc Intyre	ohn R Mc Intyre										
	Mailing Address 13714 Three Fathoms Bank D			M M / D D / Y Y Y Y 11 06 2012								
	City Crp Christi	State TX	Zip Code 78418-6351	Transaction ID : 35491487 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		125.00								
	Name of Employer	Occupation		_								
	Self Employed	Doctor of O	ptometry	_								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		250.00									
в.	Full Name (Last, First, Middle Initial) Dr Paul Bryan Stauder			Date of Receipt								
	Mailing Address 8 Victory Ln			11 06 2012								
	City	State	Zip Code	Transaction ID : 35491488								
	Fairfield	IL	62837-1363	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		365.00								
	Name of Employer	Occupation	1	-								
	Self Employed	Doctor of O	ptometry									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.00									
с.	Full Name (Last, First, Middle Initial) Dr Todd S Erickson			Date of Receipt								
	Mailing Address 408 Hilltop Ave			M = M / D = D / Y = Y = Y = Y 11 06 2012								
	City Kalispell	State MT	Zip Code 59901-2519	Transaction ID : 35491489 Amount of Each Receipt this Period								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b	11c		12 16	17			
	y information copied from such Reports and s for commercial purposes, other than using the				for the		pose of	soliciting		ntribut	ions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati													
Α.	Full Name (Last, First, Middle Initial) Dr Nancy Coppic-Clark Mailing Address 214 Bailey Pl				Date of		eceipt) / Y		Ŷ	Y			
	City Danville	State VA	Zip Code 24540-2122					354914 9	92	012				
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в.	Full Name (Last, First, Middle Initial) Dr Michael A Hattan Mailing Address 3501 Fairway Dr				Date of	f Re	eceipt		V	V	V			
	City	State KS	Zip Code	11 06 2012 Transaction ID : 35491496 Amount of Each Receipt this Period										
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C.	Full Name (Last, First, Middle Initial) Dr Amanda S Trudeau				Date of	f Re	eceipt							
	Mailing Address 2008 Winterpark Dr	State	Zip Code		11		06	J L	20)12	Y			
	Sallisaw	OK	74955-7602					3549150 leceipt th		Period				
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SCHEDULE A (FEC Form 3X)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c		2	17
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	NAME OF COMMITTEE (In Full)										
\rangle	American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Edward V Niemczyk				Date o	f Re	eceipt				
	Mailing Address 11 Harvey Rd				11	/	06) / Y	201	Y 1	
	City	State	Zip Code		Trans	sact	ion ID :	3549150)5		
	Cream Ridge	NJ	08514-1607	_	Amoun	t of	Each R	leceipt th	nis Per	riod	
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B	Full Name (Last, First, Middle Initial) Dr Richard K Driver				Date o	f Re	eceipt				
	Mailing Address 306 E 6Th St				11	/	06	/ Y	2012	Υ Υ 2	
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<u> </u>	Full Name (Last, First, Middle Initial) Dr Denise M Whittam				Date o	f Re	eceipt				
	Mailing Address 6020 Palmetto St				M M	/	06) / Y	2012		ſ
	City	State	Zip Code		Trans	sact	ion ID :	354916	29		
	Ridgewood	NY	11385-3241		Amoun	t of	Each R	leceipt th	nis Per	riod	
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			Detailed Summary Page		(11a		11b	11c		12					
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	y information copied from such Reports and for commercial purposes, other than using														
\backslash	NAME OF COMMITTEE (In Full)														
	American Optometric Associa	tion Politica	al Action Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Michael G Blake				Date of	Re	eceipt								
	Mailing Address Po Box 2859				M M	1	06) / Y	2	012	Υ				
	City	State	Zip Code		Trans	act	ion ID :	354916	33						
	Gallup	NM	87305-2859		Amount	t of	Each F	Receipt t	his F	Period					
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	Primary General		500.00	11.											
	Other (specify)		300.00												
В.	Full Name (Last, First, Middle Initial) Dr Dan A Stein				Date of	Re	ceipt								
	Mailing Address 25101 W Roycourt				M M	/	DD) / Y	Y	Y	Y				
				11 06 2012											
	City	State	Zip Code		Trans	acti	on ID :	3549163	36						
	Huntington Woods	MI	48070-1745	·	Amount	t of	Each F	Receipt t	his F	'eriod					
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<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Richard N Randolph				Date of	Re	eceipt								
	Mailing Address 1806 Nash St N				M M	/	06			у 012	Y				
	City	State	Zip Code		Trans	act	ion ID :	354916	37						
	Wilson	NC	27893-1725	_	Amount	t of	Each F	Receipt t	his F	'eriod					
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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) American Optometric Associat	ion Politic	Action Committee											
American Optometric Associat													
Full Name (Last, First, Middle Initial) A. Dr Jon A Skillman				Date of	f Re	eceipt							
Mailing Address 3625 Treehaven Bnd				м м 11	/	06	/ Y	2012		1			
City	State KY	Zip Code 42303-1785		Trans		ion ID :	3549164	1					
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Full Name (Last, First, Middle Initial) B. Dr Dawn Hornberger				Date of	f Re	eceipt							
Mailing Address 247 E Penn Ave				M M	1	06	/ Y	2012	Y	1			
City	State	Zip Code		Transaction ID : 35491645									
Wernersville	PA	19565-1613	/	Amount	t of	Each R	eceipt th	nis Perio	bc				
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Full Name (Last, First, Middle Initial) C. Dr Lila Goodwin				Date of	f Re	eceipt							
Mailing Address 11550 Crossroads Circle Unit 341				м м 11		06	/ Y	y 2012	Y	1			
City	State	Zip Code		Trans	act	ion ID :	3549164	18					
Middle River	MD	21220-2967	/	Amount	t of	Each R	eceipt th	nis Perio	bd				
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	EMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12	
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\backslash	NAME OF COMMITTEE (In Full)										
	American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Thomas F Brill				Date of	Re	ceipt				
	Mailing Address 5625 Whispering Oaks Dr				M M	/	06) / Y) 12	Y
	City	State	Zip Code		Trans	acti	on ID :	3549164	19		
	North Port	FL	34287-2455	/	Amount	t of	Each R	Receipt th	nis P	eriod	
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	Self Employed	Doctor of O	ptometry								
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	Other (specify)		500.00]							
в.	Full Name (Last, First, Middle Initial) Dr Don H Sipola				Date of	Re	ceipt				
	Mailing Address 708 10Th St S				M M	/	06) / Y		12	Y
	City	State	Zip Code			acti		3549165			
	Virginia	MN	55792-3134		Amount	tof	Each R	Receipt th	nis P	eriod	
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	Other (specify) ▼		275.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Daniel Mottola				Date of	Re	ceipt				
	Mailing Address 6707 Carmel Trl				M M	/	06) / Y) 12	Y
	City	State	Zip Code		Trans	acti	ion ID :	354916	52		
	Wilmington	NC	28411-4738	/	Amount	t of	Each R	Receipt th	nis P	eriod	
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			Detailed Summary Page		1 1a		11b		11c		12 16	17
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	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Gary A Holtzberg Mailing Address 10923 71St Rd				Date o							
	Apt 6E	State	Zip Code		11 Tran	1	(06 0 • •	3549165	2	012	Ŷ
	Flushing	NY	11375-4812	_					eceipt th		Period	
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	Full Name (Last, First, Middle Initial) Dr Stanley J Nelson				Date o	of R	eceipt					
	Mailing Address 711 N 11Th St				M N			D 06	/ Y	ү 20)12	Y
	City Marysville	State KS	Zip Code 66508-1302						3549165 eceipt th		Period	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]								
C.	Full Name (Last, First, Middle Initial) Dr Harold R Codianne				Date of	of R	eceipt	:				
	Mailing Address 602 Bellmeade Ct				M 11	1		06	/ Y		y 012	Y
	City Allen	State TX	Zip Code 75013-5479						3549165 eceipt th		Period	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Date of Receipt Mailing Address 4062 Fragile Sail Way Image: Clay Code Date of Receipt City State Zip Code FEC ID number of contributing feeral political committee. Occupation Name of Employed Doctor of Optometry B. Dr Matthew R Perry Mailing Address 228 Se 39Th Ct Image: Clay Code City State Zip Code Pull Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt B. Dr Matthew R Perry Aggregate Year-to-Date ▼ Date of Receipt Mailing Address az8 se 39Th Ct Clay Clay Clay Clay Clay Clay Clay Clay				Detailed Summary Page		11a 13		11b 14	11c	┝	12 16	17
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в.	Full Name (Last, First, Middle Initial) Dr Larry L Eklund				Date of	Re	ceipt				
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в.	Full Name (Last, First, Middle Initial) Dr Lynn Smith Hammonds Mailing Address 2725 Smyer Rd			_	Date of	_	ceipt) / Y	y y 2012	Y
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c.	Full Name (Last, First, Middle Initial) Dr David A Klibanoff				Date of	f Rec	ceipt			
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в.	Full Name (Last, First, Middle Initial) Dr Norman Robert Miller				Date o	f Re	ceipt				
	Mailing Address 3216 Noble Ct				M M	/	09		_2() 012	Y
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с.	Full Name (Last, First, Middle Initial) Dr Jonathan R Bundy				Date o	f Re	ceipt				
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\setminus	NAME OF COMMITTEE (In Full)										
	American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Michael John Kruger				Date of	Re	ceipt				
	Mailing Address 205 Northpark Blvd				M M	/	10) / Y	Y 2012	ү ү 2	1
	City	State	Zip Code		Trans	acti	on ID :	3549334	1		_
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	Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote				Date of	Re	ceipt				
	Mailing Address 18 Little Androscoggin Dr				11	/	10		2012		1
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	Auburn	ME 04210-8884						Receipt th	nis Peri	iod	
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	Full Name (Last, First, Middle Initial) Dr Michael G Wallace				Date of	Re	ceipt				
	Mailing Address 3366 Ambleside Dr				M M 11	/	10		y 2012		1
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NAME OF COMMITTEE (In Full) American Optometric Associa	ation Politica	al Action Committee							
A. Full Name (Last, First, Middle Initial) Dr George W Veliky Mailing Address 137 Oak Grove Ave	State	Zip Code		Date of 11 Trans	1	10	354933	2012 46	
Hasbrouck Hts FEC ID number of contributing federal political committee.	NJ C	07604-1225		Amoun	t of	Each R	eceipt t	his Perio	od 42.00
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B. Full Name (Last, First, Middle Initial) Mailing Address 2724 Surrey Ln				Date o	f Re	D D		(Y Y	Y
City Idaho Falls FEC ID number of contributing federal political committee.	State ID	Zip Code 83404-7143					354933 eceipt t	his Perio	od 15.00
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Full Name (Last, First, Middle Initial) C. Dr Shelby D Robinson Mailing Address 3939 62Nd Ave E				Date of		ceipt		_2012	Ý
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati												
A .	Full Name (Last, First, Middle Initial) Dr Paul Schroeder Mailing Address 616 12Th St Sw				Date of		eceipt			(= Y =	V		
					1 <u>1</u>	ĺ	11			2012	Y		
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В.	Full Name (Last, First, Middle Initial) Dr Robert Craig Janot				Date of	f Re	eceipt						
	Mailing Address 100 Orchard St				M M	/	11) /	Y Y 2'	012	Y		
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<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Andrea E Bethel				Date of	f Re	eceipt						
	Mailing Address 1621 Terra De Sol Dr Se				M M	1	D 11			012	Y		
	City Rio Rancho	State NM	Zip Code 87124-8709				t ion ID : Each F			Period			
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$\left\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis				Date of	f Re	eceipt				
	Mailing Address 179 Wood Trce				M M	/	D 11) / Y		ү 012	Y
	City Benton	State KY	Zip Code 42025-9400	/				3549336 Receipt th		eriod	
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в.	Full Name (Last, First, Middle Initial) Dr Julie A Toon				Date of	f Re	eceipt				
	Mailing Address 2204 N Longwood Cir				M M	/	D 11) / Y	ү 20) 12	Y
	City	State KS	Zip Code					3549336			
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с.	Full Name (Last, First, Middle Initial) Dr Vincent W Brandys Jr				Date of	f Re	eceipt				
	Mailing Address 998 Ascot Dr				м м 11	/	D 11) 12	Y
	City Elgin	State IL	Zip Code 60123-6761					3549336 Receipt th		Period	
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	NAME OF COMMITTEE (In Full)										
	American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Denis Robert Holmes				Date of	Re	ceipt				
	Mailing Address 1313 Old Samish Rd				M M 1_1	/	D 12) / Y		ү 012	Y
	City	State	Zip Code		Trans	acti	ion ID :	3549336	38		
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В.	Full Name (Last, First, Middle Initial) Dr Brian D Cin				Date of	Re	ceipt				
	Mailing Address 17342 Alice Loop				1_1	1	13) / Y	20) 12	Y
	City	State	Zip Code		Trans	acti	on ID :	3550456	j <u>3</u>		
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с.	Full Name (Last, First, Middle Initial) Dr Edwin Y Endo				Date of	Re	ceipt				
	Mailing Address 98-828 Hiliu Pl				1_1	1	D 13) 12	Y
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Α.	Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill				Date of	Re	eceipt				
	Mailing Address 126 Treymoor Dr				м м 1_1	1	13) / Y		о 12	Y
	City Alabaster	State AL	Zip Code 35007-3150					3550456 Receipt th		Period	_
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в.	Full Name (Last, First, Middle Initial) Dr Gilbert E Pierce				Date of	Re	eceipt				
	Mailing Address 8639 Olenbrook Dr				M M	1	13) / Y	2(012	Y
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с.	Full Name (Last, First, Middle Initial) Dr Jonathan Toso				Date of	Re	eceipt				
	Mailing Address 1101 Angel Ln				м м 11	/	13			012	Y
	City Canton	State SD	Zip Code 57013-2634					3550456 Receipt th		Period	
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SCHEDULE A (FEC Form 3X) ...

