

# 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 2011 through 06 30 2011

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 15 2011

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	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		393463.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	499998.19									
(c) Total Receipts (from Line 19) .....	71114.96	414605.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	571113.15	808069.06								
7. Total Disbursements (from Line 31) .....	123139.43	360095.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	447973.72	447973.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	55449.79	278543.29
(ii) Unitemized .....	14133.52	134188.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	69583.31	412731.93
(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) .....	69583.31	412731.93
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 .....	1500.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	31.65	373.80
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)) .....	71114.96	414605.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	71114.96	414605.73

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.....	2139.43	13470.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2139.43	13470.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	121000.00	346500.00
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	125.00
(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	125.00
29. Other Disbursements.....	0.00	0.00
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))..	123139.43	360095.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123139.43	360095.34

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) .....	69583.31	412731.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69583.31	412606.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2139.43	13470.34
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2139.43	13470.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 100
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr John D Coble	Date of Receipt MM / DD / YYYY 06 / 01 / 2011
	Mailing Address 1501 Sunset Hill	<b>Transaction ID:</b> 33378187
	City State Zip Code Rockwall TX 75087-3216	Amount of Each Receipt this Period 83.35
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 500.10	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Dirk E Graves	Date of Receipt MM / DD / YYYY 06 / 01 / 2011
	Mailing Address 106 Elliott Circle	<b>Transaction ID:</b> 33378190
	City State Zip Code Anderson SC 29621-3361	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Kevin Katz	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 1205 Pin Oak Drive	<b>Transaction ID:</b> 33401793
	City State Zip Code Dickinson TX 77539-3320	Amount of Each Receipt this Period 163.64
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 981.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>371.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 100

(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 Kathleen E Powell

Mailing Address 9710 Copper Drive

City State Zip Code  
Anchorage AK 99507-1226

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) ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 03 / 2011

Transaction ID: 33401794

Amount of Each Receipt this Period

85.00

**B.**

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

Mailing Address 709 South 5Th St

City State Zip Code  
Hamilton MT 59840-2755

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) ▼ 344.29

Date of Receipt

M M / D D / Y Y Y Y  
06 / 03 / 2011

Transaction ID: 33401796

Amount of Each Receipt this Period

144.29

**C.**

Full Name (Last, First, Middle Initial)  
Dr Robert L Jarrell, III

Mailing Address 50 Cedar Hill Rd

City State Zip Code  
Albuquerque NM 87122-1928

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) ▼ 571.44

Date of Receipt

M M / D D / Y Y Y Y  
06 / 03 / 2011

Transaction ID: 33401799

Amount of Each Receipt this Period

285.72

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

515.01

**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 / 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein	Date of Receipt MM / DD / YYYY 06 / 04 / 2011
	Mailing Address 1830 Rebel Ridge	<b>Transaction ID:</b> 33402583
	City State Zip Code Anchorage AK 99504-2900	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 510.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Stanley Woo	Date of Receipt MM / DD / YYYY 06 / 04 / 2011
	Mailing Address 2501 Nicholson St	<b>Transaction ID:</b> 33402586
	City State Zip Code Houston TX 77008-2022	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Harvey B Richman, FAAO	Date of Receipt MM / DD / YYYY 06 / 04 / 2011
	Mailing Address 136 Main Street	<b>Transaction ID:</b> 33402587
	City State Zip Code Manasquan NJ 08736-3558	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>376.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 100  
(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 Julie A Toon		Date of Receipt MM / DD / YYYY 06 / 04 / 2011
Mailing Address 2204 Longwood Cir		<b>Transaction ID:</b> 33402588
City Wichita	State KS	Zip Code 67226-1157
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**B.**

Full Name (Last, First, Middle Initial) Dr David Edward Magnus		Date of Receipt MM / DD / YYYY 06 / 05 / 2011
Mailing Address P O Box 2144		<b>Transaction ID:</b> 33402591
City Corrales	State NM	Zip Code 87048-2144
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Dr Jeffrey J Neighbors		Date of Receipt MM / DD / YYYY 06 / 05 / 2011
Mailing Address 119 S Cadwell		<b>Transaction ID:</b> 33402594
City Eagle Grove	State IA	Zip Code 50533-2121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 100  
(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 Clarke D Newman

Mailing Address 7700 Greenway Blvd A-4

City State Zip Code  
Dallas TX 75209-7324

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 ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2011

**Transaction ID:** 33402595

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Frederick P Darin

Mailing Address 405 Tirrell Rd

City State Zip Code  
Charlotte MI 48813-2131

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 / 06 / 2011

**Transaction ID:** 33402609

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City State Zip Code  
Lakewood NY 14750-1734

