

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1505 Prince Street
Suite 300
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00024968
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 06 01 2009 through 06 30 2009

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

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

Signature of Treasurer Electronically Filed by Thomas E. Nye, O.D. Date 07 14 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		376610.34
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	395716.31									
(c) Total Receipts (from Line 19)	41546.13	318405.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	437262.44	695016.25								
7. Total Disbursements (from Line 31)	154450.59	412204.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	282811.85	282811.85								
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)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	29073.35	211757.72
(ii) Unitemized	11443.52	104882.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	40516.87	316640.46
(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)	40516.87	316640.46
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	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	29.26	765.45
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 Transfer (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))	41546.13	318405.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41546.13	318405.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	1450.59	11304.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1450.59	11304.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	153000.00	393900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	500.00
29. Other Disbursements.....	0.00	6500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	154450.59	412204.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	154450.59	412204.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	40516.87	316640.46
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40516.87	316140.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1450.59	11304.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1450.59	11304.40

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 89

(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 John D Coble

Mailing Address 1501 Sunset Hill

City State Zip Code
Rockwall TX 75087-3216

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.05

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 29964922

Amount of Each Receipt this Period

83.35

B.

Full Name (Last, First, Middle Initial)

Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City State Zip Code
Succasunna NJ 07876-1183

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 29964923

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr Wesley D Kemp

Mailing Address P O Box 937

City State Zip Code
Bolivar MO 65613-0937

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 208.60

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 30011338

Amount of Each Receipt this Period

52.15

SUBTOTAL of Receipts This Page (optional)

335.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 89

(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 Kevin Katz

Mailing Address 1205 Pin Oak Drive

City State Zip Code
Dickinson TX 77539-3320

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 654.56

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 30011339

Amount of Each Receipt this Period

163.64

B.

Full Name (Last, First, Middle Initial)
Dr Rob B Young

Mailing Address 6995 Nw Diamond Place

City State Zip Code
Corvallis OR 97330-9259

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 30011351

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr Paul J Lobby

Mailing Address Rd 2
Box 245

City State Zip Code
Ford City PA 16226-9802

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: 30016395

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

788.64

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 8 / 89
	<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 Jeffrey A Gonnason	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 6721 Gloucester	Transaction ID: 30028609
	City State Zip Code Anchorage AK 99504-3343	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr Nathaniel Roland	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 10001 Admiral Emerson Avenue NE	Transaction ID: 30028781
	City State Zip Code Albuquerque NM 87111-1339	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr J. Dean Baggett	Date of Receipt MM / DD / YYYY 06 / 02 / 2009
	Mailing Address P O Box 1773	Transaction ID: 30029114
	City State Zip Code Athens TN 37371-1773	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1600.00
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 / 89
(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 Thomas F Determan

Mailing Address 728 E Country Club Drive

City State Zip Code
Yuma AZ 85365-3441

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 30029115

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr Tammie Krisciunas

Mailing Address 840 S. W. Canning St.

City State Zip Code
Portland OR 97201

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed 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
0 6 / 0 2 / 2 0 0 9

Transaction ID: 30029118

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr Thomas Andrew Wong

Mailing Address 4004 Glenrose Street

City State Zip Code
Kensington MD 20895-3715

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed 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
0 6 / 0 5 / 2 0 0 9

Transaction ID: 30029183

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 89
(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 Robert Craig Janot

Mailing Address 6910 Windmill Lane

City State Zip Code
Lake Charles LA 70605-0536

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
06 / 07 / 2009

Transaction ID: 30030529

Amount of Each Receipt this Period
41.67

B.

Full Name (Last, First, Middle Initial)
Dr Jeffrey S Williams, Jr

Mailing Address P O Box 463

City State Zip Code
Southold NY 11971-0463

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: 30030531

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Dr Mark David Hansen

Mailing Address 1887 Isett Ave N

City State Zip Code
Muscatine IA 52761-9747

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: 30032957

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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 11 / 89

(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 Barbara L Horn

Mailing Address 61269 Coralburst Dr

City State Zip Code
Washington MI 48094-1746

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1045.45

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 30032966

Amount of Each Receipt this Period

159.09

B.

Full Name (Last, First, Middle Initial)

Dr Mark J Cook

Mailing Address 5698 Mountain Road

City State Zip Code
Brighton MI 48116-9732

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 30032968

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr David J Esplin

Mailing Address 34 South 590 East

City State Zip Code
Salem UT 84653-5519

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 30032969

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

304.09

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 12 / 89

(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 James Maxwell Ernst

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 Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 30032970

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Jerald F Combs

Mailing Address 472 Rt Fork Bull Creek

City State Zip Code
Prestonsburg KY 41653-8090

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 30033130

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr William David Gordon

Mailing Address 3303 Lake Desiard Drive

City State Zip Code
Monroe LA 71201-2035

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 30033132

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 / 89
(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. Full Name (Last, First, Middle Initial)
Dr David J Shippee

Mailing Address Box 307

City Sherman Oaks State ME Zip Code 04777

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 208.30

Date of Receipt 06 / 09 / 2009
Transaction ID: 30033442
Amount of Each Receipt this Period 41.66

B. Full Name (Last, First, Middle Initial)
Dr Bronte D Baker

Mailing Address 179 Redbird Ridge

City Beeville State TX Zip Code 78102-8465

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2009
Transaction ID: 30033486
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr Donald W Furman

Mailing Address 855 11Th St Place

City Garner State IA Zip Code 50438-1847

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 06 / 10 / 2009
Transaction ID: 30033487
Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional) ► 136.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 89
(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 Gary W Lasken

Mailing Address 10215 N North Forest Trail

City Peoria State IL Zip Code 61615-1378

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033489

Amount of Each Receipt this Period 41.66

B.

Full Name (Last, First, Middle Initial)
Dr Ronald J Meyer

Mailing Address 9802 US 41

City Champion State MI Zip Code 49814

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033491

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr Jason K Dickerson

Mailing Address 2581 Bridlewood Drive

City Helena State AL Zip Code 35080-3916

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033494

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► **133.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 89
(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 Ron W Roelfs

Mailing Address 600 3Rd St Se

City State Zip Code
Waverly IA 50677-3516

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30033495

Amount of Each Receipt this Period
35.00

B.