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American Optometric Associa	tion Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Dr Greg A Caldwell			Dat	e of F	Receipt	t				
Mailing Address 225 Terrace Dr				M 1	/ D	D 14	/ Y	у у 2012	Y	
City Lilly	State PA	Zip Code 15938-5819					504926	s Period	4	
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Full Name (Last, First, Middle Initial) B. Dr William Benton Britt			Dat	e of F	Receipt	t				
Mailing Address 855 S Pitkin Ave			М	 ∟1	/ D	D 14	/ Y	y y 2012	Y	
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Full Name (Last, First, Middle Initial) C. Dr Markus I Barth			Dat	e of F	Receipt	t				
Mailing Address 1346 Heller Dr				M 1	_	D 14	/ Y	y y 2012	Y	
City	State	Zip Code	Tr	ansa	ction I	D : 35	504928	3		
Yardley	PA	19067-2714	Amo	ount o	of Each	h Rece	eipt this	s Period	ł	
FEC ID number of contributing federal political committee.	С				7		7	4	1.67	
Name of Employer	Occupation									
Self Employed	Doctor of O	ptometry								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		458.37	1							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb					7		7	228	9.34	

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FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using th		
NAME OF COMMITTEE (In Full) American Optometric Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Brian J Plattner Mailing Address 917 S Market St City	State Zip Code	Date of Receipt
Knoxville FEC ID number of contributing federal political committee.	IL 61448-1299	Amount of Each Receipt this Period 85.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 935.00	
Full Name (Last, First, Middle Initial) B. Dr David S Cook Mailing Address 6460 Devon Ln		Date of Receipt
City Cadillac FEC ID number of contributing federal political committee.	State Zip Code MI 49601-9549	Transaction ID : 35504930 Amount of Each Receipt this Period 25.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 245.00	
Full Name (Last, First, Middle Initial) C. Dr Sarah C Gordon Mailing Address 252 Inverness Center Dr		Date of Receipt
City Birmingham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code AL 35242-4834 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 550.00	Transaction ID : 35504931 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)		160.00

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			Detailed Summary Page		11a	\vdash	11b 14	11c		12 16	17
	information copied from such Reports and St or commercial purposes, other than using the				for the		pose of	f solicitir		ontribut	ions
	AME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Committee								
A	ull Name (Last, First, Middle Initial) Dr David Edward Magnus failing Address Po Box 2144				Date of	Re	D I			Y	Y
	Dity Corrales	State NM	Zip Code 87048-2144					355049 Receipt	32	2012 Period	
	EC ID number of contributing ederal political committee.	С					7	- 7	_		.00
S	lame of Employer celf Employed Receipt For: Primary General Other (specify)	Occupation Doctor of O Aggregate									
B	ull Name (Last, First, Middle Initial) Dr Kimberly D Ocampo Iailing Address 823 6Th Ave Se				Date of	[:] Re	DI		Y Y	040	Y
[bity Decatur	State AL	Zip Code 35601-3021					355049 Receipt	33	012 Period	
fe	EC ID number of contributing ederal political committee.	С					7	- 7	_	25.	00
S	lame of Employer elf Employed	Occupation Doctor of O									
н	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	1							
C	ull Name (Last, First, Middle Initial) Dr Heath B Gilbert				Date of	Re	•				
_	Iailing Address 5277 Split Rail	State	Zip Code		11 T	<i>'</i>	14	J L	2	012	Y
	Dayton	OH	45429-1962					: 355049 Receipt		Period	
	EC ID number of contributing ederal political committee.	С					7	7	_	91	.25
N	lame of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
F	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	1							
	BTOTAL of Receipts This Page (optional) TAL This Period (last page this line number of						7 7	- 7	+	166.	25

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			Detailed Summary Page		11a		11b	110	:	12		
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	y information copied from such Reports and for commercial purposes, other than using th											
\backslash	NAME OF COMMITTEE (In Full)											
	American Optometric Associat	ion Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Chad L Davis				Date of	Re	eceipt					
	Mailing Address P O Box 32				M M	1	09		Y Y 2	2012	Y	
	City	State	Zip Code		Trans	act	ion ID :	3550	5506			
	Athens	AL	35612-0032	'	Amount	t of	Each F	Receip	t this I	Period		
	FEC ID number of contributing federal political committee.	С					,			250	.00	
	Name of Employer	Occupation										
	Self Employed	Doctor of O	ptometry									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		350.00	1								
	Full Name (Last, First, Middle Initial)											
В.	Dr Robin S Coady				Date of	Re	eceipt					
	Mailing Address 724 Bayshore Dr				M M	1	09		Y Y 2	012	Y	
	City	State	Zip Code				ion ID :					
	Loda	IL	60948-9738		Amount	t of	Each F	Receip	t this I	Period		
	FEC ID number of contributing federal political committee.	С				_				250	.00	
	Name of Employer	Occupation										
	Self Employed	Doctor of O	ptometry									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		, 375.00]								
— С	Full Name (Last, First, Middle Initial) Dr Jon E Mc Cutchan				Date of	Be	eceipt					_
•.	Mailing Address 47 - 1835 North Ave				M M 11	/	D 09			2012	Y	
	City	State	Zip Code		Trans	act	ion ID :	: 3550	5508			
	Princeton	IL	61356-8613		Amount	t of	Each F	Receip	t this I	Period		
	FEC ID number of contributing federal political committee.	С					,			125	.00	
	Name of Employer	Occupation		_								
	Self Employed	Doctor of O	ptometry									
	Receipt For:		Year-to-Date ▼									
	Primary General	, iggi oguto		11.								
	Other (specify) ▼		250.00	4								
s	UBTOTAL of Receipts This Page (optional)						5			625.	00	
Т	OTAL This Period (last page this line numbe	r only)					7					

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ITEMIZED RECEIPTS	for each category of th Detailed Summary Pag	
Any information conied from such Benorts and S	tatements may not be sold or used by	13 14 15 16 17 any person for the purpose of soliciting contributions
or for commercial purposes, other than using the		nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Optometric Associatio	on Political Action Committe	20
Full Name (Last, First, Middle Initial) A. Dr Steven R Shum		Date of Receipt
Mailing Address 1730 Reid Hooker Cv		M M / D D / Y Y Y Y 11 09 2012
City	State Zip Code	Transaction ID : 35505509
Eads	TN 38028-6905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.	00
Full Name (Last, First, Middle Initial) B. Dr Gene Clark		Date of Receipt
Mailing Address 1608 N Franklin St		M M / D D / Y Y Y Y
		11 09 2012
City	State Zip Code	Transaction ID : 35505513
New Ulm	MN 56073-1360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250	00
Other (specify)	250.	
Full Name (Last, First, Middle Initial) C. Dr Stan M Dickerson		Date of Receipt
Mailing Address 2508 Shangrila Trl		M M / D D / Y Y Y Y 11 09 2012
City	State Zip Code	Transaction ID : 35505514
Columbia	TN 38401-5801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	350.	
SUBTOTAL of Receipts This Page (optional)		\$ 875.00
TOTAL This Period (last page this line number	only)	

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	EIMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c		12		
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Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements ma le name and a	ay not be sold or used by any poddress of any political committee	erson f e to sol	or the icit co	purı ntrib	pose o outions	of so fron	liciting n such	cor co	ntribut mmitt	ions ee.	
\backslash	NAME OF COMMITTEE (In Full)												
$\Big)$	American Optometric Associat	ion Politica	al Action Committee										
Α.	Full Name (Last, First, Middle Initial) Dr George J Brown III			[Date of	f Re	eceipt						
	Mailing Address 163 Brightridge Ave				M M	1	09	9	/ Y) 12	Y	
	City	State	Zip Code		Trans	acti	ion ID	: 35	50551				
	E Providence	RI	02914-3236	A	Amoun	t of	Each	Rec	eipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С					7		7		250	00	
	Name of Employer	Occupation		-									
	Self Employed	Doctor of O	ptometry										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		500.00										
в.	Full Name (Last, First, Middle Initial) Dr Anna Fong	I			Date of	f Re	eceipt						
	Mailing Address 2523 N Van Ness Blvd				M M	/	09		/ Y		12	Y	
	City	State	Zip Code			acti			505519		12		
	Fresno	CA	93704-5546	A					eipt thi	-	eriod		
	FEC ID number of contributing federal political committee.	С					7				125.	00	
	Name of Employer Self Employed	Occupation											
	Receipt For:	Doctor of O											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00										
с.	Full Name (Last, First, Middle Initial) Dr Timothy P Kenkel	I		[Date of	f Re	eceipt						
	Mailing Address 106 Meadview Pl				M M 11	/	09		/ Y) 12	Y	
	City	State	Zip Code		Trans	sact	ion ID	: 35	50552	0			
	Loveland	OH	45140-7146	/	Amount	t of	Each	Rec	eipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С					,		7		125	.00	
	Name of Employer	Occupation		\neg									
	Self Employed	Doctor of O	ptometry										
	Receipt For:		Year-to-Date ▼										
	Primary General												
	Other (specify)		250.00										
s	UBTOTAL of Receipts This Page (optional)						,		7		500.	00	
т	OTAL This Period (last page this line number	r only)							7				

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	y information copied from such Reports and St for commercial purposes, other than using the											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Optometric Associatio	n Politica	al Action Committee									
A.	Full Name (Last, First, Middle Initial) Dr Ronald Ray Foreman				Date of	f Re	eceipt					
	Mailing Address 763 Sw Main Blvd				M M	/	D	D	/ Y	Y	Y	Y
	Ste 101	0 1 1		_	11		0	9		2	012	
	City Lake City	State FL	Zip Code 32025-5794						3550552			
	·		52025-5794	_ /	Amoun	t of	Each	Re	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С					,		7	_	500.	00
	Name of Employer	Occupation										
	Self Employed	Doctor of O	ptometry									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		625.00									
В.	Full Name (Last, First, Middle Initial) Dr Ray N Labelle				Date of	f Re	eceipt					
	Mailing Address Po Box 1208				M M	/	0	D 19	/ Y)12	Y
	City	State	Zip Code			acti			3550553			
	Norris	TN	37828-1208		Amoun	t of	Each	Re	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С					7		- 7	_	125.	00
	Name of Employer	Occupation										
	Self Employed	Doctor of O	ptometry									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
С.	Full Name (Last, First, Middle Initial) Dr Emilio H Balius				Date of	f Re	ceipt					
	Mailing Address 16810 Sw 52Nd Pl				м м 11	/	0	D)9	/ Y)12	Y
	City	State	Zip Code		Trans	sact	ion ID)::	3550553	2		
	Southwest Ranches	FL	33331-1202	/	Amoun	t of	Each	Re	eceipt th	is F	Period	
	FEC ID number of contributing federal political committee.	С					7		7	_	100	00
	Name of Employer	Occupation		_								
	Self Employed	Doctor of O	ptometry									
	Receipt For:		Year-to-Date ▼									
	Primary General											
	Other (specify)		225.00									
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		Detailed Summary Page		13		14	15	16	17
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NAME OF COMMITTEE (In Full) American Optometric Associati	ion Politica	al Action Committee							
Full Name (Last, First, Middle Initial) Dr Nancy Helen Shebuski Mailing Address 217 S 52Nd Ave				Date of	f Re	ceipt 09	D / Y	2012	Y
City	State WI	Zip Code					3550553		
Wausau FEC ID number of contributing federal political committee.	C	54401-8068	/	Amount	t of	Each I	Receipt th	nis Period 125	5.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of O Aggregate]						
Full Name (Last, First, Middle Initial) B. Dr David L Parker Mailing Address 4889 Bobo PI				Date of	f Re	ceipt	D / Y	Y Y	Y
City Olive Branch FEC ID number of contributing	State MS	Zip Code 38654-8223					3550566	nis Period	.67
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of O					3			
Full Name (Last, First, Middle Initial) Dr Jennifer E Davis Mailing Address 16 Pambrook Dr				Date of	f Re	ceipt		2012	Y
City Fishersville	State VA	Zip Code 22939-2123				ion ID	: 3550566	61	
FEC ID number of contributing federal political committee.	C			Amount	t of	Each I	Receipt th	nis Period 41	.00
Name of Employer	Occupation		-						
Self Employed	Doctor of O	ptometry							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 451.00							
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number						7	· · ·	207	.67
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	d Statements may not be sold or used by any p the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Associa	tion Political Action Committee	
A. Full Name (Last, First, Middle Initial) Dr Scott L Nehring Mailing Address 32840 S Meridian Rd		Date of Receipt
City Woodburn	State Zip Code OR 97071-8768	Transaction ID : 35505662 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	42.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 462.00	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Gary R Pabalis Mailing Address 11972 W Gamekeeper Dr		Date of Receipt
City Kuna FEC ID number of contributing	State Zip Code ID 83634-2802	11 15 2012 Transaction ID : 35505663 Amount of Each Receipt this Period 20.00
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 220.00	
C. Full Name (Last, First, Middle Initial) Dr Katherine M Baughman Mailing Address 2421 E White Ave		Date of Receipt
City Moscow FEC ID number of contributing federal political committee.	State Zip Code ID 83843-5097	11 15 2012 Transaction ID : 35505664 Amount of Each Receipt this Period 30.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 330.00	1

