

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Optometric Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		683843.90
(b) Cash on Hand at Beginning of Reporting Period.....	683843.90	
(c) Total Receipts (from Line 19)	66218.26	66218.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	750062.16	750062.16
7. Total Disbursements (from Line 31).....	87091.34	87091.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	662970.82	662970.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38087.00	38087.00
(ii) Unitemized	28082.80	28082.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	66169.80	66169.80
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	66169.80	66169.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	48.46	48.46
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	66218.26	66218.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	66218.26	66218.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2091.34	2091.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2091.34	2091.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	85000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87091.34	87091.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87091.34	87091.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	66169.80	66169.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66169.80	66169.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2091.34	2091.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2091.34	2091.34

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

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

FOR LINE NUMBER: PAGE 6 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Dr Scott M Walters
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 Nw Regent Dr
 City Grants Pass State OR Zip Code 97526-3383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2012
Transaction ID : 34198718
 Amount of Each Receipt this Period
 250.00

B. Dr Mark K Helgeson
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box O
 City Park River State ND Zip Code 58270-0714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34208310
 Amount of Each Receipt this Period
 250.00

C. Dr Clarke D Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 Greenway Blvd Apt A4
 City Dallas State TX Zip Code 75209-7324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : 34215749
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 38
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Stephen A Beckerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1465 Gordon Ter
 City State Zip Code
 Deerfield IL 60015-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34233525
 Amount of Each Receipt this Period
 250.00

B. Dr James Robert Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Pine Ridge Dr
 City State Zip Code
 Winfield LA 71483-7057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34233527
 Amount of Each Receipt this Period
 500.00

c. Dr Thomas J Overberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 E Bayview Dr
 City State Zip Code
 Port Clinton OH 43452-9237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34233528
 Amount of Each Receipt this Period
 250.00

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

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

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

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

A. Dr Douglas L Huff
 Full Name (Last, First, Middle Initial)
 Mailing Address 16230 Forest Meadows Dr
 City Chesterfield State MO Zip Code 63005-4764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34233530
 Amount of Each Receipt this Period
 250.00

B. Dr Douglas R Weberling
 Full Name (Last, First, Middle Initial)
 Mailing Address 455 Arlington Ave
 City Bristol State VA Zip Code 24201-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34233540
 Amount of Each Receipt this Period
 250.00

C. Dr Vaughn P Witt
 Full Name (Last, First, Middle Initial)
 Mailing Address 5475 Covey Pl
 City Robstown State TX Zip Code 78380-2051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34233542
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Melissa Plowmaker Carrasco
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Egret Cir
 City State Zip Code
 Denver PA 17517-9624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34233543
 Amount of Each Receipt this Period
 250.00

B. Dr Bradley S Drake
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Morning Glory Dr Sw
 City State Zip Code
 Hartselle AL 35640-9106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34233546
 Amount of Each Receipt this Period
 365.00

C. Dr Leo Edelsberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 2061 Ne 208Th St
 City State Zip Code
 Miami FL 33179-1623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2012
Transaction ID : 34233550
 Amount of Each Receipt this Period
 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Alan E Knotek
Full Name (Last, First, Middle Initial)

Mailing Address 10S479 Curtis Ln

City Naperville State IL Zip Code 60564-8930

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 03 / 2012

Transaction ID : 34233560

Amount of Each Receipt this Period 250.00

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

Mailing Address 240 Lakeview Hills Dr

City Four Oaks State NC Zip Code 27524-8443

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 03 / 2012

Transaction ID : 34234063

Amount of Each Receipt this Period 250.00

C. Dr Edward Lemon
Full Name (Last, First, Middle Initial)

Mailing Address 351 Main St

City Barnwell State SC Zip Code 29812-2521

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 06 / 2012

Transaction ID : 34235994

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Christopher Barry
Full Name (Last, First, Middle Initial)

Mailing Address 910 N 32Nd St

City Renton State WA Zip Code 98056-2131

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
01 / 06 / 2012
Transaction ID : 3423891

Amount of Each Receipt this Period
2000.00

B. Dr Edwin C Winbigler
Full Name (Last, First, Middle Initial)

Mailing Address 105 Britannia Ct

City Shelby State OH Zip Code 44875-1881

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 04 / 2012
Transaction ID : 34243054

Amount of Each Receipt this Period
250.00

C. Dr Deanna Swafford Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 4127 Cedargate Dr

City Fort Collins State CO Zip Code 80526-3386

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 07 / 2012
Transaction ID : 34243871

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr William E Dolan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 High Point Rd
 City Greensboro State NC Zip Code 27403-4555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 34264479
 Amount of Each Receipt this Period
 600.00