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 ▼  
500.04

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2011

**Transaction ID:** 33402613

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **383.34**

**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 11 / 100  
(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 Michael L Tashner

Mailing Address 925 Golfview Dr

City State Zip Code  
Platteville WI 53818-9783

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) ▼ 365.00

Date of Receipt

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

Transaction ID: 33404157

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Joel Gregory Bailey

Mailing Address 311 Pond View Lane

City State Zip Code  
Lexington SC 29072-2419

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 7 / 2 0 1 1

Transaction ID: 33404537

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Thomas W Liner

Mailing Address 20 Lynn Drive

City State Zip Code  
Coventry RI 02816-6540

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 2 / 2 0 1 1

Transaction ID: 33411067

Amount of Each Receipt this Period

250.00

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

865.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 100

(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 Richard Scott Liner

Mailing Address 74 Woodcove Dr

City State Zip Code  
Coventry RI 02816-6615

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	2		2	0	1	1

Transaction ID: 33411068

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 1305 Rawhide Drive

City State Zip Code  
Gillette WY 82716-1823

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 ▼ 750.00

Date of Receipt

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

Transaction ID: 33411070

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Joseph C Maycock

Mailing Address Po Box 311

City State Zip Code  
Gillette WY 82717-0311

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 ▼ 750.00

Date of Receipt

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

Transaction ID: 33411071

Amount of Each Receipt this Period  
750.00

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

2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 100  
(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 Joseph L Fischer

Mailing Address P O Box 59

City Marmarth State ND Zip Code 58643-0059

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 02 / 2011  
**Transaction ID: 33411072**  
 Amount of Each Receipt this Period: 750.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Robert Leroy Mills

Mailing Address 907 Fairway Dr

City Gillette State WY Zip Code 82718-7612

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 06 / 02 / 2011  
**Transaction ID: 33411073**  
 Amount of Each Receipt this Period: 750.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Roger L Jordan

Mailing Address 3329 Paintbrush Drive

City Gillette State WY Zip Code 82718-7616

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 02 / 2011  
**Transaction ID: 33411074**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 100  
(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 John A Conroy

Mailing Address 314 Gause Ave

City State Zip Code  
Milbank SD 57252-3610

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 ▼ 220.00

Date of Receipt

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

Transaction ID: 33411089

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Marshall P Dorsett

Mailing Address 12938 Ironwood Drive

City State Zip Code  
Aberdeen SD 57401-8106

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 ▼ 700.00

Date of Receipt

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

Transaction ID: 33411094

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Angela J Hase

Mailing Address 2219 13Th Ave Se

City State Zip Code  
Aberdeen SD 57401-7334

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 ▼ 220.00

Date of Receipt

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

Transaction ID: 33411119

Amount of Each Receipt this Period  
20.00

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

140.00

**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 15 / 100  
(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 Hope Bernard-Marandola

Mailing Address 213 Spaulding Road

City State Zip Code  
Plainfield CT 06374-2126

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 / 0 3 / 2 0 1 1

Transaction ID: 33411163

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Wayne D Ellenbecker

Mailing Address 2377 Palais Drive

City State Zip Code  
Coeur D Alene ID 83815-9136

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 3 / 2 0 1 1

Transaction ID: 33411164

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Cynthia L Ellenbecker

Mailing Address 2377 Palais Drive

City State Zip Code  
Coeur D Alene ID 83815-9136

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 3 / 2 0 1 1

Transaction ID: 33411165

Amount of Each Receipt this Period

250.00

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

800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 100  
(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 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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: 33421983

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Sean Michael Stevens

Mailing Address 23 Farm Brook Way

City State Zip Code  
Simpsonville SC 29681-3509

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 8 / 2 0 1 1

Transaction ID: 33421988

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Billie Parks Skinner

Mailing Address 427 Falling Rock Way

City State Zip Code  
Greenville SC 29615-4985

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 8 / 2 0 1 1

Transaction ID: 33421989

Amount of Each Receipt this Period  
125.00

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

300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 100

(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 Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City State Zip Code  
Fairview NC 28730-7721

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  
06 / 08 / 2011

Transaction ID: 33421991

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City State Zip Code  
Minot ND 58703-1754

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 ▼  
240.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 08 / 2011