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			Detailed Summary Page		13		14	15		16	17
	y information copied from such Reports and for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
	American Optometric Associat	ion Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Randy L Andregg				Date of	f Re	eceipt				
	Mailing Address 11368 W Hickory Hill Ct				M M 11	/	15			ү 012	Y
	City	State	Zip Code		Trans	act	ion ID :	355056	35		
	Boise	ID	83713-2467		Amount	t of	Each F	Receipt tl	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					,	7	_	41.	67
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		458.37]							
— В.	Full Name (Last, First, Middle Initial) Dr Jared P Walker				Date of	f Re	ceipt				
	Mailing Address 609 Diamond Dr				11	/	15		_ 2()12	Y
	City	State	Zip Code		Trans	acti	on ID :	3550566			
	Kimberly	ID	83341-1938		Amount	t of	Each F	Receipt tl	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					,		_	30.	00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For:		Year-to-Date ▼	_							
	Primary General Other (specify) ▼		330.00]							
<u></u> с.	Full Name (Last, First, Middle Initial) Dr Gary P Walker				Date of	f Re	eceipt				
	Mailing Address 1733 W Wildflower Ln				1_1	/	15) 12	Y
	City	State ID	Zip Code					355056			
	Twin Falls	ID	83301-3691	_	Amount	t of	Each F	Receipt tl	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	9	_	30	.00
	Name of Employer	Occupation	I	\neg							
	Self Employed	Doctor of C	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
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	NAME OF COMMITTEE (In Full)										
	American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Raymond K Greene				Date of	f Re	eceipt				
	Mailing Address 3207 N 22Nd St				M M	/	15	/ Y	201		
	City	State	Zip Code		Trans	act	ion ID :	3550566	38		
	Coeur D Alene	ID	83815-6321	_	Amoun	t of	Each R	eceipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С						- 7	_	30.4	2
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		334.62	11							
	Other (specify)		304.02	1							
_	Full Name (Last, First, Middle Initial)				Data	(
в.	Dr Jessica L Peel				Date of	r Re	eceipt	_			_
	Mailing Address 3115 Silverwood St				M M	1	15	/ Y	2012		
	City	State	Zip Code			acti		3550566			
	Billings	MT	59102-0655					eceipt th		iod	
	FEC ID number of contributing federal political committee.	С					5			50.0	0
	Name of Employer	Occupation									
	Self Employed	Doctor of Op	otometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		, 350.00								
с.	Full Name (Last, First, Middle Initial) Dr Mary Anne C Murphy				Date of	f Re	eceipt				
	Mailing Address 16683 Cathedral Way				M M	/	15	/ Y	2012		
	City	State	Zip Code		Trans	sact	ion ID :	3550567	70		
	Broomfield	CO	80023-4645		Amoun	t of	Each R	eceipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С						- 7	_	25.0	00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		275.00	11							
	Other (specify)		213.00								
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b		11c	12	
Any information copied from such Reports and or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full) American Optometric Associati	ion Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Dr D. Matthew Burchett Mailing Address 1231 Parkview Way City Richmond FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (nearlife)	State KY C Occupation Doctor of O Aggregate				/ sact	ion ID	5 : 3	550608	nis Period	
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr Ron W Roelfs Mailing Address 1304 Shepherd Ave City Waverly FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State IA C Occupation Doctor of O Aggregate	Zip Code 50677-9632			/ acti	ion ID	6 :3	/ Y 550614 eceipt th	nis Period	.00
Full Name (Last, First, Middle Initial) C. Dr Michele R Haranin Mailing Address 301 Concord Rd City Dover FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State DE C Occupation Doctor of O Aggregate				/ sact	ion ID	6 : 3	3550614	is Period	
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	y information copied from such Reports and S for commercial purposes, other than using the				for the	purp	ose of				17 s
	NAME OF COMMITTEE (In Full)										
	American Optometric Association	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr John G Barron				Date of	f Red	ceipt				
	Mailing Address 1217 Tammy St				M M	/		/ Y	- Y - Y	Y	
	City	State	Zip Code		11 Trans	actio	16 on ID : :	3550614	2012 • 3		
	Selma	CA	93662-4344		Amoun	t of E	Each R	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					7		5	0.00	
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		400.00								
B	Full Name (Last, First, Middle Initial) Dr Bruce L Manning				Date of	f Rec	ceint				
	Mailing Address 487 Whitebark Cr				M M	/	16	/ Y	2012	Y	
	City	State	Zip Code			actio		3550614			
	Wadsworth	OH	44281-2299		Amoun	t of E	Each R	eceipt th	is Perio	d	
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	Receipt For:	Doctor of O	•	_							
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	Other (specify)		341.00								
c.	Full Name (Last, First, Middle Initial) Dr Brandt Thomas Dennehy				Date of	f Red	ceipt				
	Mailing Address 121 Mystic Ln				M M	1	D D D	/ Y	2012	Y	
	City	State	Zip Code		Trans	acti	on ID :	3550698	9		
	Butte	MT	59701-7167	_	Amoun	t of E	Each R	eceipt th	is Perio	d	
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	Other (specify)		250.00	4							
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\backslash	NAME OF COMMITTEE (In Full)	n Dolition	Action Committee								
	American Optometric Associatio										
Α.	Full Name (Last, First, Middle Initial) Dr Robert M Currin				Date o	f Re	ceipt				
	Mailing Address 4172 Indian Trail Rd				M M	/	DD		/	Y Y	1
			7.0.1		11		15	1 1	2012	2	
	City Oxford	State NC	Zip Code 27565-7596	-				355069		1	
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	Full Name (Last, First, Middle Initial)										
B.	Dr J. Allen Puma				Date o	f Re	ceipt				
	Mailing Address 469 Ridgefield Rd				1_1	/	15	/ 1	2012	Y Y	1
	City	State	Zip Code			sacti		355069			
	Shelburne	VT	05482-6319		Amoun	t of	Each R	leceipt t	his Peri	od	
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	Primary General			11.							
	Other (specify)		500.00	1							
c.	Full Name (Last, First, Middle Initial) Dr Dennis W Rabe				Date o	f Re	ceipt				
	Mailing Address 17 Shady Ln				M M	/	15		2012		1
	City	State	Zip Code		Tran	sact	ion ID :	355070	30		-
	Auburn	IL	62615-9460		Amoun	t of	Each R	leceipt t	his Peri	od	
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	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	American Optometric Associatio	on Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Randy L Peters				Date of	Re	eceipt					
	Mailing Address 1206 S Main St				M M	/	D 1		/ Y		ү 012	Y
	City	State	Zip Code		Trans	acti	ion ID	: 3	550703	32		
	Bryan	OH	43506-2441	_	Amount	of	Each	Re	ceipt th	nis P	'eriod	
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	Self Employed	Doctor of O	ptometry									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		250.00									
в.	Full Name (Last, First, Middle Initial) Dr Kari L Burchett				Date of	Re	ceipt					
	Mailing Address 1539 Pacific Ct				M M 11	/	D 1	D 5	/ Y)12	Y
	City	State	Zip Code		Trans	acti	on ID	: 3	550703	34		
	Osawatomie	KS	66064-1500		Amount	of	Each	Re	ceipt th	nis P	'eriod	
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	Self Employed	Doctor of O	ptometry									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		, 225.00									
с.	Full Name (Last, First, Middle Initial) Dr Giselle Lander				Date of	Re	eceipt					
	Mailing Address 5010 Boulder Creek Dr				M M 11	1	D 1	р 5	/ Y)12	Y
	City Solon	State OH	Zip Code 44139-1380	_					8550703			
		OIT	44159-1560		Amount	of	Each	Re	ceipt th	າis P	'eriod	_
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\setminus	NAME OF COMMITTEE (In Full)											
	American Optometric Associati	on Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Mona Ruth Dewart				Date of	f Re	eceipt					
	Mailing Address 11036 Scarlet Oak Run				M M	1	D D D 15	/ Y	_ 2(ү 012	Y	
	City	State	Zip Code		Trans	act	ion ID :	3550704 [.]				
	Fort Wayne	IN	46845-8942	_	Amoun	t of	Each R	eceipt thi	is P	eriod		
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в.	Full Name (Last, First, Middle Initial) Dr Mark Joseph Hamilton	I			Date of	f Re	eceipt					
	Mailing Address 6707 121St Ave Se				M M	/	D D	/ Y	Y	Y	Y	
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	City	State	Zip Code		Trans	act	ion ID : 3	35507042	2			
	Bellevue	WA	98006-4432	_	Amoun	t of	Each R	eceipt thi	is P	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	250.	00	
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	Primary General		250.00									
	Other (specify)		, , ,									
с.	Full Name (Last, First, Middle Initial) Dr Bill G Codner				Date of	f Re	eceipt					
	Mailing Address 4193 Old Orchard Ln				M M 11	1	D D 15	/ Y)12	Y	
	City	State	Zip Code		Trans	act	ion ID :	3550704	3			
	Cedar Hills	UT	84062-8673	_	Amoun	t of	Each R	eceipt thi	is P	'eriod		_
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any pe g the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Andrew J Lovsin Mailing Address 260 Oakmont Cir City Pinehurst FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code NC 28374-8343 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00 365.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Dr Terry B Vail Mailing Address 265 Jamestown Rd	State Zip Code	Date of Receipt
Macomb FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	IL 61455-9305 Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 245.00	Transaction ID : 35507046 Amount of Each Receipt this Period 125.00
Full Name (Last, First, Middle Initial) C. Dr Vincent M Young Mailing Address 1407 Foxboro Ln City Blanchard FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code OK 73010-5087 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 375.00	Date of Receipt 11 15 2012 Transaction ID : 35507047 Amount of Each Receipt this Period 125.00
	I)	615.00