Full Name (Last, First, Middle Initial)
Dr Thomas J Landry

Mailing Address 3 Taylor Street

City State Zip Code
Painted Post NY 14870-9381

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30033496

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Paul D Batson

Mailing Address 5323 Whisper Wood Drive

City State Zip Code
Birmingham AL 35226-1092

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30033498

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 / 89
(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 Joe Ernest Ellis

Mailing Address 179 Wood Trace

City Benton State KY Zip Code 42025-9400

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.02

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033499

Amount of Each Receipt this Period 166.67

B.

Full Name (Last, First, Middle Initial)
Dr Frank Thomas Chinisci

Mailing Address 8315 Holbrook Ct Ne

City Albuquerque State NM Zip Code 87122-3841

FEC ID number of 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 06 / 10 / 2009

Transaction ID: 30033500

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Dr Terry H Berner

Mailing Address 8210 Top Of The World Drive

City Salt Lake City State UT Zip Code 84121-6060

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033501

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► **308.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 89
(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 Steven Thomas Reed

Mailing Address 4550 Simpson Hwy 28 W

City Magee State MS Zip Code 39111-5187

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033504

Amount of Each Receipt this Period 90.00

B. Full Name (Last, First, Middle Initial)
Dr Gregory C Russell

Mailing Address 2505 Rivermont Circle

City Kingsport State TN Zip Code 37660-2392

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033505

Amount of Each Receipt this Period 83.33

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

Mailing Address 32840 S Meridian Road

City Woodburn State OR Zip Code 97071-8768

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033508

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► **215.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 89
(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

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. Full Name (Last, First, Middle Initial)
Dr Robert L Owens, II

Mailing Address 8 Century Lane

City Newmanstown State PA Zip Code 17073-8982

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033515

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr Gilbert E Pierce

Mailing Address 8639 Olenbrook Drive

City Lewis Center State OH Zip Code 43035-8702

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033517

Amount of Each Receipt this Period 45.00

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

Mailing Address 2432 Lake Air Drive

City Waco State TX Zip Code 76710-1611

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 411.36

Date of Receipt 06 / 10 / 2009

Transaction ID: 30033518

Amount of Each Receipt this Period 84.09

SUBTOTAL of Receipts This Page (optional) ► 179.09

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City State Zip Code
Aledo TX 76008-5223

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 449.96

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30033519

Amount of Each Receipt this Period
91.66

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

Mailing Address 2570 Northshore Blvd Ste 200

City State Zip Code
Flower Mound TX 75028-8386

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30033520

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Lisa C Bowen

Mailing Address 1813 Shadywood Lane

City State Zip Code
Flower Mound TX 75028-4287

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30033521

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 291.66

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City State Zip Code
Auburn ME 04210-8884

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30033522

Amount of Each Receipt this Period
41.67

B. Full Name (Last, First, Middle Initial)
Dr Dennis M Kuwabara

Mailing Address 94-477 Holaniku Street

City State Zip Code
Mililani Town HI 96789

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: 30033553

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Mira B Swiecicki

Mailing Address 450 F Street

City State Zip Code
Blaine WA 98230-4201

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: 30033554

Amount of Each Receipt this Period
875.00

SUBTOTAL of Receipts This Page (optional) ► **1416.67**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Steven Arthur Loomis

Mailing Address 40 Pin Oak Drive

City State Zip Code
Littleton CO 80127-4327

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30039928

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City State Zip Code
San Jose CA 95120-1740

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt
MM / DD / YYYY
06 / 11 / 2009

Transaction ID: 30039929

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
Dr Zoey K Loomis

Mailing Address 3750 Highway 144

City State Zip Code
Weldona CO 80653-9107

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30052009

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► 391.66

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Kathleen E Powell

Mailing Address 6911 Burlwood Drive

City Anchorage State AK Zip Code 99507-2422

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 12 / 2009
Transaction ID: 30070870
Amount of Each Receipt this Period 84.00

B. Full Name (Last, First, Middle Initial)
Dr Robert D O'Connell

Mailing Address Box 3187

City Kenai State AK Zip Code 99611-3187

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 12 / 2009
Transaction ID: 30070871
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr Dennis A Swarner

Mailing Address Box 1669

City Kenai State AK Zip Code 99611-1669

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 12 / 2009
Transaction ID: 30070872
Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) ► 218.00

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 23 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Steven M Berry

Mailing Address PO Box 1275

City State Zip Code
Cedar Crest NM 87008-1275

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30070874

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City State Zip Code
Grayslake IL 60030-3492

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30070875

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Sheryl A Lentfer

Mailing Address 1345 West 9Th Avenue

City State Zip Code
Anchorage AK 99501-3219

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2009

Transaction ID: 30070876

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **234.00**

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 24 / 89

(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 Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City State Zip Code
Kent WA 98030-7004

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: 30070877

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr William C Reichman

Mailing Address 19510 3Rd Street

City State Zip Code
Eagle River AK 99577

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 30072505

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr James E O'Bryon

Mailing Address Po Box 187

City State Zip Code
Reynoldsville PA 15851-0187

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 30072509

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 25 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Stephen A Ditta

Mailing Address 18238 Beaverdell

City State Zip Code
Tomball TX 77375

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30072511

Amount of Each Receipt this Period
250.00

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

Mailing Address Po Box 302
106 Davis Hill Road

City State Zip Code
New London NH 03257-0302

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 996.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30072894

Amount of Each Receipt this Period
166.00

C. Full Name (Last, First, Middle Initial)
Dr Michael R Sellers

Mailing Address 3441 E Cathedral Rock Cir

City State Zip Code
Tucson AZ 85718

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: 30072898

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 916.00

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 / 89
(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. Full Name (Last, First, Middle Initial)
Dr R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City State Zip Code
Cullman AL 35055-4555

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2009

Transaction ID: 30075813

Amount of Each Receipt this Period
50.00

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

Mailing Address 126 Trey Moor Drive

City State Zip Code
Alabaster AL 35007-3150

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2009

Transaction ID: 30075814

Amount of Each Receipt this Period
50.00

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

Mailing Address 1134 Greymoor Rd

City State Zip Code
Shoal Creek AL 35242-7213

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2009

Transaction ID: 30075815

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 27 / 89
(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. Full Name (Last, First, Middle Initial)
Dr G. Chad Green