Transaction ID: 33421993

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Mindy Sterner Leach

Mailing Address 313 Fox Drive

City State Zip Code  
Great Falls MT 59404-3835

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  
06 / 07 / 2011

Transaction ID: 33423776

Amount of Each Receipt this Period  
365.00

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

605.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 100
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Morgan R Leach	Date of Receipt MM / DD / YYYY 06 / 07 / 2011
	Mailing Address 313 Fox Drive	<b>Transaction ID:</b> 33423777
	City State Zip Code Great Falls MT 59404-3835	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr David J Esplin	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 34 South 590 East	<b>Transaction ID:</b> 33425665
	City State Zip Code Salem UT 84653-5519	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr David J Shippee	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address Box 307	<b>Transaction ID:</b> 33425666
	City State Zip Code Sherman Oaks ME 04777	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 249.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>451.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 100  
(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 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 ▼ 270.00

Date of Receipt

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

Transaction ID: 33425669

Amount of Each Receipt this Period

55.00

**B.**

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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 990.90

Date of Receipt

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

Transaction ID: 33425670

Amount of Each Receipt this Period

168.18

**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

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

Transaction ID: 33425671

Amount of Each Receipt this Period

125.00

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

348.18

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 100  
(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 Drost Altig

Mailing Address 520 Cr 4856

City State Zip Code  
Newark TX 76071

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: 06 / 09 / 2011  
Transaction ID: 33432127  
Amount of Each Receipt this Period: 500.00

**B.** 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 ▼ 250.02

Date of Receipt: 06 / 10 / 2011  
Transaction ID: 33436097  
Amount of Each Receipt this Period: 41.67

**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: 06 / 10 / 2011  
Transaction ID: 33436098  
Amount of Each Receipt this Period: 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 691.67

**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 21 / 100  
(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 State Zip Code  
Benton KY 42025-9400

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) ▼ 1000.02

Date of Receipt

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

Transaction ID: 33436099

Amount of Each Receipt this Period

166.67

**B.**

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

Mailing Address 2505 Rivermont Circle

City State Zip Code  
Kingsport TN 37660-2392

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) ▼ 499.98

Date of Receipt

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

Transaction ID: 33436100

Amount of Each Receipt this Period

83.33

**C.**

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

Mailing Address 8639 Olenbrook Drive

City State Zip Code  
Lewis Center OH 43035-8702

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 / 1 0 / 2 0 1 1

Transaction ID: 33436101

Amount of Each Receipt this Period

45.00

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

295.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 100  
(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 Gregory Willard Hicks

Mailing Address 419 Bogart Road East

City Sandusky State OH Zip Code 44870-6404

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1004.00

Date of Receipt 06 / 11 / 2011  
Transaction ID: 33438997  
Amount of Each Receipt this Period 166.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City Shoreview State MN Zip Code 55126-3127

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 11 / 2011  
Transaction ID: 33438998  
Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Robert Craig Janot

Mailing Address 100 Orchard Drive

City Sulphur State LA Zip Code 70663-6268

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 11 / 2011  
Transaction ID: 33438999  
Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.67

**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 23 / 100  
(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 Nathan H Drum

Mailing Address 410 Slate Ledge Road

City Littleton State NH Zip Code 03561-3419

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 11 / 2011  
Transaction ID: 33439002  
Amount of Each Receipt this Period 85.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City Kent State WA Zip Code 98030-7004

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 06 / 12 / 2011  
Transaction ID: 33439005  
Amount of Each Receipt this Period 250.00

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

Mailing Address 6436 Spotted Fawn Run

City Littleton State CO Zip Code 80125-9055

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 12 / 2011  
Transaction ID: 33439006  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 535.00

**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 / 100  
(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 Randolph E Brooks

Mailing Address 3 Schindler Drive

City Succasunna State NJ Zip Code 07876-1183

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 12 / 2011  
Transaction ID: 33439009  
Amount of Each Receipt this Period 200.00

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

Mailing Address 4047 Meadow Lark Drive

City Calabasas State CA Zip Code 91302-1844

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 12 / 2011  
Transaction ID: 33439010  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City Cullman State AL Zip Code 35055-4555

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 06 / 13 / 2011  
Transaction ID: 33439014  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

**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 / 100  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill		Date of Receipt MM / DD / YYYY 06 / 13 / 2011
	Mailing Address 126 Trey Moor Drive		<b>Transaction ID:</b> 33439015
	City Alabaster	State AL	Zip Code 35007-3150
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Sarah C Gordon		Date of Receipt MM / DD / YYYY 06 / 13 / 2011
	Mailing Address 252 Inverness Center Dr		<b>Transaction ID:</b> 33439016
	City Birmingham	State AL	Zip Code 35242-4834
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Brian D Cin		Date of Receipt MM / DD / YYYY 06 / 13 / 2011
	Mailing Address 17342 Alice Loop		<b>Transaction ID:</b> 33439018
	City Eagle River	State AK	Zip Code 99577-7579
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