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			Detailed Summary Page		-		11b	11c	\vdash	12	_
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	NAME OF COMMITTEE (In Full) American Optometric Associat	ion Politica	al Action Committee								
 A.	Full Name (Last, First, Middle Initial) Dr Daniel M Bowersox				Date of	Re	eceipt				
	Mailing Address 5710 Valley Park Dr				M M	/	D D D	/ Y		у 012	Y
	City	State	Zip Code		Trans	act	ion ID :	3550704			
	Louisville	KY	40299-4193		Amount	t of	Each R	eceipt th	is F	'eriod	
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в.	Full Name (Last, First, Middle Initial) Dr Kevin K Lui	1			Date of	Re	eceipt				
	Mailing Address 927 Ikena Cir				M M	1	D D 15	/ Y	ү 20	y 012	Y
	City	State	Zip Code					3550704			
	Honolulu	HI	96821-2555		Amount	t of	Each R	eceipt th	is F	'eriod	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]							
с.	Full Name (Last, First, Middle Initial) Dr Sandra J Maley	1			Date of	Re	eceipt				
	Mailing Address 1969 Robinson Rd				M M 11	1	D D 15	/ Y		у 012	Y
	City	State WI	Zip Code 54487-9327					3550705			
	Tomahawk	VVI	54487-9327		Amount	t of	Each R	eceipt th	is F	'eriod	
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	Other (specify) ▼		450.00]							
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	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee								
A .	Full Name (Last, First, Middle Initial) Dr Becky Cook Mann				Date o	f Red	ceipt				_
-	Mailing Address 511 Walker St				1 <u>1</u>	/	15	Y / C	2012	Y	
	City Radford	State VA	Zip Code 24141-2416					355070 Receipt t	56 his Perio	d	
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	Self Employed Receipt For:	Doctor of O		_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		750.00								
	^F ull Name (Last, First, Middle Initial) Dr Tonya Michelle Reynoldson				Date o	f Red	ceipt				
ľ	Mailing Address 88 Camden Bay Lodge Rd				M M	/	15		2012	Y	1
(City	State	Zip Code		Trans	actio	on ID :	355070			
_	Camden	TN	38320-7173		Amoun	t of I	Each F	Receipt t	his Perio	d	
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	Primary General Other (specify) V	Ayyreyale	500.00								
	- Full Name (Last, First, Middle Initial) Dr Lee Ann Barrett				Date o	f Red	ceipt				
1	Mailing Address 1199 E Morgan St				M M 11	/	D 17		2012	Y	1
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-	Boonville	MO	65233-1336	_	Amoun	t of I	Each F	Receipt t	his Perio	d	
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\backslash	NAME OF COMMITTEE (In Full)	_									
	American Optometric Associati	on Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Sally Ann Hartenstein			[Date of	f Re	eceipt				
	Mailing Address 3 Taylor River Rd				M M	/	D 17	D /		2012	Y
	City	State	Zip Code		Trans	act	ion ID	355072	252		
	Hampton Falls	NH	03844-2012	/	Amount	t of	Each I	Receipt	this I	Period	
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	Self Employed Receipt For:	Doctor of O	ptometry	_							
	Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify)		220.00								
в.	Full Name (Last, First, Middle Initial) Dr Freddie M Mayes	I		[Date of	f Re	eceipt				
	Mailing Address 117 Magnolia Dr				M M	1	D 17	D /		012	Y
	City	State	Zip Code		Trans	acti	ion ID :	355072			
	Central City	KY	42330-1727	/	Amoun	t of	Each I	Receipt	this I	Period	
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	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00								
С.	Full Name (Last, First, Middle Initial) Dr Matthew R Ingram	I		[Date of	f Re	eceipt				
	Mailing Address 660 Bender Rd				м м 11	/	D 17			012	Y
	City Marietta	State OH	Zip Code 45750-8345					: 355072			
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	Mailing Address 20 Kentshire Ct				M M	/	17	/ Y	201		
	City	State	Zip Code		Trans	acti	ion ID :	3550725			
	Greenville	DE	19807-2583		Amoun	t of	Each R	eceipt th	nis Per	riod	
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	Self Employed	Doctor of O	ptometry								
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	Other (specify)		550.00								
в.	Full Name (Last, First, Middle Initial) Dr Paul S Jensen				Date of	f Re	ceipt				
	Mailing Address 4717 132Nd Ave Se				M M	/	17	/ Y	2012		
	City	State	Zip Code		Trans	acti	on ID :	3550725			
	Bellevue	WA	98006-2132	_	Amoun	t of	Each R	eceipt th	nis Per	riod	
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	Primary General Other (specify) v	Aggregate	220.00								
<u> </u>	Full Name (Last, First, Middle Initial) Dr Jason R Kolodziejczyk				Date of	f Re	ceipt				
	Mailing Address 1023 Buckand				M M 11	/	D D 17	/ Y	2012		
	City	State	Zip Code		Trans	sact	ion ID :	355072	57		
	Fremont	OH	43420-2805	_	Amoun	t of	Each R	eceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					,	7		125.0	00
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	nd Statements may not be sold or used by any per g the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Daniel J Kosterman Mailing Address 16420 Carla St City Eagle River FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code AK 99577-7618 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 680.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dr Dennis A Swarner Mailing Address Po Box 1669 City	State Zip Code	Date of Receipt
Kenai FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	AK 99611-1669 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 680.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson Mailing Address 9940 Ashleigh Way City Highlands Ranch FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code C 80126-4244 C Occupation Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1836.34	Date of Receipt
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\rangle	NAME OF COMMITTEE (In Full) American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Paul Zerbinopoulos Mailing Address 22 Carrie Ln				Date of			/ Y	Y	Y	Y
	City N Kingstown	State RI	Zip Code 02852-4138					3550731	0	012 Period	
	FEC ID number of contributing federal political committee.	С					7		_	30.	42
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 334.62]							
в.	Full Name (Last, First, Middle Initial) Dr Pamela J Blodgett				Date of	Re	eceipt				
	Mailing Address 22 Carrie Ln City	State	Zip Code		M M 11	1	19		20	012	Y
	N Kingstown	RI	02852-4138					35507312 eceipt thi		Period	
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 334.62]							
C.	Full Name (Last, First, Middle Initial) Dr Michael Bacigalupi				Date of	Re	eceipt				
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	City Ft Lauderdale	State FL	Zip Code 33316-2023					3550731		Period	
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\backslash	NAME OF COMMITTEE (In Full)		_								
	American Optometric Associati	ion Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping				Date of	Re	ceipt				
	Mailing Address 1801 Creekside Dr				M M	1	D 19		Y	y y 2012	Y
	City	State	Zip Code		Trans	acti	ion ID :	: 3550			
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в.	Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping				Date of	Re	ceipt				
	Mailing Address 1801 Creekside Dr				M M	/	19		Y Z	2012	Y
	City	State	Zip Code		Trans	acti	on ID :	: 3550	7314		
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<u></u> с.	Full Name (Last, First, Middle Initial) Dr Nancy S Barr				Date of	Re	ceipt				
	Mailing Address 435 Conservatory Pt				M M 11	/	D 19			y y 2012	Y
	City	State	Zip Code		Trans	act	ion ID	: 3550)7315		
	Fayetteville	GA	30215-8609		Amount	t of	Each F	Receip	pt this	Period	
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	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Scott M Burks Mailing Address Po Box 1351			Date of Receipt
	City	State	Zip Code	11 19 2012 Transaction ID : 35507317
	Buffalo	MO	65622-1351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	
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в.	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett			Date of Receipt
	Mailing Address 9940 Ashleigh Way			11 19 2012
	City	State	Zip Code	Transaction ID : 35507318
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
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<u>с</u> .	Full Name (Last, First, Middle Initial) Dr D. William Lakin			Date of Receipt
	Mailing Address 44260 Boulder Dr			M M / D D / Y Y Y Y Y 11 19 2012
	City Clinton Twp	State MI	Zip Code 48038-1430	Transaction ID : 35507319 Amount of Each Receipt this Period
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	American Optometric Associa	ation Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden				Date of	Re	ceipt				
	Mailing Address 1445 Prospect Ave Unit D				M M	/	D D 19	/ Y	у у 2012	Y	
	City Placentia	State CA	Zip Code 92870-3816	_				3550784 eceipt th		d	
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	Full Name (Last, First, Middle Initial) Dr Janice M Mc Mahon				Date of	Re	ceipt				
	Mailing Address 308 Vernon Ave				M M	/	D D D 19	/ Y	y y 2012	Y	
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	Full Name (Last, First, Middle Initial) Dr Robert F Collins				Date of	Re	ceipt				
	Mailing Address 15D Dapplegray Rd				M M 11	/	D D D	/ Y	у у 2012	Y	
	City	State	Zip Code		Trans	acti	on ID :	3551286	5		
	Bell Canyon	CA	91307-1010	_	Amount	t of	Each R	eceipt th	is Perio	b	
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Assoc	iation Politica	al Action Committee	
A. Full Name (Last, First, Middle Initial) Dr Kenneth E Knox Mailing Address 4 Trotters Ridge Ln City Simpsonville	State SC	Zip Code 29681-5359	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	C Occupation Doctor of O Aggregate		500.00
Full Name (Last, First, Middle Initial) B. Dr Michael Douglas Jones Mailing Address 149 Branham Rd City Ten Mile FEC ID number of contributing federal political committee. Name of Employer	State TN C	Zip Code 37880-2921	Date of Receipt Image: Display state of the state of
Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of O Aggregate	ptometry Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr Robert M Thacker Mailing Address 506 Fish Hill Rd City West Greenwich FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State RI C Occupation Doctor of O Aggregate		Date of Receipt
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<u>/</u> A.	Full Name (Last, First, Middle Initial) Dr John P Herman				Date o	f Re	ceipt				
	Mailing Address 570 Holmes Rd				M M	/	15		201	2	(
	City Pittsfield	State MA	Zip Code 01201-7158					3 55128 Receipt t	83		
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В.	Full Name (Last, First, Middle Initial) Dr Sue E Van Dootingh				Date o	f Re	ceipt				
	Mailing Address 6986 West Harbor Rd				1_1	/	15		2012	2	
	City	State	Zip Code		Trans	sacti	on ID :	355128			
	Port Clinton	OH	43452-9432	_	Amoun	t of	Each F	Receipt t	his Per	riod	
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<u> </u>	Full Name (Last, First, Middle Initial) Dr Michael S Mc Cown				Date o	f Re	ceipt				
	Mailing Address Po Box 84				M M 11	/	D 15		2012		ſ
	City Poulsbo	State WA	Zip Code 98370-0084					: 355128 Receipt t		riod	
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Primary General Other (specify) 500.00 Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt 11 Mailing Address 8400 Concord Rd 11 City State Zip Code Johnstown OH 43031-8154 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼		Receipt For:	Aggregate	Year-to-Date ▼											
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City State Zip Code Johnstown OH 43031-8154 FEC ID number of contributing federal political committee. C Transaction ID : 35512910 Name of Employer Occupation 11 15 2012 Self Employed Doctor of Optometry 127. Receipt For: Aggregate Year-to-Date ▼ Primary General						Date of	f Re	eceipt							
Johnstown OH 43031-8154 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General		Mailing Address 8400 Concord Rd					/		/ Y						
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Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General		0	С					7			127.2	25			
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Primary General General			Doctor of O	ptometry											
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				763.50											
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Jay H Messinger Mailing Address 3267 Corinth Ave				Date o		ceipt 15) /)12	Y
	City	State CA	Zip Code 90066-1310				-	355129			
	Los Angeles FEC ID number of contributing federal political committee.	C	90000-1310		Amoun	t of	Each F	Receipt	his P	eriod 250	.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of O Aggregate									
в.	Full Name (Last, First, Middle Initial) Dr Michael P Gilliland Mailing Address 6563 Masefield St				Date o	f Re	ceipt	/	Y Y	Y	Y
	City Worthington	State OH	Zip Code 43085-3032					355129 Receipt	12	12 eriod	
	FEC ID number of contributing federal political committee.	С					7			250	.00
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	1							
c.	Full Name (Last, First, Middle Initial) Dr Mark A Taylor				Date o	f Re	ceipt				
	Mailing Address 527 E 1500 S				м м 11	/	20		γ = γ 20) 12	Y
	City Kaysville	State UT	Zip Code 84037-3032		Trans			355136 Receipt	69		
	FEC ID number of contributing federal political committee.	С					7			20	.00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00								
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NAME OF COMMITTEE (In Full)		_							
American Optometric Associat	tion Politica	al Action Committee							
Full Name (Last, First, Middle Initial) A. Dr Wayne Maltz			[Date of	Re	eceipt			
Mailing Address 10801 Valley Hills Dr				м м 11	/	20	/ Y	y y 2012	Y
City	State	Zip Code			acti		3551367		
Houston	ТХ	77071-1610	A	Amount	t of	Each R	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					,		10	0.00
Name of Employer	Occupation	l							
Self Employed	Doctor of O	ptometry							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		1100.00							
Full Name (Last, First, Middle Initial) B. Dr Lynn D Greenspan				Date of	Be	eceipt			
Mailing Address 77 N Iroquois Ln				M M 11	/	20	/ Y	2012	Y
City	State	Zip Code			acti		3551367		
Chester Sprgs	PA	19425-2929	/	Amount	t of	Each R	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С						- 7	2	0.00
Name of Employer Self Employed	Occupation Doctor of O								
Receipt For:		Year-to-Date ▼							
Primary General Other (specify) ▼		220.00]						
Full Name (Last, First, Middle Initial) C. Dr Marc Robert Bloomenstein				Date of	Re	eceipt			
Mailing Address 5101 E Calavar Rd				M M 11	/	20	/ Y	2012	Y
City	State	Zip Code		Trans	act	ion ID :	3551367	2	
Scottsdale	AZ	85254-2869	/	Amount	t of	Each R	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					7	7	10	0.00
Name of Employer	Occupation								
Self Employed	Doctor of O	ptometry							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1100.00							
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	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander				Date o	f Re	ceipt				
	Mailing Address 2116 Wildwood Ct				M M	/	20	У / Y	2012		
	City Fullerton	State CA	Zip Code 92831-1339					355136 Receipt th		iod	
	FEC ID number of contributing federal political committee.	С					7			50.0	0
	Name of Employer	Occupation									
	Self Employed Receipt For:	Doctor of O	· · ·								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00								
— R	Full Name (Last, First, Middle Initial) Dr Robert J Parks				Date o	f Re	reint				
υ.	Mailing Address 86 Darlene Drive				11		20		2012	Y Y	1
	City Wakefield	State RI	Zip Code 02879-8307					3551367	74		
	FEC ID number of contributing federal political committee.	С			Amoun	τοτ	Each F	Receipt t	nis Peri	100 31.2	5
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) v	L	500.02								
C.	Full Name (Last, First, Middle Initial) Dr Melissa A Patrlja				Date o	f Re	ceipt				
	Mailing Address 8925 Ridgeline Blvd Ste 107				M M	/	D 1		2012		
	City Highlands Ranch	State CO	Zip Code 80129-2502	-				355136 Receipt tl		iod	
	FEC ID number of contributing federal political committee.	С					1			25.0	0
	Name of Employer	Occupation		_							
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		225.00								
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	orts and Statements may not be sold or used by any p using the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric As	sociation Political Action Committee	
A. Full Name (Last, First, Middle Initial Dr Jeffrey A Gonnason Mailing Address 6721 Gloucester Pl		Date of Receipt
City	State Zip Code AK 99504-3343	Transaction ID : 35514464
Anchorage FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 420.00	1
B. Full Name (Last, First, Middle Initial Dr Jerry N Ellington, Jr Mailing Address 932 Meadow Ln		Date of Receipt
City Henderson	State Zip Code NC 27536-3853	11 21 2012 Transaction ID : 35514561 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00]
Full Name (Last, First, Middle Initial C. Dr David S Hays		Date of Receipt
Mailing Address 8720 52Nd Street C	it W	M M / D D / Y Y Y Y Y 11 21 2012
City University PI	StateZip CodeWA98467-1758	Transaction ID : 35514562 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer	Occupation	_
Self Employed	Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	1
	ptional)	533.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	
Ar	y information copied from such Reports and	Statements ma	ay not be sold or used by any p	erson	13 for the	pur	14 bose of	15 solicitin	g contrib	utions
	for commercial purposes, other than using th									
\backslash	NAME OF COMMITTEE (In Full)									
	American Optometric Associati	on Politica	al Action Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Donald W Furman				Date o	f Re	ceipt			
	Mailing Address 855 11Th Street Pl				M M	/	21	/ Y	2012	
	City	State	Zip Code			sacti		355145		
	Garner	IA	50438-1847				-		his Perio	od
	FEC ID number of contributing federal political committee.	C					7		;	34.00
	Name of Employer	Occupation	l							
	Self Employed	Doctor of O	ptometry							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify)		924.00]						
в.	Full Name (Last, First, Middle Initial) Dr Paul L Gustafson				Date o	f Re	ceipt			
	Mailing Address 159 Sunflower St				M M	/	21	/ Y	2012	Y
	City	State	Zip Code		Trans	acti	on ID :	3551456		
	Casper	WY	82604-3805		Amoun	t of	Each R	eceipt tl	his Perio	bd
	FEC ID number of contributing federal political committee.	С					7		;	35.00
	Name of Employer	Occupation	1							
	Self Employed	Doctor of O	ptometry							
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		385.00	11						
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,							
C.	Full Name (Last, First, Middle Initial) Dr Kent G Hillery				Date o	f Re	ceipt			
	Mailing Address 16448 Country Club Dr				M M	/	D D D 21	/ Y	2012	Y
	City	State	Zip Code		Trans	sacti	on ID :	355145	65	
	Peosta	IA	52068-9710		Amoun	t of	Each R	eceipt t	his Perio	bd
	FEC ID number of contributing federal political committee.	С					,	,		50.00
	Name of Employer	Occupation	l	\neg						
	Self Employed	Doctor of O	ptometry							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		550.00	11.						
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g cont	ributio	ons
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
	American Optometric Association	on Politica	I Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Viktoria L Davis				Date of	f Re	eceipt				
	Mailing Address 310 E Main St				M M	/	21	/ Y	y 201	Y 12	Y
	City	State	Zip Code		Trans	acti	ion ID :	3551456	66		_
	Madelia	MN	56062-1735	_	Amount	t of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					,	7		250.0	00
	Name of Employer	Occupation									
	Self Employed	Doctor of Op	otometry								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1000.00	11							
			7	4							
	Full Name (Last, First, Middle Initial) Dr Mary Lynn Gregory				Data at	(D o	aaint				
D.	Mailing Address 3332 120Th Ave			_	Date of	пне		(N		10.00	
	Maining Address 3332 12011 Ave				1 <u>1</u>		21	/ Y	201	2	Y
	City	State	Zip Code			acti		3551456		_	
	Clear Lake	MN	55319-9506		Amount	t of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					5	7		54.5	55
	Name of Employer	Occupation									
	Self Employed	Doctor of Op	otometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		, 545.50								
С.	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz				Date of	f Re	eceipt				
	Mailing Address 3537 Newcastle Dr Se				M M	/	21	/ Y	201		Y
	City	State	Zip Code		Trans	sact	ion ID :	3551457	70		
	Rio Rancho	NM	87124-3672		Amount	t of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					,			454.8	55
	Name of Employer	Occupation									
	Self Employed	Doctor of O	otometry								
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	Primary General		4545.50	11							
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			y not be sold or used by any p ddress of any political committee		for the	purp	ose of	soliciting	g contribu	utions
American O	ptometric Associa	tion Politica	al Action Committee							
Full Name (Last, Dr Matthew J	First, Middle Initial) Maki				Date of	Rec	ceipt			
Mailing Address	135 W Church St				M M	/	D D D	/ Y	ү ү 2012	Y
City		State	Zip Code		Trans	actio		3552046		
Williamston		MI	48895-1119		Amount	of E	Each R	eceipt th	nis Perioc	ł
FEC ID number of federal political co		С					,	7	25	5.00
Name of Employe	er	Occupation								
Self Employed		Doctor of O	ptometry							
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Other (spec	lify) ▼		275.00							
Full Name (Last, B. Dr David K T a	First, Middle Initial)				Date of	Ber	eint			
	1698 Brookside Dr				11	/	22	/ Y	2012	Y
City		State	Zip Code			actio		3552046		
Germantown		TN	38138-2531		Amount	of E	Each R	eceipt th	nis Perioc	ł
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Primary	General	Aggregate	Year-to-Date ▼	11						
Other (spec	sify) ▼		935.00	4						
Full Name (Last, C. Dr Blaine F	First, Middle Initial) Bird	·			Date of	Rec	ceipt			
Mailing Address	2001 E 775 S				M M	/	D D D	/ Y	2012	Y
City		State	Zip Code		Trans	actio	on ID :	3552046	;9	
Springville		UT	84663-3206	_	Amount	of E	Each R	eceipt th	nis Perioc	ł
FEC ID number of federal political co	0	С					,	7	30	0.42
Name of Employe	er	Occupation								
Self Employed		Doctor of O	ptometry							
Receipt For:	General	Aggregate	Year-to-Date ▼							
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\backslash	NAME OF COMMITTEE (In Full)										
	American Optometric Associat	ion Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato				Date of	Re	ceipt				
	Mailing Address 11700 Northview Dr				M M	/	22	· / Y) 12	Y
	City	State	Zip Code		Trans	acti	on ID :	3552047	70		
	Aledo	ТХ	76008-5223		Amount	of	Each R	Receipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					9	7	_	83.	.33
	Name of Employer	Occupation	l								
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		1916.63	1							
в.	Full Name (Last, First, Middle Initial) Dr Joseph J Jordan Jr				Date of	Re	ceipt				
	Mailing Address 971 Suncook Valley Rd				M M	/	23	/ Y)12	Y
	City	State	Zip Code		Trans	acti	on ID :	3552047			
	Alton	NH	03809-5212		Amount	of	Each R	Receipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7		_	166.	67
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼	Aggregate	1833.37	1							
с.	Full Name (Last, First, Middle Initial) Dr Paul Anton Hodge				Date of	Re	ceipt				
	Mailing Address 3042 118Th Ave				M M	/	23)12	Y
	City	State	Zip Code		Trans	acti	on ID :	3552047	74		
	Allegan	MI	49010-9555		Amount	of	Each R	Receipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	50	.00
	Name of Employer	Occupation	1	_							
	Self Employed	Doctor of O	ptometry								
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	Primary General	33 23 44		11.							
	Other (specify)		550.00								
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a		11b	11c	12	2	
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\backslash	NAME OF COMMITTEE (In Full)	tion Dolition									
	American Optometric Associa		al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Chris R Deibert				Date of	Rec	eipt				
	Mailing Address 8 Johnson Dr				M M	/	23) / Y	2012		
	City	State	Zip Code		Trans	actic	on ID :	3552047	6		
	Luray	VA	22835-9705		Amount	of E	Each R	leceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С				.,				50.0	0
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		550.00	1							
	Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten				Date of	Rec	eipt				
	Mailing Address 7135 Shefford Ln				M M	/	23	/ Y	2012		1
	City	State	Zip Code			actio		3552047			
	Louisville	KY	40242-2854		Amount	of E	Each R	leceipt th	is Peri	iod	
	FEC ID number of contributing federal political committee.	С							2	50.0	0
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
	Full Name (Last, First, Middle Initial) Dr Jeff A Hayden				Date of	Rec	eipt				
	Mailing Address 679 Plumtree Ln				м м 11	/	23) / Y	2012		7
	City	State	Zip Code		Trans	actio	on ID :	3552047	8		
	Fenton	MI	48430-4207		Amount	of E	Each R	leceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С							1	100.0	0
	Name of Employer	Occupation		_							
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12	
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	ny information copied from such Reports and s for commercial purposes, other than using the										
\backslash	NAME OF COMMITTEE (In Full)	D 11/1									
	American Optometric Associati	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Louis A Spinozzi Jr				Date of	f Re	eceipt				
	Mailing Address 767 N White Tail Dr				M M	/	23			ү 012	Y
	City	State	Zip Code		Trans	acti	ion ID	: 355204	79		
	Franktown	CO	80116-8832	_	Amoun	t of	Each	Receipt	this F	'eriod	
	FEC ID number of contributing federal political committee.	С					7		_	125	.00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		375.00								
В.	Full Name (Last, First, Middle Initial) Dr Barry J Barresi				Date of	f Re	eceipt				
	Mailing Address 659 Spyglass Summit Dr				M M	1	23			у 012	Y
	City	State	Zip Code		Trans	acti	ion ID :	: 355204			
	Chesterfield	MO	63017-2142		Amoun	t of	Each	Receipt 1	this F	Period	
	FEC ID number of contributing federal political committee.	С					7		_	166	.67
	Name of Employer	Occupation	I	-							
	Self Employed	Doctor of O	ptometry								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1833.37								
<u> </u>	Full Name (Last, First, Middle Initial) Dr Chris R Fields				Date of	f Re	eceipt				
	Mailing Address 173 Peterkin Hill Rd				м м 11	/	23			ү 012	Y
	City	State	Zip Code		Trans	sact	ion ID	: 355204	81		
	S Woodstock	VT	05071-4500		Amoun	t of	Each	Receipt	this F	^v eriod	
	FEC ID number of contributing federal political committee.	С					7			167	.00
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	00 0		11.							
	Other (specify)		334.00								
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	ME OF COMMITTEE (In Full) merican Optometric Associatio	on Politica	al Action Committee									
A . D	I Name (Last, First, Middle Initial) r Dori M Carlson iling Address 121 Briggs Ave N				Date o			ipt D D 24] ′ [о 12	Y
City	/ rk River	State ND	Zip Code 58270-4507				-		355204			_
FE	C ID number of contributing eral political committee.	C	30270-4307		Amoun	it of	Ea	ich Re	eceipt 1	:his F		.64
Sel	me of Employer If Employed ceipt For: Primary General Other (specify) ▼	Occupation Doctor of O Aggregate										
B . D	I Name (Last, First, Middle Initial) r Steven Thomas Reed iling Address 4550 Simpson Highway 28 W				Date o			D D	/	Y Y	Y	Y
City Ma	/ Igee	State MS	Zip Code 39111-5187		11 Trans Amoun				55204 eceipt 1	86	012 Period	
	C ID number of contributing eral political committee.	С					3		7	_	90	.00
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Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 990.00									
c D	I Name (Last, First, Middle Initial) r Jacqueline M Bowen				Date o	of Re	ecei	ipt				
Ma	iling Address 3930 W 19Th Street Ln				M M	/		24			у 012	Y
City Gr	/ eeley	State CO	Zip Code 80634-3446		Tran: Amoun				355204 eceipt 1		Period	
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	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00									
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b 14	11c		2	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g contr	ributio	ons
\setminus	NAME OF COMMITTEE (In Full)										
	American Optometric Association	on Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Pierre J Anctil				Date of	f Re	eceipt				
	Mailing Address 12 Garden Dr				м м 11	/	24	/ Y	201	2	ſ
	City Colorado Spgs	State CO	Zip Code 80904-4414	_				3552049 eceipt th		riod	
	FEC ID number of contributing federal political committee.	С					7			50.0	0
	Name of Employer	Occupation									
	Self Employed	Doctor of O	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00	11.							
	Other (specify)		230.00								
B	Full Name (Last, First, Middle Initial) Dr Lynn F Hellerstein				Date of	f Re	ceint				
	Mailing Address 8611 E Otero PI				11	/	24	/ Y	2012		
	City	State	Zip Code			acti		3552049		_	
	Centennial	CO	80112-3317					eceipt th		riod	
	FEC ID number of contributing federal political committee.	С					7	7		50.0	0
	Name of Employer Self Employed	Occupation									
	Receipt For:	Doctor of O	•								
	Primary General	Aggregate	Year-to-Date ▼	11							
	Other (specify)		, 250.00	4							
С.	Full Name (Last, First, Middle Initial) Dr Peter V Candela				Date of	f Re	eceipt				
	Mailing Address Po Box 614				M M 11	/	24	/ Y	2012		
	City	State	Zip Code		Trans	sact	ion ID :	3552049	94		
	Blythewood	SC	29016-0614		Amoun	t of	Each R	eceipt th	nis Per	riod	
	FEC ID number of contributing federal political committee.	С					7	7		100.0	00
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	Self Employed	Doctor of O	ptometry								
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14		11c	\square	12 16	17
	y information copied from such Reports and for commercial purposes, other than using th				for the		pose		solicitin		ntribu	tions
	NAME OF COMMITTEE (In Full) American Optometric Associati	ion Politica	al Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Robert E Prouty Mailing Address 8886 N Awl Rd City Parker FEC ID number of contributing federal political committee. Name of Employer Self Employed	State CO C Occupation Doctor of O				sact	ion ID	-	2552049 ecceipt t	20 95)12 eriod 100	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]								
B.	Full Name (Last, First, Middle Initial) Dr Shannon C Franklin Mailing Address 427 Cranberry Ln City	State	Zip Code		Date o 11 Trans	/	2	25 25	552050	20	Y 12	Y
	Crozet FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	VA C Occupation Doctor of O Aggregate							eceipt t			00
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Steven D Sloan		550.00]	Date o	f Re	eceipt					
	Mailing Address 1723 Carriage Hill Ct City Dubuque FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State IA C Occupation Doctor of O Aggregate			11 Tran	sact	ion ID	25) : 3	8 55205 eceipt t	20 05	eriod	.00
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			Detailed Summary Page		11a 13		11b 14	11c 15	12		17
	y information copied from such Reports and for commercial purposes, other than using the										
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associat	ion Politica	al Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Joe Wesley De Loach Mailing Address 504 Edgelake Dr			1	Date o		· ·	D / Y	Y	Y	7
	City Dallas	State TX	Zip Code 75218-2111					3552050 Receipt th			
	FEC ID number of contributing federal political committee.	С					7			09.0	00
	Name of Employer Self Employed Receipt For:	Occupation Doctor of C	ptometry								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1199.00]							
в.	Full Name (Last, First, Middle Initial) Dr John S Bowen Mailing Address 2570 Northshore Blvd				Date o		eceipt	D / Y	Y	Y	
	Ste 200 City Flower Mound	State TX	Zip Code 75028-8386					3552050 Receipt th			
	FEC ID number of contributing federal political committee.	С					7			84.0	0
	Name of Employer Self Employed	Occupation Doctor of O									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 924.00]							
C.	Full Name (Last, First, Middle Initial) Dr Stacie Layne Virden	1			Date o	f Re	eceipt				
	Mailing Address 4324 Green Point Dr				м м 11	/	25		2012		
	City Waco	State TX	Zip Code 76710-1406					: 3552050 Receipt th		iod	
	FEC ID number of contributing federal political committee.	С					7	7		90.9	91
	Name of Employer	Occupation	I								
	Self Employed	Doctor of C	ptometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.01								
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			Detailed Summary Page		11a 13		11b 14	11c	╞	12 16	17			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associat	ion Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr Ashley K Mc Ferron Mailing Address 5079 W Sunset Dr			1	Date of		D D	/ Y		Y	Y			
	City Lake Oswego	State OR	Zip Code 97035-4253		11 25 2012 Transaction ID : 35520509 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					л. —		_	41.	67			
	Name of Employer Self Employed	Occupation Doctor of O												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.37]										
B.	Full Name (Last, First, Middle Initial) Dr Charles K Atwell	J			Date of	f Re	eceipt							
	Mailing Address 238 Chasse Cir	State	Zip Code		M M 11		25		20)12	Y			
	St Charles					3552051 eceipt th		Period						
	FEC ID number of contributing federal political committee.	С					7			42.	00			
	Name of Employer Self Employed	Occupation Doctor of O												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 462.00]										
c.					Date of	f Re	eceipt							
	Mailing Address 6306 Buchanan St				M M 11	1	D D 25	/ Y) 12	Y			
	City Fort Collins	State CO	Zip Code 80525-5810					3552051 eceipt th		Period				
	FEC ID number of contributing federal political committee.	С					5		_	84.	00			
	Name of Employer	Occupation												
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	Other (specify) ▼		916.00]										
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
American Optometric Associatio	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Rustin M Hatch Mailing Address 1425 Evergreen Dr City Twin Falls FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code ID 83301-3423 C Occupation Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 426.64	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr David M Redman Mailing Address 795 Foxhill Cir City	State Zip Code	Date of Receipt
Hollister FEC ID number of contributing federal political committee. Name of Employer	CA 95023-9747	Amount of Each Receipt this Period
Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 333.36]
Full Name (Last, First, Middle Initial) C. Dr Robert L Owens Mailing Address 8 Century Ln		Date of Receipt
City Newmanstown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code PA 17073-8982 C Occupation Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 450.00	11 25 2012 Transaction ID : 35520514 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		145.00