Mailing Address 5960 Co Rd 19

City Linden State AL Zip Code 36748

FEC ID number of 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 06 / 14 / 2009
Transaction ID: 30075821
Amount of Each Receipt this Period 100.00

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

Mailing Address 224 Laconia Rd

City Tilton State NH Zip Code 03276-5223

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 14 / 2009
Transaction ID: 30075822
Amount of Each Receipt this Period 166.66

C. Full Name (Last, First, Middle Initial)
Dr Markus I Barth

Mailing Address 1346 Heller Drive

City Yardley State PA Zip Code 19067-2714

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 333.35

Date of Receipt 06 / 14 / 2009
Transaction ID: 30075825
Amount of Each Receipt this Period 66.67

SUBTOTAL of Receipts This Page (optional) ► 333.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 89

(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 Arlene T. H. Sokola

Mailing Address 213 Summer Winds Dr Se

City State Zip Code
Rio Rancho NM 87124

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: 30076946

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Paul Anton Hodge

Mailing Address 3042 118Th Ave

City State Zip Code
Allegan MI 49010-9555

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 30078380

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Dr Thomas P Kislán

Mailing Address 185 Sand Springs Dr

City State Zip Code
Drums PA 18222-1248

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: 30090871

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

425.00

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 / 89
(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 G. Barnard Wilson

Mailing Address 3604 Atwood Pl

City Modesto State CA Zip Code 95355-1304

FEC ID number of 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: 06 / 12 / 2009
Transaction ID: 30090872
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr Angela Elise Nicolini

Mailing Address 5258 Meadowick Ln

City Abilene State TX Zip Code 79606-4334

FEC ID number of 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: 06 / 12 / 2009
Transaction ID: 30090873
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr Timothy G Koop

Mailing Address 4912 Bluff Run Drive

City Greensboro State NC Zip Code 27455-2200

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 17 / 2009
Transaction ID: 30096917
 Amount of Each Receipt this Period: 50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 89

(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 Randall N Reichle
Mailing Address 1818 Stacy Fall

City State Zip Code
Houston TX 77008

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
416.65

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2009

Transaction ID: 30096919

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
Dr Mario Joseph Contaldi
Mailing Address 7728 Mid-Cities Blvd

City State Zip Code
North Richland Hill TX 76180-4621

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
416.65

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2009

Transaction ID: 30096920

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)
Dr Sarah J Hudson
Mailing Address 55 Water Road

City State Zip Code
Alton NH 03809-5154

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

Name of Employer Self Employed 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
06 / 17 / 2009

Transaction ID: 30096921

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

291.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 89

(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 Freddie M Mayes

Mailing Address 117 Magnolia Drive

City State Zip Code
Central City KY 42330-1727

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 30096922

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Lee Ann Barrett

Mailing Address 1199 E Morgan

City State Zip Code
Boonville MO 65233-1336

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 30096923

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Candace D Hamel

Mailing Address Po Box 358
405 Ne Main St

City State Zip Code
Estacada OR 97023-0358

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 30097067

Amount of Each Receipt this Period

1000.00

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 32 / 89
(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 James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City Anchorage State AK Zip Code 99515-2380

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 504.00

Date of Receipt 06 / 18 / 2009

Transaction ID: 30110389

Amount of Each Receipt this Period 84.00

B.

Full Name (Last, First, Middle Initial)
Dr Mario I Carcamo

Mailing Address 7795 W Flagler St #63

City Miami State FL Zip Code 33144-2368

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 300.00

Date of Receipt 06 / 18 / 2009

Transaction ID: 30110390

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr Patrick N Reber

Mailing Address 9650 Etolin Circle

City Eagle River State AK Zip Code 99577-8787

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 390.20

Date of Receipt 06 / 18 / 2009

Transaction ID: 30110393

Amount of Each Receipt this Period 55.55

SUBTOTAL of Receipts This Page (optional) ► **189.55**

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

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

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

FOR LINE NUMBER: PAGE 33 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Robert J Blumthal

Mailing Address 119 Exmore Drive

City State Zip Code
Springfield IL 62704-3137

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1071.51

Date of Receipt
MM / DD / YYYY
06 / 18 / 2009

Transaction ID: 30111275

Amount of Each Receipt this Period
238.11

B. Full Name (Last, First, Middle Initial)
Dr Susan M Brunnett

Mailing Address 9940 S Ashleigh Way

City State Zip Code
Highlands Ranch CO 80126-4244

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 454.50

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 30111915

Amount of Each Receipt this Period
90.90

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

Mailing Address 9940 S Ashleigh Way

City State Zip Code
Highlands Ranch CO 80126-4244

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 909.05

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 30111916

Amount of Each Receipt this Period
181.81

SUBTOTAL of Receipts This Page (optional) ► 510.82

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 34 / 89
(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 Pamela E Theriot

Mailing Address 120 W Vuelta Friso

City State Zip Code
Sahuarita AZ 85629-8672

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 30111918

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City State Zip Code
Friendswood TX 77546-7821

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 909.10

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 30111919

Amount of Each Receipt this Period
181.82

C.

Full Name (Last, First, Middle Initial)
Dr Desiree Tyer Hopping

Mailing Address 1801 Creekside Dr

City State Zip Code
Friendswood TX 77546-7821

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 909.10

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 30111920

Amount of Each Receipt this Period
181.82

SUBTOTAL of Receipts This Page (optional) ► **413.64**

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 35 / 89
(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 Robert F Brooks

Mailing Address 452 Bluebird Dr

City State Zip Code
Russell KY 41169-1570

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 30111921

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 1424 Tiffany Lane Se

City State Zip Code
Rio Rancho NM 87124-0976

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.69

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 30111922

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
Dr Kevin L Alexander

Mailing Address 2116 Wildwood Court

City State Zip Code
Fullerton CA 92831-1339

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2009

Transaction ID: 30112447

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **183.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 89
(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 William W Hatley