B. Dr Steven P Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2928 Scarborough Road
 City Cleveland State OH Zip Code 44118-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 34264481
 Amount of Each Receipt this Period
 250.00

C. Dr Kelly Lynn Raies
 Full Name (Last, First, Middle Initial)
 Mailing Address 2915 Noddin Way
 City Portsmouth State OH Zip Code 45662-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 34264486
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Michael W Raies
 Full Name (Last, First, Middle Initial)
 Mailing Address 2915 Noddin Way
 City Portsmouth State OH Zip Code 45662-2412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 34264487
 Amount of Each Receipt this Period
 250.00

B. Dr John T Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 7554 Blackberry Farm Rd
 City Germantown State TN Zip Code 38138-2108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 34264489
 Amount of Each Receipt this Period
 250.00

C. Dr Melvin M Gehrig Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3208 Cyprien Ln
 City Lake Charles State LA Zip Code 70605-2253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 34264495
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Donald Reid Woodard
Full Name (Last, First, Middle Initial)

Mailing Address 1360 Pebble Dr

City State Zip Code
Graham NC 27253-8519

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 06 / 2012
Transaction ID : 34264498

Amount of Each Receipt this Period
250.00

B. Dr James Maxwell Ernst
Full Name (Last, First, Middle Initial)

Mailing Address 14 Bittersweet Dr

City State Zip Code
Alexandria KY 41001-1300

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 10 / 2012
Transaction ID : 34264530

Amount of Each Receipt this Period
500.00

C. Dr Thomas F Determan
Full Name (Last, First, Middle Initial)

Mailing Address 1375 W 16Th St

City State Zip Code
Yuma AZ 85364-4497

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2012
Transaction ID : 34268829

Amount of Each Receipt this Period
1000.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Stephen A Ditta
 Full Name (Last, First, Middle Initial)
 Mailing Address 18238 Beaverdell Dr
 City Tomball State TX Zip Code 77377-7923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012
Transaction ID : 34276999
 Amount of Each Receipt this Period
 250.00

B. Dr Michael Ray Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 680595
 City Fort Payne State AL Zip Code 35968-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012
Transaction ID : 34277001
 Amount of Each Receipt this Period
 365.00

C. Dr Brandi N Bilyeu
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 Olympus Dr
 City Sheridan State WY Zip Code 82801-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012
Transaction ID : 34277002
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr Denise Quinton Shepard
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 Mason Dr
 City Ringgold State GA Zip Code 30736-5403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012
Transaction ID : 34277003
 Amount of Each Receipt this Period
 215.00

B. Dr Stewart D Robbins
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 513
 City Ballinger State TX Zip Code 76821-0513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 34277010
 Amount of Each Receipt this Period
 250.00

C. Dr William Donner Mizelle
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 N Lemans St
 City Lafayette State LA Zip Code 70503-4028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 34277013
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr Samuel K Hoffmann

Full Name (Last, First, Middle Initial)
Mailing Address 13 Meadow Ln

City Sheridan State WY Zip Code 82801-9700

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **01 / 06 / 2012**

Transaction ID : 34277019

Amount of Each Receipt this Period **365.00**

B. Dr Michael C Noble

Full Name (Last, First, Middle Initial)
Mailing Address 5609 W Arlington St

City Yakima State WA Zip Code 98908-4297

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2012.00**

Date of Receipt **01 / 06 / 2012**

Transaction ID : 34277020

Amount of Each Receipt this Period **2012.00**

C. Dr Michael D Ackermann

Full Name (Last, First, Middle Initial)
Mailing Address 117 W Center St

City Lake City State MN Zip Code 55041-1635

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01 / 06 / 2012**

Transaction ID : 34277021

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **2877.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Karen S Beling
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 Valley View Ave
 City Edgewater State MD Zip Code 21037-3818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 06 / 2012
Transaction ID : 34277029
 Amount of Each Receipt this Period
 250.00

B. Dr Katherine M Mastrota
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Prospect Park Sw Apt 4B
 City Brooklyn State NY Zip Code 11215-5947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2012
Transaction ID : 34279370
 Amount of Each Receipt this Period
 250.00

c. Dr Robert S Buckingham O.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6385 Cottonwood Ave
 City Big Rapids State MI Zip Code 49307-9146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2012
Transaction ID : 34279865
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Todd G Stagner
Full Name (Last, First, Middle Initial)