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			Detailed Summary Page		11a 13		11b 14	11c	-	12 16	17		
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p ddress of any political committee	erson f e to so	for the licit cor	pur htrib	pose of outions f	soliciting	g co h co	ntribut	ions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associat	ion Politica	al Action Committee										
Α.	Full Name (Last, First, Middle Initial) Dr Frederick P Darin Mailing Address 405 Tirrell Rd	Dr Frederick P Darin											
	City	State	Zip Code		11 Trans		25	3552051		012			
	Charlotte	MI	48813-2131		Amount	t of	Each R	leceipt th	nis F	Period			
	FEC ID number of contributing federal political committee.	С					7	7		83	.33		
	Name of Employer	Occupation											
	Self Employed Receipt For:	Doctor of O											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 516.65	1									
B.	Full Name (Last, First, Middle Initial) Dr Frank McAlliste Akers II	1			Date of	Re	eceipt						
	Mailing Address 8410 W Salter Dr				M M	1	25	/ Y) 12	Y		
	City	State AZ	Zip Code					3552051					
	Peoria FEC ID number of contributing federal political committee.	C	85382-2438		Amount	tof	Each R	leceipt th	nis F	'eriod 50.	00		
	Name of Employer Self Employed	Occupation Doctor of O											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
C.	Full Name (Last, First, Middle Initial) Dr Mamie Cassandra Chan	J			Date of	Re	eceipt						
	Mailing Address 13713 Vic Rd Ne				M M	/	25) / Y)12	Y		
	City Albuquerque	State NM	Zip Code 87112-6602					355205 ⁴ leceipt th		Period	_		
	FEC ID number of contributing federal political committee.	С					1				.00		
	Name of Employer	Occupation											
	Self Employed	Doctor of C	ptometry										
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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)										
American Optometric Associatio	on Politica	al Action Committee								
Full Name (Last, First, Middle Initial) A. Dr Mark R Lee				Date of	Re	ceipt				
Mailing Address Po Box 184				M M	/	25	У / Y	201		Y
City Blue Diamond	State NV	Zip Code 89004-0184					355205 [,] Receipt tl	18		
FEC ID number of contributing federal political committee.	С					7			30.0	00
Name of Employer	Occupation									
Self Employed	Doctor of Op	otometry								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		225.00								
Full Name (Last, First, Middle Initial) B. Dr Christopher J Colburn				Date of	Re	ceipt				
Mailing Address 30 Winchester Rd				M M	1	25		201		r
City	State	Zip Code			acti		3552051			
Lakewood	NY	14750-1734		Amount	of	Each F	Receipt tl	his Pe	riod	
FEC ID number of contributing federal political committee.	С					7			83.3	34
Name of Employer Self Employed	Occupation									
Receipt For:	Doctor of Op	•								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		, 250.02								
Full Name (Last, First, Middle Initial) C. Dr Gerald R Neidigh JR				Date of	Re	ceipt				
Mailing Address 3030 Middlewood Rd				M M		25		201		Y
City	State	Zip Code			acti		355205			
Midlothian	VA	23113-2167		Amount	of	Each F	Receipt tl	his Pe	riod	
FEC ID number of contributing federal political committee.	С					7	7		125.0	00
Name of Employer	Occupation									
Self Employed	Doctor of O	ptometry								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		500.00								
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12	— ·-		
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	American Optometric Associatio	n Politica	al Action Committee										
Α.	Full Name (Last, First, Middle Initial) Dr Beth A Kneib		Date of Receipt										
	Mailing Address 602 Nw 163Rd St				M M	/	2		20 ²	ү 12	Y		
	City Shoreline	State WA	Zip Code 98177-3727					: 355205					
	FEC ID number of contributing federal political committee.	C	30171-3121		Amoun	t of	Each	Receipt t	his Pe	eriod 41.	67		
	Name of Employer Self Employed	Occupation Doctor of O											
	Receipt For:		Year-to-Date ▼										
	Other (specify)		458.37										
В.	Full Name (Last, First, Middle Initial) Dr Mario Joseph Contaldi				Date o	f Re	eceipt						
	Mailing Address 7728 Mid Cities Blvd				M M	/	2	D / Y 5	201	Y 2	Y		
	City	State	Zip Code		Trans	sact	ion ID	: 3552052					
	N RichInd HIs	ТΧ	76180-4621		Amoun	t of	Each	Receipt t	his Pe	riod			
	FEC ID number of contributing federal political committee.	С					7		_	90.	91		
	Name of Employer Self Employed	Occupation Doctor of O											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.01										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Richard L Talkington				Date o	f Re	eceipt						
	Mailing Address Po Box 521				M M	/	2		201	Y 12	Y		
	City Franklin	State NH	Zip Code 03235-0521					: 355205 Receipt t		eriod			
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	Self Employed	Doctor of O	ptometry										
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••			Detailed Summary Page		11a 13		11b 14	11c	12 16	17
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associati	on Politica	al Action Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Pamela E Theriot Mailing Address 612 University Ave				Date of		D D	/ Y	Y Y	Y
	City Syracuse	State NY	Zip Code 13210-1807					3552052 eceipt th		d
	FEC ID number of contributing federal political committee.	С				. ,			5	0.00
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O	ptometry							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]						
в.	Full Name (Last, First, Middle Initial) Dr D. Cory Rath Mailing Address 10748 Sprucedale Ave				Date of		eipt 26	/ Y	2012	Y
	City Las Vegas	State NV	Zip Code 89144-4401		Trans		on ID : :	3552052 eceipt th		d
	FEC ID number of contributing federal political committee.	С				,		y	10	0.00
	Name of Employer Self Employed Receipt For:	Occupation Doctor of O	ptometry							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00]						
c.	Full Name (Last, First, Middle Initial) Dr Audie M Teague Jr				Date of					
	Mailing Address 105 Friar Tuck Ln		7: 0 1		^M M		26		2012	Y
	City Prescott	State AR	Zip Code 71857-2608					3552052 eceipt th		d
	FEC ID number of contributing federal political committee.	С				,			8	4.00
	Name of Employer	Occupation								
	Self Employed Receipt For:	Doctor of C		_						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00]						
	CUBTOTAL of Receipts This Page (optional)								234	4.00