Mailing Address 23560 E Moraine Place

City Aurora State CO Zip Code 80016-7039

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 22 / 2009

Transaction ID: 30112458

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr Colleen C Shear

Mailing Address 1203 Spartina Drive

City Florissant State MO Zip Code 63031-8804

FEC ID number of 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: 06 / 15 / 2009

Transaction ID: 30114456

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr Joseph F Wiggins

Mailing Address 1030 Satterwhite Pt Rd

City Henderson State NC Zip Code 27537-7892

FEC ID number of 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: 06 / 15 / 2009

Transaction ID: 30114481

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 89
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Dr Timothy F Planty

Mailing Address 314 Mimosa Drive

City Hitchcock State TX Zip Code 77563-3018

FEC ID number of 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
0	6	/	1	5	/	2	0	0	9

Transaction ID: 30114490

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Jon A Kaliher

Mailing Address 23275 Big Chief Rd

City Fergus Falls State MN Zip Code 56537-3215

FEC ID number of 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
0	6	/	1	5	/	2	0	0	9

Transaction ID: 30114504

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Dirk Michael Beyer

Mailing Address 709 South 5Th St

City Hamilton State MT Zip Code 59840-2755

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	9

Transaction ID: 30120299

Amount of Each Receipt this Period
50.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 89
(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 Paul C Ajamian

Mailing Address 245 Shadowbrook Drive

City Roswell State GA Zip Code 30075-4600

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: 30120300

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 114 Crested Peak

City Santa Teresa State NM Zip Code 88008-9423

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 481.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: 30120301

Amount of Each Receipt this Period
86.36

C.

Full Name (Last, First, Middle Initial)
Dr Kevin L Gee

Mailing Address Po Box 18075
Gee Eye Care

City Sugar Land State TX Zip Code 77496-8075

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 454.55

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: 30120302

Amount of Each Receipt this Period
90.91

SUBTOTAL of Receipts This Page (optional) ► **327.27**

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 39 / 89

(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 Larry D Gunnell		Date of Receipt
	Mailing Address #7 Brenna Dr		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wichita Falls	TX	76302-2506
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 30120303
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
		<input type="text" value="416.65"/>	

B.	Full Name (Last, First, Middle Initial) Dr Christy Lynn Warford		Date of Receipt
	Mailing Address 3601 Lareforma		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Baytown	TX	77521-9175
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 30120304
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="83.34"/>
		<input type="text" value="416.70"/>	

C.	Full Name (Last, First, Middle Initial) Dr Mario A Caballero		Date of Receipt
	Mailing Address 1080 Loma De Alma		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	El Paso	TX	79934
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 30120305
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="90.91"/>
		<input type="text" value="454.55"/>	

SUBTOTAL of Receipts This Page (optional)

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 40 / 89
(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 Deborah S Bernay

Mailing Address 1702 Rustic Oak Lane

City State Zip Code
Seabrook TX 77586-4556

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
454.55

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: 30120306

Amount of Each Receipt this Period
90.91

B.

Full Name (Last, First, Middle Initial)
Dr Abie R Chadderdon

Mailing Address 2005 Timberline Rd

City State Zip Code
Marshalltown IA 50158-3865

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: 30120307

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Randy L Hertneky

Mailing Address 333 South Ivy

City State Zip Code
Yuma CO 80759-2313

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2009

Transaction ID: 30120309

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1090.91**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 89
(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 Brian J Mawhinney

Mailing Address 2676 S Weelock Road

City Lyndonville State VT Zip Code 05851-8425

FEC ID number of 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 06 / 23 / 2009

Transaction ID: 30121161

Amount of Each Receipt this Period 365.00

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

Mailing Address 16 Pambrook Dr

City Fishersville State VA Zip Code 22939-2123

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 24 / 2009

Transaction ID: 30121652

Amount of Each Receipt this Period 45.00

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

Mailing Address 57 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2009

Transaction ID: 30121653

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) ▶ **495.00**

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 42 / 89
(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 Brian J Blount

Mailing Address 5830 N. Circuit

City State Zip Code
Beaumont TX 77706-4428

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 909.10

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: 30121654

Amount of Each Receipt this Period
181.82

B.

Full Name (Last, First, Middle Initial)
Dr Scott David Peterson

Mailing Address 2213 E 250 N

City State Zip Code
Layton UT 84040

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

Name of Employer Self Employed 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
0 6 / 1 8 / 2 0 0 9

Transaction ID: 30121863

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr William A Lynch, Jr

Mailing Address 2 Burr Oak Ct

City State Zip Code
Cuba MO 65453

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

Name of Employer Self Employed 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
0 6 / 1 8 / 2 0 0 9

Transaction ID: 30121865

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **681.82**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 89

(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 Gerald Gerdes, Jr.

Mailing Address 301 Meadow Dr, Apt 20

City State Zip Code
Oakdale LA 71463-2303

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

Name of Employer Self Employed 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
0 6 / 2 4 / 2 0 0 9

Transaction ID: 30122309

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Glenda B Brown

Mailing Address 80 Idlegate Court

City State Zip Code
Alpharetta GA 30022-5509

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

Name of Employer Self Employed 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
0 6 / 2 4 / 2 0 0 9

Transaction ID: 30122328

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)
Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City State Zip Code
Monterey CA 93940-5811

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

Name of Employer Self Employed 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
0 6 / 2 5 / 2 0 0 9

Transaction ID: 30122329

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 89
(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 Jeffrey K Smith

Mailing Address 4309 Coronet St

City State Zip Code
Crossett AR 71635-9549

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2009

Transaction ID: 30125700

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr Marcus D Yeager

Mailing Address 300 Tupawek Drive

City State Zip Code
West Monroe LA 71291-7019

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 30129733

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr C. Wade Hyatt, III

Mailing Address 5109 Glencarron Dr

City State Zip Code
Nashville TN 37220-2350

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 30129734

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **1291.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 89

(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 Greg Michael Beem

Mailing Address 5002 Kincannon Dr

City	State	Zip Code
Nashville	TN	37220-2002

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 30129735

Amount of Each Receipt this Period
41.67

B.

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

Mailing Address P O Box 614

City	State	Zip Code
Blythewood	SC	29016-0614

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 477.26
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 30129738

Amount of Each Receipt this Period
87.12

C.