**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 26 / 100  
(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 Edwin Y Endo

Mailing Address 98828 Hiliu PI

City State Zip Code  
Aiea HI 96701-2785

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 / 13 / 2011

**Transaction ID:** 33439019

Amount of Each Receipt this Period  
41.66

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

Mailing Address 1346 Heller Drive

City State Zip Code  
Yardley PA 19067-2714

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 ▼ 400.02

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2011

**Transaction ID:** 33447015

Amount of Each Receipt this Period  
66.67

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

Mailing Address 917 S Market Street

City State Zip Code  
Knoxville IL 61448-1299

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 ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2011

**Transaction ID:** 33447017

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **193.33**

**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 27 / 100  
(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 ▼ 500.01

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2011

**Transaction ID:** 33447019

Amount of Each Receipt this Period  
83.33

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

Mailing Address 225 Terrace Drive

City State Zip Code  
Lilly PA 15938-5819

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 ▼ 833.35

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2011

**Transaction ID:** 33447020

Amount of Each Receipt this Period  
166.67

**C.** Full Name (Last, First, Middle Initial)  
Dr Louis J Phillips

Mailing Address 1274 Morrow Rd

City State Zip Code  
Pittsburgh PA 15241-3502

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 ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2011

**Transaction ID:** 33447022

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**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  
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FOR LINE NUMBER: PAGE 28 / 100  
(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 Scot Morris

Mailing Address 24440 Pleasant Park Road

City State Zip Code  
Conifer CO 80433-7603

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 / 2011

**Transaction ID: 33447517**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jadie B Roberts

Mailing Address St-8 Lake Cherokee

City State Zip Code  
Henderson TX 75652-8602

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  
MM / DD / YYYY  
06 / 09 / 2011

**Transaction ID: 33447519**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 32840 S Meridian Road

City State Zip Code  
Woodburn OR 97071-8768

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 ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2011

**Transaction ID: 33449552**

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1407.00

**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 / 100  
(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 Linda M Chous

Mailing Address 1295 W Royal Oaks Drive

City State Zip Code  
Shoreview MN 55126-8478

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 / 15 / 2011

**Transaction ID: 33449553**

Amount of Each Receipt this Period  
90.91

**B.**

Full Name (Last, First, Middle Initial)  
Dr Mark J. Hennen

Mailing Address 1613 Atwater Path

City State Zip Code  
Inver Grove Height MN 55077-1201

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 / 15 / 2011

**Transaction ID: 33449554**

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Victoria Ann Blower

Mailing Address 2301 Loussac Dr

City State Zip Code  
Anchorage AK 99517-1230

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 ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2011

**Transaction ID: 33449558**

Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.91**

**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 30 / 100  
(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 Rodney D Fair

Mailing Address 1169 Coneflower Way

City Brighton State CO Zip Code 80601-6785

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 06 / 15 / 2011  
Transaction ID: 33449560  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Vincent W Brandys, Jr

Mailing Address 998 Ascot Drive

City Elgin State IL Zip Code 60123-6761

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1002.00

Date of Receipt 06 / 15 / 2011  
Transaction ID: 33449561  
Amount of Each Receipt this Period 167.00

**C.** 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 ▼ 254.00

Date of Receipt 06 / 15 / 2011  
Transaction ID: 33449563  
Amount of Each Receipt this Period 41.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 258.00

**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  
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FOR LINE NUMBER: PAGE 31 / 100  
(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 Jeffrey Paul Hilovsky  
Mailing Address 445 Woodside Rd

City Millsboro State DE Zip Code 19966-8739

FEC ID number of 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 / 13 / 2011  
Transaction ID: 33454121  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Candace D Hamel  
Mailing Address 28900 Securrin Rd

City Estacada State OR Zip Code 97023

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 06 / 13 / 2011  
Transaction ID: 33454122  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Mark P Smith  
Mailing Address 109 Harper Street

City Brookhaven State MS Zip Code 39601-2133

FEC ID number of 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 / 13 / 2011  
Transaction ID: 33454123  
Amount of Each Receipt this Period 100.00