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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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	for commercial purposes, other than using the							
\backslash	NAME OF COMMITTEE (In Full)							
\sum	American Optometric Associatio	n Politica	al Action Committee					
Α.	Full Name (Last, First, Middle Initial) Mr Rodney Peele			Date	of Receipt			
	Mailing Address 824 Azalea Drive			M 11			ү ү 2012	Y
	City	State	Zip Code		nsaction ID			
	Rockville	MD	20850-2017	Amou	unt of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С					500	0.00
	Name of Employer	Occupation						
	American Optometric Association	Asst. Direct	or, Regulatory Policy & Ou					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		500.00					
	Full Name (Last, First, Middle Initial) Dr Jack N Shorr			Date	of Receipt			
	Mailing Address 5541 Bounty Cir			11		D / Y 5	y y 2012	Y
	City	State	Zip Code		nsaction ID			
	Tavares	FL	32778-9288	Amou	unt of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С				7	91	.25
	Name of Employer Self Employed	Occupation Doctor of O						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00					
	Full Name (Last, First, Middle Initial)			Date	of Receipt			
	Mailing Address Po Box 302			11			y y 2012	Y
	City	State	Zip Code	Tra	nsaction ID	: 3552249	4	
	New London	NH	03257-0302	Amou	unt of Each	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С			3		88	3.00
	Name of Employer	Occupation		\neg				
	Self Employed	Doctor of O	ptometry					
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	Other (specify)		968.00					
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т	OTAL This Period (last page this line number c	only)						

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	and Statements may not be sold or used by any point of the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Optometric Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr David S Loshin Mailing Address 11430 Nw 18Th St City Plantation FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary	State Zip Code FL 33323-2221 C Occupation Occupation Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr John D Knouse Mailing Address 544 Penny Ln	225.00	Date of Receipt
City Perkasie FEC ID number of contributing federal political committee.	State Zip Code PA 18944-1588	11 20 2012 Transaction ID : 35525490 Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Cynthia W Baker Mailing Address 18625 Tranquility Ct City Baton Rouge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code LA 70817-3943 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 450.00	Date of Receipt 11 20 2012 Transaction ID : 35525492 Amount of Each Receipt this Period 200.00 200.00
	al)	425.00
TOTAL This Period (last page this line nul	mber only)	·

FOR LINE NUMBER:

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PAGE 153 OF

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		1	1b [11c		12			
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or	y information copied from such Reports and S for commercial purposes, other than using the													
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association	on Politica	al Action Committee											
A.	Full Name (Last, First, Middle Initial) Dr Robert James Peterson				Date	of R	ece	eipt						
	Mailing Address 1408 N Millstream Dr				11 23 2012 Transaction ID : 35525530									
	City McHenry	State IL	Zip Code 60050-4322											
	FEC ID number of contributing federal political committee.	С			Amou	nt of	T Ea	ach H	eceipt	this f		5.00		
	Name of Employer Self Employed	Occupation Doctor of O												
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00]										
В.	Full Name (Last, First, Middle Initial) Dr Daniel Joseph Jannotta				Date	of R	ece	eipt						
	Mailing Address 208 S Ronda Rd				[™] 11		/	23	/	Y Y 2	012	Y		
	City McHenry	State IL	Zip Code 60050-6237						35525 eceipt		Perioc	1		
	FEC ID number of contributing federal political committee.	С					7				125	5.00		
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
	Full Name (Last, First, Middle Initial) Dr Shruti Pandya				Date	of R	ece	eipt						
	Mailing Address 210 Royal Vw				M 11	M	/	D 21	/		012	Y		
	City Pittsford	State NY	Zip Code 14534-9633						35532 eceipt		Period	1		
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	Name of Employer	Occupation												
	Self Employed	Doctor of O	ptometry											
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	Other (specify)		250.00]										
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PAGE 154 OF

			Detailed Summary Page		(11a		11b	110	; [12				
			Detailed Summary Page		13		14	15		16	17			
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
	American Optometric Associatio	on Politica	al Action Committee											
Α.	Full Name (Last, First, Middle Initial) Dr William Thomas Doty				Date of	Re	ceipt							
	Mailing Address 85 Main St			11 21 2012 Transaction ID : 35532765										
	City Ridgefield	State CT	Zip Code 06877-4929											
	FEC ID number of contributing federal political committee.	C			Amount	tof	Each I	Receipt	this I	Period 200	.00			
	Name of Employer	Occupation												
	Self Employed	Doctor of O	ptometry											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
В.	Full Name (Last, First, Middle Initial) Dr Karen S Beling			_	Date of	Re	ceipt							
	Mailing Address 133 Valley View Ave				M M	/	D 21		Y Y 2	012	Y			
	City	State	Zip Code		Trans	acti	on ID :	35532	767					
	Edgewater	MD	21037-3818	_	Amount	t of	Each I	Receipt	this I	Period				
	FEC ID number of contributing federal political committee.	С					,	7		250	.00			
	Name of Employer Self Employed	Occupation Doctor of O												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00											
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Jeffrey Gilbert Hirschl				Date of	Re	ceipt							
	Mailing Address 7428 Eagle Trce				1_1	/	21			012	Y			
	City Boardman	State OH	Zip Code 44512-8100	_	Trans Amount			: 35532 Receipt		Period				
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			Detailed Summary Page		11a 13	\vdash	11b 14	11c	;	12	17
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose of	solicit		ontribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Associat										
A .	Full Name (Last, First, Middle Initial) Dr Kristina L Morris Mailing Address 3607 E Park Ln City Bloomington FEC ID number of contributing	State IN	Zip Code 47408-6304			/ acti	eceipt 21 ion ID : Each R	35532	932		Y
	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	C Occupation Doctor of O Aggregate					7	7		125.	00
В.	Full Name (Last, First, Middle Initial) Dr Curtis P Dechant Mailing Address 51 S Mustang Ranch PI City	State	Zip Code		Date of 11 Trans	/	eceipt 21 ion ID :			y y 2012	Y
	Tucson FEC ID number of contributing federal political committee. Name of Employer Solf Employed	AZ Occupation			Amount	t of	Each R	Receipt	this	Period 125.	00
	Self Employed Receipt For: Primary General Other (specify) ▼	Aggregate	ptometry Year-to-Date ▼ 250.00]							
C.	Full Name (Last, First, Middle Initial) Dr Ray H Johnson Mailing Address 801 Ne 42Nd Ter	Ctoto	7in Code		Date of	/	21		2	y y 2012	Y
	City Ocala FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State FL Occupation Doctor of O Aggregate					ion ID : Each R			Period 100	00
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PAGE 156 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Associatio	on Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Russell R Auclair Mailing Address 18 Maureen Dr			Date of Receipt
	City Smithfield	State RI	Zip Code 02917-2327	Transaction ID : 35532936 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of O Aggregate]
в.	Full Name (Last, First, Middle Initial) Dr Larry L Forrest Mailing Address 6312 Saratoga Trl			Date of Receipt
	City Erie	State CO	Zip Code 80516-2604	11 21 2012 Transaction ID : 35532938 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	Occupation		
	Self Employed	Doctor of O		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
C.	Full Name (Last, First, Middle Initial) Dr Lynda L Jones Mailing Address 2117 Grandview Dr			Date of Receipt
	City	State	Zip Code	11 21 2012
	Torrington	WY	82240-2638	Transaction ID : 35532941 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer	Occupation		
	Self Employed	Doctor of O	ptometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00]
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SCHEDULE A (FEC Form 3X)

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PAGE 157 OF

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check	-	one)	b [11c	1	2	
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	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) American Optometric Associatio	n Politica	al Action Committee								
A.	Full Name (Last, First, Middle Initial) Dr Grant W Jones			Dat	te of	Receip	ot				
	Mailing Address 2117 Grandview Dr				M 11	/	21	/ Y	201	Υ Υ 2	1
	City Torrington	State WY	Zip Code 82240-2638	Т	ransa		ID : :	3553294 eceipt th	42		
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	Full Name (Last, First, Middle Initial)			·							
В.	Dr Stephen M Carr			Dat	te of	Receip	ot				
	Mailing Address 531 Fairfield Beach Rd				[™]	/	21	/ Y	2012	ү ү 2	
	City Fairfield	State CT	Zip Code 06824-6740					3553294		riod	
	FEC ID number of contributing federal political committee.	С			ount			eceipt th		400.0	0
	Name of Employer	Occupation		_							
	Self Employed Receipt For:	Doctor of Op		_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00								
— с.	Full Name (Last, First, Middle Initial) Dr David K Masihdas			Dat	te of	Recei	ot				
	Mailing Address 6695 Old Mill Cir				M 11	/	05	/ Y	2012		1
	City	State	Zip Code	Т	ransa	action	ID : 3	356032			
	Salt Lake Cty	UT	84121-6919	Am	ount	of Ead	ch Re	eceipt th	nis Per	riod	
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SCHEDULE A (FEC Form 3X)