Full Name (Last, First, Middle Initial)
Dr John Loucopoulos

Mailing Address 5 Hammonasset Meadows Rd

City	State	Zip Code
Madison	CT	06443-2011

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---------------------------------------------------------------------------------------------------------------------------------	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: 30132161

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

628.79

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 46 / 89
(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 Maryjane Healey

Mailing Address 6710 124Th Place Se

City Snohomish State WA Zip Code 98296-8649

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 27 / 2009

Transaction ID: 30132682

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Dr Mark Joseph Page

Mailing Address 3102 E Desert Broom Way

City Phoenix State AZ Zip Code 85048-8316

FEC ID number of 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 06 / 27 / 2009

Transaction ID: 30132684

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City Freeport State ME Zip Code 04032-6297

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.04

Date of Receipt 06 / 27 / 2009

Transaction ID: 30132687

Amount of Each Receipt this Period 33.34

SUBTOTAL of Receipts This Page (optional) ► **483.34**

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

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

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

FOR LINE NUMBER: PAGE 47 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Steven C Ezzell

Mailing Address 649 Mathew Ct

City State Zip Code
Abilene TX 79602-5246

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2009

Transaction ID: 30132689

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City State Zip Code
Birmingham AL 35242-6886

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2009

Transaction ID: 30132690

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Beth A Kneib

Mailing Address 602 Nw 163Rd St

City State Zip Code
Shoreline WA 98177-3727

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt
MM / DD / YYYY
06 / 28 / 2009

Transaction ID: 30132799

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► 241.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Trevor J Cleveland

Mailing Address 1610 Wilson Court

City State Zip Code
Eugene OR 97402-3361

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2009
Transaction ID: 30132800
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr Jerd W Poston

Mailing Address 1651 Glens Bay Rd

City State Zip Code
Myrtle Beach SC 29575-4836

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2009
Transaction ID: 30132801
Amount of Each Receipt this Period 50.00

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

Mailing Address 789 N Broad

City State Zip Code
Galesburg IL 61401-2766

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 06 / 28 / 2009
Transaction ID: 30132802
Amount of Each Receipt this Period 175.00

SUBTOTAL of Receipts This Page (optional) 275.00

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 49 / 89
(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 Sue E Lowe

Mailing Address 1704 Skyline Drive

City State Zip Code
Laramie WY 82070-8932

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: 30132803

Amount of Each Receipt this Period
166.66

B.

Full Name (Last, First, Middle Initial)
Dr William R Burges

Mailing Address 988 Cr 477

City State Zip Code
Castroville TX 78009

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: 30132805

Amount of Each Receipt this Period
83.34

C.

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

Mailing Address 170 East 83 Street

City State Zip Code
New York NY 10028-1920

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.02

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 8 / 2 0 0 9

Transaction ID: 30132807

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional) ► **416.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 89
(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 Albert S Licup

Mailing Address 226 S Harvey Ave

City State Zip Code
Oak Park IL 60302-3312

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
MM / DD / YYYY
06 / 28 / 2009

Transaction ID: 30132808

Amount of Each Receipt this Period
41.67

B.

Full Name (Last, First, Middle Initial)
Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City State Zip Code
Huntsville AL 35801-1555

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2009

Transaction ID: 30132809

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Jacqueline M Bowen

Mailing Address 3930 W 19Th St Ln

City State Zip Code
Greeley CO 80634-3446

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2009

Transaction ID: 30132810

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **141.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 89
(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 Scott M Burks

Mailing Address P O Box 1351

City State Zip Code
Buffalo MO 65622-1351

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2009

Transaction ID: 30132811

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Dr Michele R Haranin

Mailing Address 301 Concord Road

City State Zip Code
Dover DE 19904-9100

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2009

Transaction ID: 30132812

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Michele Rose Palazzolo

Mailing Address 275 High Street

City State Zip Code
Westerly RI 02891

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 30176335

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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 52 / 89
(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 Larry Wilkinson

Mailing Address 3311 Avenue O
P.O. Box 607

City Rosenberg State TX Zip Code 77471-0607

FEC ID number of 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
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 30176339

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Paul Eliot Naftali

Mailing Address 489 Carlton Rd

City Wyckoff State NJ Zip Code 07481-1240

FEC ID number of 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
MM / DD / YYYY
06 / 26 / 2009

Transaction ID: 30176342

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Joseph P Shovlin

Mailing Address 1308 Oakmont Road

City Clarks Summit State PA Zip Code 18411-2061

FEC ID number of 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
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 30176347

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 53 / 89
(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. Full Name (Last, First, Middle Initial)
Dr Steven A Rocchi

Mailing Address 66 Palermo Drive

City State Zip Code
Oroville CA 95966-9240

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 30176374

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Brian S Klinger

Mailing Address 466 Washington Road

City State Zip Code
Rye NH 03870-2451

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 30176377

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Michael P Weisgerber

Mailing Address 61269 Coralburst Drive

City State Zip Code
Washington MI 48094-1746

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 30176378

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 54 / 89	
	(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"/> 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 Marc A Hudson		Date of Receipt		
	Mailing Address 460 Silver Oaks Dr		M M / D D / Y Y Y Y 06 / 29 / 2009		
	City Harrisonburg	State VA	Zip Code 22801-3579	Transaction ID: 30176384	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	29073.35

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 55 / 89	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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) Texans For Senator John Cornyn Inc		Date of Receipt
Mailing Address 6850 Austin Centre Blvd Suite 180		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
City Austin	State TX	Zip Code 78731
FEC ID number of contributing federal political committee. C C00369033		Transaction ID: 30181990
Name of Employer	Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Refund

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Steve Austria For Congress</p> <p>Mailing Address 2537 Obetz Drive</p> <p>City Beavercreek State OH Zip Code 45434</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Steve Austria</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29996543</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee</p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29996768</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield Street #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29996770</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

<p>A. Full Name (Last, First, Middle Initial) Woolsey For Congress</p> <p>Mailing Address P.O. Box 750176</p> <p>City Petaluma State CA Zip Code 94975</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Lynn C. Woolsey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29996772 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Boswell For Congress</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Leonard L. Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29996776 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29996777 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends Of Chris Dodd Mailing Address PO Box 270701 City West Hartford State CT Zip Code 06127 Purpose of Disbursement Candidate Contribution Candidate Name Sen. Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29996779 Date of Disbursement 06 / 01 / 2009
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/ Type 011