Mailing Address 74 Orchard Pl

City State Zip Code
Battle Creek MI 49017-4764

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2012

Transaction ID : 34283920

Amount of Each Receipt this Period
300.00

B. Dr Dennis Keith Neely
Full Name (Last, First, Middle Initial)

Mailing Address 4309 Irvin Dr

City State Zip Code
Midland TX 79705-9712

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2012

Transaction ID : 34283924

Amount of Each Receipt this Period
2000.00

C. Dr James Andrew Fitch
Full Name (Last, First, Middle Initial)

Mailing Address 18101 W Costley Rd

City State Zip Code
Amarillo TX 79119-7826

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2012

Transaction ID : 34283925

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr Bob Joe
Full Name (Last, First, Middle Initial)

Mailing Address 9700 Morning Ct

City Austin State TX Zip Code 78759-5610

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2012
Transaction ID : 34283930

Amount of Each Receipt this Period 250.00

B. Dr Fred H Dubick
Full Name (Last, First, Middle Initial)

Mailing Address 4047 Meadow Lark Dr

City Calabasas State CA Zip Code 91302-1844

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 17 / 2012
Transaction ID : 34283932

Amount of Each Receipt this Period 2000.00

C. Dr David A Cockrell
Full Name (Last, First, Middle Initial)

Mailing Address 6111 W Canterbury St

City Stillwater State OK Zip Code 74074-1038

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 18 / 2012
Transaction ID : 34286193

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Cherry B Cockrell
Full Name (Last, First, Middle Initial)

Mailing Address 6111 W Canterbury St

City Stillwater State OK Zip Code 74074-1038

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
01 / 18 / 2012
Transaction ID : 34286194

Amount of Each Receipt this Period
2000.00

B. Dr Wanda C Batson
Full Name (Last, First, Middle Initial)

Mailing Address 8120 Rock Hill Rd

City Baker State FL Zip Code 32531-7337

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 19 / 2012
Transaction ID : 34287619

Amount of Each Receipt this Period
250.00

C. Dr Hilary L Hawthorne
Full Name (Last, First, Middle Initial)

Mailing Address 4470 Don Miguel Dr

City Los Angeles State CA Zip Code 90008-2828

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
01 / 20 / 2012
Transaction ID : 34290276

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Leon John Kosek
Full Name (Last, First, Middle Initial)

Mailing Address 21237 S La Grange Rd
Ste 1

City Frankfort State IL Zip Code 60423-2047

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 18 / 2012
Transaction ID : 34307303

Amount of Each Receipt this Period
250.00

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

Mailing Address 20 E Amber Ln

City Wading River State NY Zip Code 11792-2400

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 18 / 2012
Transaction ID : 34307305

Amount of Each Receipt this Period
250.00

C. Dr James D Hollon
Full Name (Last, First, Middle Initial)

Mailing Address 1311 E Baker St

City Laramie State WY Zip Code 82072-2924

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 18 / 2012
Transaction ID : 34307306

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Dr Herman H Ginger
 Full Name (Last, First, Middle Initial)
 Mailing Address 3901 Divoky Rd
 City Pine Bluff State AR Zip Code 71603-9505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012
Transaction ID : 34320617
 Amount of Each Receipt this Period
 2000.00

B. Dr Harriet Carolyn Pelton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6250 Ramwyck Ct
 City W Bloomfield State MI Zip Code 48322-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 34322916
 Amount of Each Receipt this Period
 250.00

C. Dr Lloyd I Snider
 Full Name (Last, First, Middle Initial)
 Mailing Address 6250 Ramwyck Ct
 City W Bloomfield State MI Zip Code 48322-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 34322917
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 25 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr Fred H Mothershed

Mailing Address 3019 Bentwood Cir

City State Zip Code
 Tupelo MS 38804-9780

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012

Transaction ID : 34324326

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Dr Roger R Seelye

Mailing Address 5122 Lake Dr

City State Zip Code
 Owosso MI 48867-8711

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012

Transaction ID : 34324329

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
c. Dr Sidney L Shafran

Mailing Address 1 Crossroads Ln

City State Zip Code
 Avon CT 06001-4517

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

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2012

Transaction ID : 34324330

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1012 Julius Richardson Rd

City State Zip Code
Irmo SC 29063-9740

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2012
Transaction ID : 34329300

Amount of Each Receipt this Period
500.00

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

Mailing Address 6129 Churchill Downs Dr

City State Zip Code
West Linn OR 97068-2535

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2012
Transaction ID : 34329312

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Dr Donald J Higgins

Mailing Address 5 Belgravia Ter

City State Zip Code
Farmington CT 06032-1550

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2012
Transaction ID : 34329314

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Dana L Day
Full Name (Last, First, Middle Initial)