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PAGE 158 OF

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NAME OF COMMITTEE (In Full)								
American Optometric Asso	ciation Politica	al Action Committee						
Full Name (Last, First, Middle Initial) A. Bank of America			Date	of R	eceipt			
Mailing Address PO Box 790251			M - 10		31	/ Y	2012	Y
City	State	Zip Code	Tra	nsac	tion ID :	3550468		
St. Louis	MO	63179	Amou	unt of	Each R	eceipt th	is Period	I
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federal political committee.	C				7	7		
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Other (specify) ▼		· · · · · · · · · · · · · · · · · · ·]					
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE	NU	MBEF	R:			PAG	GE 159	OF 174	
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(C		k only 21b	on	ne) │22	—	23	Г	24	25	26	
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	y information copied from such Reports and States for commercial purposes, other than using the nar														
\square	NAME OF COMMITTEE (In Full)														
	American Optometric Association	Political	Action Com	mitte	e										
Α.	Full Name (Last, First, Middle Initial) WellsFargo							Date o	of Di	sburse	em	ent			
	Mailing Address 1650 Tyson Blvd.							M 11	Л /	D 1	D 3	/ Y	2012	Y	
	,	State	Zip Code					Tran	sact	ion ID)::	3554169	0		
	McLean Purpose of Disbursement	VA	22102					man	5401			0004100			
	Bank Fees			(001			Amour	nt of	Each	Di	isbursen	nent thi	s Period	
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	Senate President	ment For: Primary Other (spec	General cify) ▼				E	Bank F	ees						
		te: District: Other (specify)													
в.	Full Name (Last, First, Middle Initial) Bank of America							Date o	of Di	sburse	em	ent			
	Mailing Address PO Box 790251							M 11	/	D (D 05	/ Y	2012	Y	
	St. Louis	State MO	Zip Code 63179					Tran	sact	tion ID):	3554170)7		
	Purpose of Disbursement American Express Fees				001			Δmour	nt of	Fach	П	ishurson	nont thi	s Period	
	Candidate Name			Cat					it of	,		,		43.80	
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General cify) ▼				,	Americ	can E	Expres	ss F	Fees			
<u>с</u> .	Full Name (Last, First, Middle Initial)							Date o	of Di	sburse	em	ent			
	Mailing Address PO Box 790251							M 11	Λ /	D	D)1	/ Y	2012	Y	
	City St. Louis	State MO	Zip Code 63179					Tran	sact	tion ID):	3554170)8		
	Purpose of Disbursement MC/VIsa Fees				004										
	Candidate Name			Cat)01 ego ype			Amour	nt of	Each	Di	isbursen		s Period 86.04	
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S	CHEDULE B (FEC Form 3X)							MBER	:			PA	GE	160 (OF 174
IT	EMIZED DISBURSEMENTS	Use separate sche for each category of	of the	(c		k only 21b	on	e) │22	_	23	Г	24		25	26
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	y information copied from such Reports and Staten for commercial purposes, other than using the name														
\backslash	NAME OF COMMITTEE (In Full)		_	• • • •											
	American Optometric Association F	Political Action	Comm	hitte	e										
A .	Full Name (Last, First, Middle Initial) Bank of America						[Date o	f Di	sburse	əm	ent			
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	Mailing Address PO Box 790251							11			5		20	012	
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	Senate		neral				E	Bank F	ees						
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	EMIZED DISBURSEMENTS	Use separate s for each catego Detailed Summ	ory of the			only o 21b 27		X	23 28b	24		25 29	26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the name												
\setminus	NAME OF COMMITTEE (In Full)												
	American Optometric Association F	Political Action	on Comm	itte	е								
_	Full Name (Last, First, Middle Initial)						_						
Α.	Steve Chabot For Congress						Date o						
	Mailing Address 3030 Harrison Ave.						10	/	1			2012	Y
	City		Code				Trans	sactio		: 3540	5572		
	Cincinnati Purpose of Disbursement	OH 452	11				mana	sacii		. 5540	5572		
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	Mr. Steven Chabot				vpe		<u> </u>	_	,			5000	.00
	Office Sought: House Disburser Senate President State: OH District: 01	nent For: 2012 Primary X Other (specify)	General				Candid	ate C	ontrib	oution			
В.	Full Name (Last, First, Middle Initial)						Date o	_	ourse		Y	YY	Ŷ
	Mailing Address P.O. Box 917						10		1	8	2	2012	
	City Shelbyville	State Zip (IN 461	Code 76				Trans	sactio	on ID	: 3540	5577		
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	Mr. Allen Messer			Cate Tv	egory vpe	/						5000	0.00
	Office Sought: House Disbursen Senate	nent For: 2012 Primary X Other (specify)	General	. ,			Candid	ate C	ontrib	oution			
с.	Full Name (Last, First, Middle Initial) Stutzman For Congress						Date o	f Disl	burse	ment			
	Mailing Address 0250 W 600 N						10 ^M	/	D 18			2012	Y
	City	State Zip (Code				T			. 25 40			
	Howe	IN 4674					iran	sactio	JII ID	: 3540	5382		
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	Rep. Marlin Stutzman			Cate	egory /pe	/						5000	.00
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\square	NAME OF COMMITTEE (In Full)												
	American Optometric Association F Full Name (Last, First, Middle Initial)	Political A	ction Comr	nitte	e								
Α.	Friends Of Susan Brooks						Date of	f Dis	burse		V	YY	V
	Mailing Address 9333 N Meridian Street Suite 230						10	ĺ	18			2012	
	Indianapolis		Zip Code 46260				Trans	acti	on ID	: 3540)5583		
	Purpose of Disbursement Candidate Contribution			0	11		Amount	t of	Each	Disbu	rsemer	nt this	Period
	Candidate Name Ms. Susan Brooks			Cate Ty	egory vpe	//			,		, .	5000	0.00
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р.	Leadership for America Today Ton	norrow an	Id Always H	ac			Date of	r Dis	burse		V	Y Y	V
	Mailing Address 9856 ARCHER LANE						10	,	1			2012	
	Dublin		Zip Code 43017				Trans	sacti	on ID	: 354	05585		
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	Candidate Name Leadership for America Today Tomorrow	w and Alwa	ys Pac	Cate Tv	egory vpe	//						400	0.00
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<u></u> с.	Full Name (Last, First, Middle Initial) Citizens For Turner						Date of	f Dis	burse	ment			
	Mailing Address 120 W 2nd Street Suite 1510						^M 10	/	18			2012	Y
			Zip Code 45402				Trans	sacti	on ID	: 354)5586		
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	Candidate Name Rep. Michael R. Turner			Cate Ty	egory /pe	//			,		7	5000	0.00
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			Summary Page		<u> </u>	21b 27	22 28a	×	23 28b	┝	24 28c		25 29	26 30b
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	American Optometric Association I	Political	Action Com	nitte	e									
_	Full Name (Last, First, Middle Initial)													
А.	Hanabusa For Hawaii							_	sburse					
	Mailing Address P.O. Box 1416						10	M /	2	22			012	Y
	,	State	Zip Code				Trar	sact	ion ID	.	354260	67		
	Honolulu Purpose of Disbursement	HI	96806				mai	15401			554200			
	Candidate Contribution			C)11		Amou	nt of	Each	D	isburse	ment	t this I	Period
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	Rep. Colleen W. Hanabusa			Ţ	ype			-	7	-		-	2500).00
	Senate President	nent For: Primary Other (spe	X General				Candi	date	Contri	bu	tion			
_	State: HI District: 01 Full Name (Last, First, Middle Initial)													
в.	Friends Of Mazie Hirono							_	sburse				Y	V
	Mailing Address PO Box 677						10			22			012	Ŷ
	Honolulu	State HI	Zip Code 96809				Trai	isaci	tion IE):	354260)69		
	Purpose of Disbursement Candidate Contribution			C	011		Amou	nt of	Each	D	isburse	ment	t this I	Period
	Candidate Name			Cate	eaoi	rv/							5000	
	Rep. Mazie Hirono				ype				7	-			5000).00
	Office Sought: House Disburser Senate President Image: Construct of the senate State: HI District: 02	nent For: Primary Other (spe	X General				Candi	date	Contri	bu	ition			
c.	Full Name (Last, First, Middle Initial) Friends Of Elizabeth Esty						Date	of Di	sburse	əm	nent			
	Mailing Address PO Box 61						M 10		D 2	22			012	Y
	City Stephine Stephin	State CT	Zip Code 06410				Trar	isaci	tion ID):	354276	52		
	Purpose of Disbursement Candidate Contribution)11									
	Candidate Name						Amou	nt of	Each	D	isburse	ment	t this I	Period
	Ms. Elizabeth Esty			Cate T	egoı ype								2500	0.00
	Office Sought: House Disburser Senate President State: CT District: 05	nent For: Primary Other (spe	X General				Candi	date	Contri	bu	tion			
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S	CHEDULE B (FEC Form 3X)		F			UMBER:				PAGE	164	OF 174
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck	only	one)		-				
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\square	NAME OF COMMITTEE (In Full)											
	American Optometric Association	Political Action Com	mitte	e								
Α.	Full Name (Last, First, Middle Initial) Horsford For Congress					Date of	Disb	urse	ment			
	Mailing Address 6100 Elton Ave Suite 1000					10 ^M	/	22			2012	Y
	City Las Vegas	StateZip CodeNV89107				Trans	action	n ID	: 3542	8406		
	Purpose of Disbursement Candidate Contribution		0)11	1	Amount	t of Ea	ach	Disbur	semer	nt this	Period
	Candidate Name Mr. Steven Horsford			egory. ype	/		. ,				250	0.00
	Senate President	ement For: 2012 Primary X General Other (specify) ▼				Candida	ate Co	ntrib	oution			
В.	State: NV District: 04 Full Name (Last, First, Middle Initial) Ron Desantis For Congress					Date of	Disb	urse	ment			
	Mailing Address PO Box 405					^M M 10	/	D 2	D / 2		y y 2012	Y
	City Pointe Vedra Beach	State Zip Code FL 32004				Trans	actio	n ID	: 3543	1022		
	Purpose of Disbursement Candidate Contribution		C)11		Amount	t of Ea	ach	Disbur	semer	nt this	Period
	Candidate Name Mr. Ronald Desantis			egory. ype	/						250	0.00
		ement For: 2012 Primary X General Other (specify) ▼		<u>, , , , , , , , , , , , , , , , , , , </u>		Candida	ate Co	ontrik	oution			
с.	Full Name (Last, First, Middle Initial) Rogers For Congress					Date of	f Disb	urse	ment			
	Mailing Address PO Box 581					10 ^M	/	2			y y 2012	Y
	City Brighton	State Zip Code MI 48116				Trans	actio	n ID	: 3545	5162		
	Purpose of Disbursement Candidate Contribution		0)11		Amount	t of Ea	ach	Disbur	semer	nt this	Period
	Candidate Name Rep. Michael J. Rogers			egory ype	/		,				100	0.00
	Office Sought: House Disburse Senate President State: MI District: 08	ement For: 2012 Primary X General Other (specify) ▼				Candida	ate Co	ntrib	oution			
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\square	NAME OF COMMITTEE (In Full)		_										
	American Optometric Association I	Political A	Action Com	mitte	e								
	Full Name (Last, First, Middle Initial)						Data						
А.	Cantor For Congress							-	isburse				_
	Mailing Address P.O. Box 17813						1		2	25	20	12	Ŷ
	City	State	Zip Code				Tra	neac	tion ID	: 354555	07		
	Richmond	VA	23226				IId	11500		. 334333	07		
	Purpose of Disbursement Candidate Contribution			O	11		Amo	unt of	Each	Disburse	ment	this F	Period
	Candidate Name			Cate		ry/						5000	00
	Rep. Eric I. Cantor		Ţ	ype			-	7	- 7		5000	.00	
	Office Sought: House Disburser Senate President State: VA District: 07	ment For: 20 Primary Other (speci	X General				Cand	idate	Contril	bution			
	Full Name (Last, First, Middle Initial)												
В.	Patriots For Perry								isburse	_			
	Mailing Address PO Box 147						M 1		2	25	20	12	Ŷ
	Red Lion	State PA	Zip Code 17356				Tra	nsac	tion ID) : 354555	508		
	Purpose of Disbursement Candidate Contribution			C)11		Amo	unt of	Each	Disburse	ment	this F	Period
	Candidate Name			Cate		ry/						2500	00
	Mr. Scott Perry			Ţ	ype			-	7			2000	.00
	Office Sought: House Disburser Senate President Image: Construct of the senate State: PA District: 04	nent For: 2 Primary Other (speci	X General				Cand	idate	Contri	bution			
c.	Full Name (Last, First, Middle Initial) Ted Yoho For Congress						Date	of D	isburse	ement			
	Mailing Address 8209 Sw 95th Lane						M 1(2	25	20 [°]	12 12	Y
	,	State FL	Zip Code 32608				Tra	nsac	tion ID	: 354555	509		
	Gainesville Purpose of Disbursement	ΓL .	32008										
	Candidate Contribution			0	11		Amo	unt of	Each	Disburse	ment	this F	Period
	Candidate Name			Cate	eaor	v/							
	Mr. Theodore Yoho				ype	,			7	7		2500	.00
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\backslash	NAME OF COMMITTEE (In Full)														
	American Optometric Association I	Political	Action Com	mitte	e										
_	Full Name (Last, First, Middle Initial)							D .							
Α.	People For Derek Kilmer							Date o	_	sburse			Y	YY	
	Mailing Address PO Box 1574							10		2			201		
	5	State	Zip Code					Trans	sacti	on ID	: 354	16139 [.]	1		
	Gig Harbor Purpose of Disbursement	WA	98335			_	_								
	Candidate Contribution			C)11			Amoun	t of	Each	Disb	ursem	ent 1	this Pe	eriod
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	Mr. Derek Kilmer	ment For:	2012	Т	ype		_	<u> </u>	-	7		7	_		
	Senate President	ment For: Primary Other (spe	X General					Candida	ate C	Contrib	outior	1			
_	State: WA District: 06														
В.	Full Name (Last, First, Middle Initial) Denny Heck For Congress							Date o	f Dis	sburse	men				
	Mailing Address PO Box 235							м м 10	/		6	/ Y	20 ⁻	12	
	Olympia	State WA	Zip Code 98507					Trans	sacti	ion ID	: 35	46139	8		
	Purpose of Disbursement Candidate Contribution			()11			Amoun	t of	Each	Disb	ursem	ent f	this Pe	eriod
	Candidate Name			Cat		rv/								_	
	Mr. Dennis Heck				egoi ype			L.		7		7	_	1000.	00
	Office Sought: House Disburser Senate President State: WA District: 10	ment For: Primary Other (spe	X General					Candid	ate (Contrik	outior	1			
_	Full Name (Last, First, Middle Initial)						+								
C.	Dina Titus For Congress							Date o					V		
	Mailing Address PO Box 50614							10 ^M		2		Y Y	201	12	
	City	State	Zip Code					Trong			. 25	161 40	5		
	Henderson	NV	89016					ridiis	aci	UIID	. 354	46140	J		
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	UMBE	R:			PAC	GE 167	OF 174
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_		-									
	American Optometric Association I	Political	Action Com	mitte	e								
	Full Name (Last, First, Middle Initial)						Data		- 1				
А.	Denham For Congress								sburse				
	Mailing Address 2150 River Plaza Dr., #150						M 1(2	26	/ Y	2012	Y
	City	State	Zip Code				Tra	nsaci	ion ID	1 · 24	546190	А	
	Sacramento	CA	95833				IIa	11540			540130	-	
	Purpose of Disbursement Candidate Contribution			C)11		Amo	unt of	Each	Dis	bursen	nent this	Period
	Candidate Name			Cate	egoi	ry/						150	0.00
	Rep. Jeff Denham				ype				7	-		150	0.00
	Office Sought: House Disburser Senate President State: CA District: 19	ment For: ; Primary Other (spe	X General				Cand	idate	Contri	butic	on		
_	Full Name (Last, First, Middle Initial)												
В.	Doug Lamalfa Committee								sburse	eme	nt		
	Mailing Address 2150 River Plaza Dr., #150						M 1	∑		26	/ Y	2012	Y
	Sacramento	State CA	Zip Code 95833				Tra	nsac	tion ID	D : 3	546306	60	
	Purpose of Disbursement Candidate Contribuiton			(011		Amo	unt of	Each	Dis	bursen	nent this	Period
	Candidate Name			Cate	eaol	rv/			-	_	-		
	Mr. Doug Lamalfa				ype				7	_	- 7 -	250	0.00
	Office Sought: House Disburser Senate President Image: CA State: CA District: 01	ment For: Primary Other (spe	X General				Cand	idate	Contri	buito	on		
c.	Full Name (Last, First, Middle Initial) House Majority PAC						Date	of Di	sburse	emei	nt		
	Mailing Address 700 13th Street N.W. Suite 600						M 1(2	26	/ Y	2012	Y
	City Salary Sa	State DC	Zip Code 20005				Tra	nsac	tion ID):3	546497	'3	
	Purpose of Disbursement Committee Contribution			C)11		A		F aab				Devied
	Candidate Name						Amo	int of	Each	Dis	bursen	nent this	Period
	House Majority PAC			Cate T	iype							1000	0.00
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan													3
$\left \right\rangle$	NAME OF COMMITTEE (In Full)													
	American Optometric Association F	Political	Action Comm	nitte	e									
•	Full Name (Last, First, Middle Initial)						Data							
А.	Pascrell For Congress						Date of	r Dis		_				
	Mailing Address P.O. Box 640						10		2		/ Y	2012	Ŷ	
	City	State	Zip Code				Trans	acti		. 25	46502	97		
	Totowa	NJ	07511				Trans	acu		. 35	+0302	- 1		
	Purpose of Disbursement Candidate Contribution			0)11		Amoun	t of	Each	Disb	ursen	nent thi	s Peric	bd
	Candidate Name			Cate								40	00.00	
	Rep. William J. Pascrell Jr.			Ţ	уре			-	7	-	- 7	40	00.00	
	Senate President	nent For: 2 Primary Other (spe	X General				Candida	ate C	Contrib	outio	١			
	State: NJ District: 08													
В.	Full Name (Last, First, Middle Initial) Steve Cohen For Congress						Date of	f Dis	sburse	emen	t			
	Mailing Address 349 Kenilworth Place						^M 10	/		D 26	/ Y	2012	Y	
	Memphis	State TN	Zip Code 38112				Trans	sacti	ion ID	: 35	46502	28		
	Purpose of Disbursement Candidate Contribution			C)11		Amoun	t of	Each	Dich	urcon	nent thi	- Porio	bd
	Candidate Name					_	Amoun		Lacii	DISU	uisen		srenc	Ju
	Rep. Stephen Ira Cohen			Cate T	egoi ype	ry/						25	00.00	
	Office Sought: House Disburser	nent For: Primary Other (spe	X General		<u>, , , , , , , , , , , , , , , , , , , </u>		Candida	ate (Contrit	outio	า			
_	Full Name (Last, First, Middle Initial)						Data	(D)						
C.	Langevin For Congress						Date of	r Dis						
	Mailing Address 181a Knight Street						10	/	2		/ Y	2012	Ŷ	
	City	State	Zip Code				Tranc	acti	ion ID	. 2F	16507	20		
	Warwick	RI	02886				TIANS	συί		. 55	-0502	-9		
	Purpose of Disbursement Candidate Contribution			0)11									
	Candidate Name			-	-	_	Amoun	t of	Each	Disb	ursen	nent thi	s Peric	bd
	Rep. James R. Langevin			Cate T	egoi ype			_				10	00.00	
	Office Sought: House Disburser Senate President	nent For: 2 Primary Other (spe	X General				Candida	ate C	Contrib	outio	1			
	State: RI District: 02													
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\setminus	NAME OF COMMITTEE (In Full)																		
	American Optometric Association	Political	Action Com	mitte	e														
-	Full Name (Last, First, Middle Initial)																		
Α.	Cicilline Committee						Date	of D	isburs	em	ent								
	Mailing Address 236 Hope Street						10 26 2012												
	City	State	Zip Code				Transaction ID : 35465030												
	Providence	RI	02906																
	Purpose of Disbursement Candidate Contribution			C)11		Αποι	int of	Each	D	isburse	men	t this	Period					
	Candidate Name			Cat	egoi	ry/							1000	00					
	Rep. David N. Cicilline			Т	ype				7	-	7		1000	.00					
	Senate President	ment For: 2 Primary Other (spe	X General				Candidate Contribution												
	State: RI District: 01																		
В.	Full Name (Last, First, Middle Initial) Democratic Party of New Mexico							Date of Disbursement											
	Mailing Address 1301 San Pedro NE	San Pedro NE					10 26 2012												
	Albuquerque	State Zip Code NM 87110					Transaction ID : 35465032												
	Purpose of Disbursement Committee Contribution						Amount of Foch Disburgers and this David												
	Candidate Name			1.00)11		Amount of Each Disbursement this Period 5000.00												
				Cate	egoi ype														
	Senate President	ment For: Primary Other (spe	General cify) ▼		ype		Comr	nittee	Cont	ribu	ution								
	State: District:																		
C.	Full Name (Last, First, Middle Initial) Committee To Elect Michelle Lujan Grisham								isburs										
	Mailing Address 2015 Dietz PI Nw						M 10			26			012	Y					
		State	Zip Code				Tra	nsac	tion II) :	354650	33							
	Albuquerque Purpose of Disbursement	NM	87107		_														
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	Candidate Name			Cat		rv/	711101		Laun		131501150	men							
	Ms. Michelle Grisham				ype			_	7				5000	0.00					
	Senate President	ment For: 2 Primary Other (spe	X General				Candi	date	Contri	bu	tion								
_	State: NM District: 01																		
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	NAME OF COMMITTEE (In Full)																		
	American Optometric Association I	Political	Action Com	mitte	e														
_	Full Name (Last, First, Middle Initial)							_											
Α.	Ron Barber For Congress							Date o	f Dis	sburse	emer	it							
	Mailing Address PO Box 57715						10 / 26 / Y Y Y Y 2012												
	City	State	Zip Code				Transaction ID · 35465076												
	Tucson	AZ	85732					Transaction ID : 35465076											
	Purpose of Disbursement Candidate Contribution			0)11		Amount of Each Disbursement this Period												
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	Mr. Ronald Barber			T	ype	· .		<u> </u>		7		7		1000).00	4			
	Office Sought: X House Disburser Senate President	Senate Primary X General						Candidate Contribution											
	State: AZ District: 02																		
В.	Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee								Date of Disbursement										
	Mailing Address P.O. Box 730								/		D)1	/ Y		012	Y				
	City State Zip Code																		
	Honeoye	NY	21p Code 14471					Trans	Transaction ID : 35468798										
	Purpose of Disbursement Candidate Contribution 011								Amount of Each Disbursement this Period										
	Candidate Name			1.00		nul		1000.00											
	Rep. Louise McIntosh Slaughter			Cate T	ype														
	Office Sought: House Disburser	nent For: Primary Other (spe	X General					Candid	ate (Contrit	outio	n							
_	Full Name (Last, First, Middle Initial)						+												
C.	Mill to the Hill PAC							Date o	_		emer	it		Y	V				
	Mailing Address 499 South Capitol St., SW Suite 404								Í	0		Ĺ		012					
	Washington	State DC	Zip Code 20003					Trans	sacti	ion ID	: 35	4693	97						
	Purpose of Disbursement Committee Contribution			0)11			Amoun	t of	Foob	Diek		mont	thio	Dariad				
	Candidate Name									Each	Dist	Juisei	nem	. uns	renou	1			
	Mill to the Hill PAC Category/ Type							L .						2000	0.00	L			
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S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	UMBER	:			PAGE	171 (DF 174						
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\square	NAME OF COMMITTEE (In Full)																		
	American Optometric Association F	Political	Action Com	mitte	e														
Α.	Full Name (Last, First, Middle Initial) PA Jobs PAC						Date of Disbursement												
	Mailing Address 499 S Capitol Street, S.W. # 404						11 02 _2012												
	Washington	State DC	Zip Code 20003				Transaction ID : 35469399												
	Purpose of Disbursement Committee Contribution			C		Amount of Each Disbursement this Period													
	Candidate Name PA Jobs PAC			Cat T	egoi ype				,		,	2000	0.00						
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼				Committee Contribution												
в.	State: District: Full Name (Last, First, Middle Initial) JJJ PAC		Date of Disbursement																
	Mailing Address 499 S Capitol Street, S.W. # 404		11 / D D / Y Y Y Y 11 02 2012																
	Washington	State Zip Code DC 20003						Transaction ID : 35469406											
	Purpose of Disbursement Committee Contribution			(011		Amount of Each Disbursement this Period												
	Candidate Name JJJ PAC			Cate T	egoi ype				,		,	1000	0.00						
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spec	General cify) ▼				Commi	ttee	Contri	butio	ı								
<u>с</u> .	Full Name (Last, First, Middle Initial) Friends Of Elizabeth Esty								Date of Disbursement										
	Mailing Address PO Box 61						M M	/	0	5		2012	Y						
	City S Cheshire	State CT	Zip Code 06410				Trans	sact	ion ID	: 354	76695								
	Purpose of Disbursement Candidate Contribution		Amoun	t of	Each	Disbu	ırseme	nt this	Period										
	Candidate Name Category/ Type							Amount of Each Disbursement this Period 2500.00											
	Office Sought: House Disburser Senate President State: CT District: 05	nent For: 2 Primary Other (spec	X General				Candid	ate (Contrik	oution	,								
⊢	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)						[. _		7	-	7	5500	.00						