B. Full Name (Last, First, Middle Initial) Glacier PAC Mailing Address 818 Connecticut Avenue, NW Suite 1100 City Washington State DC Zip Code 20006 Purpose of Disbursement Committee Contribution Candidate Name Glacier PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29996782 Date of Disbursement 06 / 01 / 2009
	Amount of Each Disbursement this Period 2500.00
	Committee Contribution
	Category/ Type 011

C. Full Name (Last, First, Middle Initial) Rehberg For Congress Mailing Address P.O. Box 1597 City Helena State MT Zip Code 59624 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Dennis R. Rehberg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29996783 Date of Disbursement 06 / 01 / 2009
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

<p>A. Full Name (Last, First, Middle Initial) Barbara Lee For Congress</p> <p>Mailing Address 1736 Franklin Street #400</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Barbara Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29996784</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29996786</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Progressive Choices PAC</p> <p>Mailing Address PO Box 58</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Progressive Choices PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29996787</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Andre Carson For Congress	Transaction ID: 29996793 Date of Disbursement 06 / 01 / 2009
	Mailing Address One North Capitol Street #211	Amount of Each Disbursement this Period 1000.00
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Candidate Contribution Candidate Name Andre Carson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Our Congress PAC	Transaction ID: 29996797 Date of Disbursement 06 / 01 / 2009
	Mailing Address PO Box 344	Amount of Each Disbursement this Period 5000.00
	City Prescott State AR Zip Code 71857	
	Purpose of Disbursement Committee Contribution Candidate Name Our Congress PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Committee Contribution

C.	Full Name (Last, First, Middle Initial) Cathy McMorris For Congress	Transaction ID: 29996802 Date of Disbursement 06 / 01 / 2009
	Mailing Address Box 137	Amount of Each Disbursement this Period 1000.00
	City Spokane State WA Zip Code 99210	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Cathy McMorris Rodgers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Bernie Sanders <hr/> Mailing Address PO Box 391 <hr/> City Burlington State VT Zip Code 05402 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Mr. Bernard Sanders Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29996805 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Schakowsky For Congress <hr/> Mailing Address P.O. Box 5130 <hr/> City Evanston State IL Zip Code 60204 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Janice D. Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29996807 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Hoyer For Congress <hr/> Mailing Address 4201 Northview Dr, Ste 307 <hr/> City Bowie State MD Zip Code 20716 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29996808 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CAMPAC	Transaction ID: 29996809 Date of Disbursement 06 / 01 / 2009
	Mailing Address P O Box 17	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48640	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name CAMPAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Committee Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Mazie Hirono	Transaction ID: 29996811 Date of Disbursement 06 / 01 / 2009
	Mailing Address PO Box 677	Amount of Each Disbursement this Period 1000.00
	City Honolulu State HI Zip Code 96809	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Rep. Mazie Hirono	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Souder For Congress Inc.	Transaction ID: 29996814 Date of Disbursement 06 / 01 / 2009
	Mailing Address P.O. Box 40233	Amount of Each Disbursement this Period 1000.00
	City Fort Wayne State IN Zip Code 46804	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Rep. Mark E. Souder	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address P.O. Box 9336 City Fargo State ND Zip Code 58106 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29996816 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Pascrell For Congress, Inc. Mailing Address P O Box 640 City Totowa State NJ Zip Code 07511 Purpose of Disbursement Candidate Contribution Candidate Name Rep. William J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29996820 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson Mailing Address P.O. Box 61 City St. Clairsville State OH Zip Code 43950 Purpose of Disbursement Candidate Contribution Candidate Name Mr. Charles Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29996964 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)		4500.00	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Castor For Congress</p> <p>Mailing Address 301 W. Platt Street #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Katherine Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29997268 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Congressional Black Caucus PAC</p> <p>Mailing Address 227 Massachusetts Ave NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Congressional Black Caucus PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29997513 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mikulski Majority PAC</p> <p>Mailing Address PO Box 13172</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Mikulski Majority PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30001457 Date of Disbursement 06 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

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

A.	Full Name (Last, First, Middle Initial) Cantor For Congress Mailing Address P. O. Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30033301 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 4000.00 Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address 607 N. Main St Suite 240 City Oregon City State OR Zip Code 97045 Purpose of Disbursement Candidate Contribution Candidate Name Mr. Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30033544 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
C.	Full Name (Last, First, Middle Initial) McNerney For Congress Mailing Address 6520 Village Parkway Second Floor City Dublin State CA Zip Code 94568 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jerry McNerney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30110307 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kagen 4 Congress	Transaction ID: 30110313 Date of Disbursement 06 / 17 / 2009
	Mailing Address 100 W. College Ave. 50 D	Amount of Each Disbursement this Period 2000.00
	City Appleton State WI Zip Code 54911	
	Purpose of Disbursement Candidate Contribution Candidate Name Mr. Steven Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Kagen 4 Congress	Transaction ID: 30110314 Date of Disbursement 06 / 17 / 2009
	Mailing Address 100 W. College Ave. 50 D	Amount of Each Disbursement this Period 1000.00
	City Appleton State WI Zip Code 54911	
	Purpose of Disbursement Candidate Contribution Candidate Name Mr. Steven Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Lance For Congress	Transaction ID: 30110315 Date of Disbursement 06 / 17 / 2009
	Mailing Address PO Box 225	Amount of Each Disbursement this Period 1000.00
	City Colonia State NJ Zip Code 07067	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Leonard Lance Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Dave Reichert</p> <p>Mailing Address P. O. Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. David George Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110316 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Loesack For Congress</p> <p>Mailing Address PO Box 1457</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Dave Loesack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110318 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Marcia Fudge For Congress</p> <p>Mailing Address 3729 Silsby Rd</p> <p>City University Heights State OH Zip Code 44118</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Marcia Fudge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110319 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

<p>A. Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110320 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address P.O. Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110321 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect Alan Grayson</p> <p>Mailing Address 8419 Oak Park Road</p> <p>City Orlando State FL Zip Code 32819</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Alan Mark Grayson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110322 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