Mailing Address 1360 Morado Dr

City Casper State WY Zip Code 82609-4318

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **01 / 30 / 2012**

Transaction ID : 34329520

Amount of Each Receipt this Period **500.00**

B. Dr Kenneth D Boyle
Full Name (Last, First, Middle Initial)

Mailing Address 688 Hawksbill Island Dr

City Satellite Bch State FL Zip Code 32937-3853

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 31 / 2012**

Transaction ID : 34330941

Amount of Each Receipt this Period **250.00**

C. Dr Becky Cook Mann
Full Name (Last, First, Middle Initial)

Mailing Address 511 Walker St

City Radford State VA Zip Code 24141-2416

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 31 / 2012**

Transaction ID : 34348537

Amount of Each Receipt this Period **250.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr Fred E Goldberg
Full Name (Last, First, Middle Initial)
Mailing Address 6924 Butternut Ct
City McLean State VA Zip Code 22101-1506
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2012
Transaction ID : 34348542
Amount of Each Receipt this Period
250.00

B. Dr Paul M Karpecki
Full Name (Last, First, Middle Initial)
Mailing Address 3050 Helmsdale Pl Apt 8107
City Lexington State KY Zip Code 40509-2463
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2012
Transaction ID : 34348543
Amount of Each Receipt this Period
1000.00

C. Dr Jeff P Krall
Full Name (Last, First, Middle Initial)
Mailing Address 1 N Harmon Dr
City Mitchell State SD Zip Code 57301-6242
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed
Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2012
Transaction ID : 34348545
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 29 OF 38
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr Ann Lacroix Fredal

Mailing Address 42327 Little Rd

City State Zip Code
Clinton Twp MI 48036-1431

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

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2012

Transaction ID : 34348548

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	38087.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34356971

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
VISA/MC Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34356977

Amount of Each Disbursement this Period

VISA/MC Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34356978

Amount of Each Disbursement this Period

American Express Fee

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 34356979

Amount of Each Disbursement this Period

Bank Fee

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bill Owens For Congress

Mailing Address PO Box 1575

City State Zip Code
Plattsburgh NY 12901

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Bill Owens

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 34250242

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Larry Kissell For Congress

Mailing Address 106 East Main Street
PO Box 1530

City State Zip Code
Biscoe NC 27209

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Larry Kissell

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 34250243

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Larry Kissell For Congress

Mailing Address 106 East Main Street
PO Box 1530

City State Zip Code
Biscoe NC 27209

Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Larry Kissell

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 34250245

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Candidate Contribution

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

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

4	0	0	0	.	0	0
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1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Betty Sutton For Congress

Mailing Address PO Box 14693

City Copley State OH Zip Code 44321

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Betty S. Sutton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2012

Transaction ID : 34250247

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Independent Action, Inc.

Mailing Address 1619 13th Street NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Independent Action, Inc.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : 34277132

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Bonamici For Congress

Mailing Address 2236 Se 10th Ave

City Portland State OR Zip Code 97214

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Ms. Suzanne Bonamici

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 01

Special-General2012

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : 34277133

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. James W. Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2012

Transaction ID : 34277214

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. David Wayne Loeb sack

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2012

Transaction ID : 34289956

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. David Wayne Loeb sack

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2012

Transaction ID : 34289957

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Boswell For Congress

Mailing Address PO Box 1814

City Des Moines State IA Zip Code 50305

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Leonard L. Boswell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2012

Transaction ID : 34289959

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Perlmutter For Congress

Mailing Address 3440 Youngfield Street
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Edwin Perlmutter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2012

Transaction ID : 34289962

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Joseph D. Courtney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2012

Transaction ID : 34289963

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. John Tierney For Congress

Mailing Address 49 Federal Street

City Salem State MA Zip Code 01970

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John F. Tierney

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2012

Transaction ID : 34289964

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Peter Welch

Category/
Type

Office Sought: House
 Senate
 President
State: VT District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2012

Transaction ID : 34289965

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Quigley for Congress

Mailing Address 1029 Springbrook

City Lake Stevens State WA Zip Code 98258

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Kevin Quigley

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2012

Transaction ID : 34289966

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. John Barrow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

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

Transaction ID : 34289967

Amount of Each Disbursement this Period

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

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Tammy Baldwin For Senate

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement

011

Candidate Name

Rep. Tammy Baldwin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

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

Transaction ID : 34289968

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Republican National Committee

Mailing Address 310 First Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 34333392

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Committee Contribution

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

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

2	0	0	0	.	0	0
---	---	---	---	---	---	---

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Committee Contribution

011

Candidate Name

National Republican Senatorial Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : 34333394

Amount of Each Disbursement this Period

15000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee Contribution

011

Candidate Name

National Republican Congressional Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : 34333396

Amount of Each Disbursement this Period

15000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

30000.00

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

85000.00