	CHEDULE B (FEC Form 3X)		arate schedule(s)				LINE NUMBER:					PAGE 172 OF 174							
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C	hec	k only 21b 27	one)		X	23 28b	F	24 28c		25 29	26 30b				
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)																		
	American Optometric Association I	Political	Action Com	mitte	e														
Α.	Full Name (Last, First, Middle Initial) Friends Of John Boehner					Date	e of	Dis	burse	em	ient								
	Mailing Address 7908 Cincinnati Dayton Road Suite I							M 11	/	C	D 05	/		012	Y				
		State OH	Zip Code 45069				Transaction ID : 35476697												
	Purpose of Disbursement Void - Friends Of John Boehner			()11		Amount of Each Disbursement this Period												
	Candidate Name			Cat	eqo	ry/								500					
	Rep. John A. Boehner				ype			-		7	-	7		-500	5.00				
	Office Sought: House Disburser Senate President State: OH District: 08	ment For: Primary Other (spe	X General				Void	I - Fr	ieno	ds Of	Jc	ohn Boe	hner						
В.	Full Name (Last, First, Middle Initial) Friends Of John Boehner						Date of Disbursement												
	Mailing Address 7908 Cincinnati Dayton Road Suite I						11 05 2012												
	West Chester	State OH	Zip Code 45069				Transaction ID : 35476698												
	Purpose of Disbursement Candidate Contribution Candidate Name			011 Category/			Amount of Each Disbursement this Perio								Period				
	Rep. John A. Boehner						5000.00												
		ment For: Primary Other (spe	X General	1	ype		Candidate Contribution												
c.	Full Name (Last, First, Middle Initial) Manchin For West Virginia						Date	e of	Dis	burse	em	ient							
	Mailing Address PO Box 5202					M 11	/)5	/		012	Y						
	City Charleston	State WV	Zip Code 25361				Tr	ansa	acti	on ID):	354767	71						
	Purpose of Disbursement Candidate Contribution		Amo	ount	of	Each	D	isburse	ment	t this	Period								
	Candidate Name Sen. Joe Manchin III	ego ype		1000.00															
	Office Sought: House Disburser Senate President State: WV District:	ment For: Primary Other (spe	X General				Can	dida	te C	Contril	bu	tion							
s	UBTOTAL of Disbursements This Page (optional)					• •				7	1			1000	0.00				
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S	CHEDULE B (FEC Form 3X)			F	OR	R LINE NUMBER: PAGE 173 OF							OF 174						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c	hec	_	· -												
			Summary Page			21		22 28a	×	23 28b	╞	24 28c	-	25 29	26 30b				
	ny information copied from such Reports and Stater for commercial purposes, other than using the nan																		
\setminus	NAME OF COMMITTEE (In Full)																		
	American Optometric Association I	Political	Action Com	mitte	e														
~	Full Name (Last, First, Middle Initial)							D .	(D.										
А.	Shelley Moore Capito For Congres	S						Date of Disbursement											
	Mailing Address P.O. Box 11519							11	/)5			012	Y				
	,	State	Zip Code					Trans	sacti	ion ID):	354767	73						
	Charleston Purpose of Disbursement	WV	25339																
	Candidate Contribution			C)11		11	Amount of Each Disbursement this Period											
	Candidate Name			Cate	eao	orv/													
	Rep. Shelley Moore Capito				ype					7	_			250	0.00				
	Office Sought: House Disburser Senate President District: 02	nent For: Primary Other (spe	X General					Candidate Contribution											
	Full Name (Last, First, Middle Initial)																		
В.	Mckinley For Congress						Date of Disbursement												
	Mailing Address PO Box 642							11 05 2012											
	Morgantown	State WV	Zip Code 26507					Transaction ID : 35476774											
	Purpose of Disbursement Candidate Contribution			011			Amount of Each Disbursement this Period												
	Candidate Name Rep. David McKinley			Category/				2500.00											
		nent For: Primary Other (spe	X General		Туре			Candidate Contribution											
_	Full Name (Last, First, Middle Initial)																		
C.	Keep Nick Rahall In Congress Con	nmittee						Date o	_	sburse			V	Y	V				
	Mailing Address P O Box 64							11)5			012					
	City Seckley	State WV	Zip Code 25801					Trans	sacti	ion ID):	35476	775						
	Purpose of Disbursement Candidate Contribution					-	1												
	Candidate Name	1.00)11			Amoun	t of	Each	D	isburse	emen	t this	Period						
	Rep. Nick Joe Rahall II Category Type													250	0.00				
	Office Sought: House Disburser Senate President	nent For: Primary Other (spe	K General					Candid	ate C	Contril	bu	tion							
	State: WV District: 03							_	_	_		_	_	_					
s	UBTOTAL of Disbursements This Page (optional)					•	•			,			_	7500	0.00				
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SCHEDULE B (FEC Form 3X)		FOR LINE												
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only												
	Detailed Summary Page	27	ZZ Z3 Z4 Z3 Z6 X 28a 28b 28c 29 30b											
Any information copied from such Reports and Staten or for commercial purposes, other than using the nan	nents may not be sold or use ne and address of any politica	d by any pers al committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)		•												
American Optometric Association F	Political Action Comn	nittee												
Full Name (Last, First, Middle Initial)														
A. Dr David K Masihdas	· Dr David K Masihdas													
Mailing Address 6695 Old Mill Cir			11 05 2012 Transaction ID : 35540892											
,	State Zip Code													
Salt Lake Cty Purpose of Disbursement	UT 84121-6919		· · · · · · · · · · · · · · · · · · ·											
Refund		010	Amount of Each Disbursement this Period											
Candidate Name		Category/	365.00											
Office Sought: House Disburser	ment For:	Туре												
Senate President	Primary General Other (specify)		Refund											
State: District:	· · · ·													
Full Name (Last, First, Middle Initial)			Date of Disbursement											
Mailing Address														
City	State Zip Code													
Purpose of Disbursement			Amount of Each Disbursement this Period											
Candidate Name	Candidate Name													
		Category/ Type												
Office Sought: House Disburser														
President	Primary General Other (specify) ▼													
State: District:	•													
Full Name (Last, First, Middle Initial)			Date of Disbursement											
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Mailing Address														
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Purpose of Disbursement	Purpose of Disbursement													
Candidate Name		Category/ Type	Amount of Each Disbursement this Period											
Office Sought: House Disburser														
Senate President	Primary General Other (specify)													
State: District:														
SUBTOTAL of Disbursements This Page (optional)		••••••	365.00											
TOTAL This Period (last page this line number only))	••••••	365.00											