A.	Full Name (Last, First, Middle Initial) Mike McMahon For Congress Mailing Address 66 Arnold Street City Staten Island State NY Zip Code 10301 Purpose of Disbursement Candidate Contribution Candidate Name Michael McMahon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 13	Transaction ID: 30110323 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Larry Kissell For Congress Mailing Address 106 East Main Street PO Box 1530 City Biscoe State NC Zip Code 27209 Purpose of Disbursement Candidate Contribution Candidate Name Mr. Larry Kissell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08	Transaction ID: 30110324 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Adler For Congress Mailing Address 14 Knightswood Drive City Marlton State NJ Zip Code 08053 Purpose of Disbursement Candidate Contribution Candidate Name Rep John Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03	Transaction ID: 30110325 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	4500.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

<p>A. Full Name (Last, First, Middle Initial) John Salazar For Congress</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110326 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Ciro Rodriguez For Congress</p> <p>Mailing Address PO Box 14528</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Ciro Rodriguez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110327 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Dan Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110328 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

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4500.00

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ITEMIZED DISBURSEMENTS**

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<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

<p>A. Full Name (Last, First, Middle Initial) Judy Chu for Congress</p> <p>Mailing Address 777 S Figueroa Street Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Judy Chu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 32</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110329 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Lisa Murkowski For US Senate</p> <p>Mailing Address PO Box 100847</p> <p>City Anchorage State AK Zip Code 99510</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Lisa Murkowski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110330 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Mazie Hirono</p> <p>Mailing Address PO Box 677</p> <p>City Honolulu State HI Zip Code 96809</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Mazie Hirono</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: HI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110332 Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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FOR LINE NUMBER: (check only one)

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<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

A.	Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona	Transaction ID: 30110333 Date of Disbursement 06 / 17 / 2009
	Mailing Address PO Box 993	Amount of Each Disbursement this Period 1000.00
	City Prescott State AZ Zip Code 86302	
	Purpose of Disbursement Candidate Contribution Candidate Name Ann Kirkpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Clarke For Congress	Transaction ID: 30110334 Date of Disbursement 06 / 17 / 2009
	Mailing Address 111-36 200th Street	Amount of Each Disbursement this Period 1000.00
	City Hollis State NY Zip Code 11412	
	Purpose of Disbursement Candidate Contribution Candidate Name Yvette Clarke Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Harry Mitchell For Congress	Transaction ID: 30110335 Date of Disbursement 06 / 17 / 2009
	Mailing Address PO Box 23748	Amount of Each Disbursement this Period 2000.00
	City Tempe State AZ Zip Code 85285	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Harry Mitchell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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<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

<p>A. Full Name (Last, First, Middle Initial) Heller For Congress</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110336</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan</p> <p>Mailing Address PO Box 871</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Byron L. Dorgan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ND District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110337</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan</p> <p>Mailing Address PO Box 871</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Byron L. Dorgan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ND District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30110338</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

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<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

A.	Full Name (Last, First, Middle Initial) BOLD PAC Mailing Address Post Office Box 310 City Washington State DC Zip Code 20003 Purpose of Disbursement Committee Contribution Candidate Name BOLD PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30110339 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00 Committee Contribution
B.	Full Name (Last, First, Middle Initial) Friends Of John Boehner Mailing Address 7908 Cincinnati Dayton Road Suite I2 City West Chester State OH Zip Code 45069 Purpose of Disbursement Candidate Contribution Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 08	Transaction ID: 30110342 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Arcuri For Congress Mailing Address P.O. Box 8508 City Utica State NY Zip Code 13505 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Michael A. Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24	Transaction ID: 30110344 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: (check only one)

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

A.	Full Name (Last, First, Middle Initial) Candice Miller For Congress	Transaction ID: 30112348 Date of Disbursement 06 / 19 / 2009
	Mailing Address PO Box 182152	Amount of Each Disbursement this Period 2000.00
	City Shelby Township State MI Zip Code 48318	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Candice S. Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress	Transaction ID: 30112350 Date of Disbursement 06 / 19 / 2009
	Mailing Address 95 Merrick Way, Suite 250	Amount of Each Disbursement this Period 1000.00
	City Coral Gables State FL Zip Code 33134	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Lincoln G. Diaz-Balart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 30112351 Date of Disbursement 06 / 19 / 2009
	Mailing Address P.O. Box 127	Amount of Each Disbursement this Period 1000.00
	City Cheshire State CT Zip Code 06410	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Christopher S. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
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<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

A.	Full Name (Last, First, Middle Initial) Chet Edwards For Congress	Transaction ID: 30112352 Date of Disbursement 06 / 19 / 2009
	Mailing Address PO Box 23273	Amount of Each Disbursement this Period 2000.00
	City Waco State TX Zip Code 76702	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Hall For Congress Committee	Transaction ID: 30112354 Date of Disbursement 06 / 19 / 2009
	Mailing Address Post Office Box 711	Amount of Each Disbursement this Period 1000.00
	City Rockwall State TX Zip Code 75087	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Ralph M. Hall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Crowley For Congress	Transaction ID: 30112355 Date of Disbursement 06 / 19 / 2009
	Mailing Address 84-56 Grand Avenue	Amount of Each Disbursement this Period 1000.00
	City Elmhurst State NY Zip Code 11373	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	4000.00
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Carolyn McCarthy</p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30112356 Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 224 18th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61204</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Philip Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30112358 Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Sires For Congress</p> <p>Mailing Address 6050 Blvd. East Apt. 6b</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Albio Sires</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30112359 Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

<p>A. Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress</p> <p>Mailing Address P.O. Box 819 PO Box 819</p> <p>City Amherst State MA Zip Code 01004</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John W. Olver</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30112360 Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Alan Mollohan For Congress Committee</p> <p>Mailing Address P. O. Box 1343</p> <p>City Fairmont State WV Zip Code 26555</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Alan B. Mollohan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30112362 Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael A. Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30112364 Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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

<p>A. Full Name (Last, First, Middle Initial) Chris Lee For Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Chris Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30112365</p> <p>Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powerline Road, Suite 204</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Ronald Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 22</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30112367</p> <p>Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Lobiondo For Congress</p> <p>Mailing Address PO Box 775</p> <p>City Marmora State NJ Zip Code 08223</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Frank A. LoBiondo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30112368</p> <p>Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MIKE R Fund	Transaction ID: 30112369 Date of Disbursement 06 / 19 / 2009
	Mailing Address P.O. Box 65796	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20035	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name MIKE R Fund	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Committee Contribution
	State: District:	

B.	Full Name (Last, First, Middle Initial) We the People PAC	Transaction ID: 30112374 Date of Disbursement 06 / 19 / 2009
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 1000.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Committee Contribution
	State: District:	

C.	Full Name (Last, First, Middle Initial) TOMPAC - To Overcome The Majority PAC	Transaction ID: 30112385 Date of Disbursement 06 / 19 / 2009
	Mailing Address P O Box 752	Amount of Each Disbursement this Period 5000.00
	City Des Moines State IA Zip Code 50303	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name TOMPAC - To Overcome The Majority PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Committee Contribution
	State: District:	

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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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Ben Chandler For Congress</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Benjamin Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30116046 Date of Disbursement 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kosmas For Congress</p> <p>Mailing Address PO Box 1547</p> <p>City New Smyrna Beach State FL Zip Code 32170</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Suzanne Kosmas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30116048 Date of Disbursement 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Senate Conservatives Fund</p> <p>Mailing Address 228 S. Washington St. Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Senate Conservatives Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30116049 Date of Disbursement 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

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

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PAGE 82 / 89

<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

A.	Full Name (Last, First, Middle Initial) Souder For Congress Inc.	Transaction ID: 30116050 Date of Disbursement
	Mailing Address P.O. Box 40233	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Fort Wayne State IN Zip Code 46804	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mark E. Souder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/> Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress	Transaction ID: 30116051 Date of Disbursement
	Mailing Address 607 N. Main St Suite 240	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name Mr. Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/> Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Bachmann For Congress	Transaction ID: 30116053 Date of Disbursement
	Mailing Address 6053 Hudson Road Ste 360	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Woodbury State MN Zip Code 55125	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Michele Bachmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/> Candidate Contribution

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

<p>A. Full Name (Last, First, Middle Initial) Driehaus For Congress</p> <p>Mailing Address 650 Fox Trails Way</p> <p>City Cincinnati State OH Zip Code 45233</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Steve Driehaus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30116056</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Lucas For Congress</p> <p>Mailing Address Post Office Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Frank D. Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30116060</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30129739</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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

<p>A. Full Name (Last, First, Middle Initial) Hatch Election Committee Inc</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Orrin G. Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30129740 Date of Disbursement 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Committee To Re-Elect Congressman Duncan Hunter</p> <p>Mailing Address 9340 Fuerte Drive Suite 302</p> <p>City La Mesa State CA Zip Code 91941</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Duncan L. Hunter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30129741 Date of Disbursement 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30129742 Date of Disbursement 06 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

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

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Detailed Summary Page

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

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

A.	Full Name (Last, First, Middle Initial) Latham For Congress	Transaction ID: 30129745 Date of Disbursement 06 / 26 / 2009
	Mailing Address P.O. Box 71 PO Box 71	Amount of Each Disbursement this Period 2500.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Thomas P. Latham Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer	Transaction ID: 30129758 Date of Disbursement 06 / 26 / 2009
	Mailing Address PO Box 641751	Amount of Each Disbursement this Period 2500.00
	City Los Angeles State CA Zip Code 90064	
	Purpose of Disbursement Candidate Contribution Candidate Name Sen. Barbara Boxer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Ben Chandler For Congress	Transaction ID: 30129759 Date of Disbursement 06 / 26 / 2009
	Mailing Address P. O. Box 12678	Amount of Each Disbursement this Period 1000.00
	City Lexington State KY Zip Code 40508	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Benjamin Chandler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City San Francisco State CA Zip Code 94104 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30129760 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Candidate Contribution
B.	Full Name (Last, First, Middle Initial) Friends Of John Boehner Mailing Address 7908 Cincinnati Dayton Road Suite I2 City West Chester State OH Zip Code 45069 Purpose of Disbursement Candidate Contribution Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30129761 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution
C.	Full Name (Last, First, Middle Initial) Braley For Congress Mailing Address PO Box 390 City Waterloo State IA Zip Code 50704 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Bruce Braley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30132796 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)		6000.00	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Marcia Fudge For Congress</p> <p>Mailing Address 3729 Silsby Rd</p> <p>City University Heights State OH Zip Code 44118</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Marcia Fudge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30132797 Date of Disbursement 06 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee</p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30132798 Date of Disbursement 06 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30170594 Date of Disbursement 06 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	153000.00

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

A.	Full Name (Last, First, Middle Initial) Wachovia Federal	Transaction ID: 30181642 Date of Disbursement 06 / 09 / 2009
	Mailing Address 1650 Tyson Blvd.	Amount of Each Disbursement this Period 581.37
	City McLean State VA Zip Code 22102	
	Purpose of Disbursement Wachovia Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Wachovia Fee

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 30182366 Date of Disbursement 06 / 01 / 2009
	Mailing Address PO Box 790251	Amount of Each Disbursement this Period 533.31
	City St. Louis State MO Zip Code 63179	
	Purpose of Disbursement Bank of America Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Bank of America Fee

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 30182374 Date of Disbursement 06 / 02 / 2009
	Mailing Address PO Box 790251	Amount of Each Disbursement this Period 8.01
	City St. Louis State MO Zip Code 63179	
	Purpose of Disbursement Discover Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Discover Fee

SUBTOTAL of Disbursements This Page (optional)	▶	1122.69
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)

PAGE 89 / 89

<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

A. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 790251 <hr/> City St. Louis State MO Zip Code 63179 <hr/> Purpose of Disbursement American Expresss Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30182379 Date of Disbursement 06 / 05 / 2009
	Amount of Each Disbursement this Period 167.21
	Category/ Type 001
	American Express Fee
B. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address PO Box 790251 <hr/> City St. Louis State MO Zip Code 63179 <hr/> Purpose of Disbursement Bank of America Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30182382 Date of Disbursement 06 / 15 / 2009
	Amount of Each Disbursement this Period 160.69
	Category/ Type 001
	Bank of America Fee

SUBTOTAL of Disbursements This Page (optional) ►

327.90

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

1450.59