**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 32 / 100  
(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 Mark Lee Guisti  
Mailing Address 592 12Th Street  
City Elko State NV Zip Code 89801-3405  
FEC ID number of 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 / 13 / 2011  
Transaction ID: 33454125  
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 New London State NH Zip Code 03257-0302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1162.00  
Date of Receipt 06 / 13 / 2011  
Transaction ID: 33454127  
Amount of Each Receipt this Period 166.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Michael J Guilbert  
Mailing Address 14 Harrison  
City Deadwood State SD Zip Code 57732-1402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 06 / 13 / 2011  
Transaction ID: 33454134  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 616.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 100  
(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 Thomas W Hobbs

Mailing Address 13 Ne 550 Rd

City Warrensburg State MO Zip Code 64093-7473

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 16 / 2011

Transaction ID: 33456328

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Ron W Roelfs

Mailing Address 1304 Shepherd Ave

City Waverly State IA Zip Code 50677-9632

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 16 / 2011

Transaction ID: 33456329

Amount of Each Receipt this Period 35.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr George Kenneth Johnson

Mailing Address 3025 W Beverly Lane

City Phoenix State AZ Zip Code 85053-3050

FEC ID number of 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 / 14 / 2011

Transaction ID: 33456786

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

**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 34 / 100  
(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 Peter H Kehoe

Mailing Address 789 N Broad

City Galesburg State IL Zip Code 61401-2766

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 06 / 13 / 2011

**Transaction ID: 33456791**

Amount of Each Receipt this Period 175.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Jeffrey K Smith

Mailing Address 145 Unity Lane

City Crossett State AR Zip Code 71635-9175

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 14 / 2011

**Transaction ID: 33457006**

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Mark J Cook

Mailing Address 5698 Mountain Road

City Brighton State MI Zip Code 48116-9732

FEC ID number of 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 / 14 / 2011

**Transaction ID: 33457009**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 525.00

**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 35 / 100

(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 Jennifer L Planitz

Mailing Address 3537 New Castle Dr Se

City State Zip Code  
Rio Rancho NM 87124-3672

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 ▼ 2381.85

Date of Receipt

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

Transaction ID: 33457888

Amount of Each Receipt this Period

436.37

**B.**

Full Name (Last, First, Middle Initial)  
Dr Leeann 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 Missouri Optometric Association, Inc. Occupation  
Missouri Optometric Association, Inc. 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 / 1 7 / 2 0 1 1

Transaction ID: 33457890

Amount of Each Receipt this Period

50.00

**C.**

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

Mailing Address 13713 Vic Road Ne

City State Zip Code  
Albuquerque NM 87112-6602

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

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

Transaction ID: 33457891

Amount of Each Receipt this Period

50.00

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

536.37

**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 / 100  
(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 Sarah J Hudson

Mailing Address 284 Richards Ave Unit 2

City Portsmouth State NH Zip Code 03801-5238

FEC ID number of 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 / 17 / 2011

Transaction ID: 33457894

Amount of Each Receipt this Period 125.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City Central City State KY Zip Code 42330-1727

FEC ID number of 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 / 2011

Transaction ID: 33457897

Amount of Each Receipt this Period 50.00

**C.**

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

Mailing Address 1445 Prospect Avenue Unit D

City Placentia State CA Zip Code 92870-3816

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 18 / 2011

Transaction ID: 33459246

Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► 258.34

**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 37 / 100  
(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 Kent Hillery

Mailing Address 16448 Country Club Drive

City Peosta State IA Zip Code 52068-9710

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 18 / 2011  
Transaction ID: 33459247  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr 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 ▼ 208.00

Date of Receipt 06 / 18 / 2011  
Transaction ID: 33459248  
Amount of Each Receipt this Period 32.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Todd M Hamilton

Mailing Address 278 Falmouth Road

City Windham State ME Zip Code 04062-4815

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 18 / 2011  
Transaction ID: 33459249  
Amount of Each Receipt this Period 33.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 115.00

**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 / 100  
(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 Blaine A Littlefield

Mailing Address 27 Wilderness Drive

City State Zip Code  
Freeport ME 04032-5824

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 ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2011

**Transaction ID:** 33459250

Amount of Each Receipt this Period  
33.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Alan Joseph Mathieu

Mailing Address P O Box 132

City State Zip Code  
Raymond ME 04071-0132

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 ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2011

**Transaction ID:** 33459251

Amount of Each Receipt this Period  
33.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Nathaniel Roland

Mailing Address 10001 Admiral Emerson Ave Ne

City State Zip Code  
Albuquerque NM 87111-1339

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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2011

**Transaction ID:** 33459253

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **316.00**

**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 39 / 100  
(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 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 / 1 9 / 2 0 1 1

Transaction ID: 33459257

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Richard Cornett

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

City State Zip Code  
Worthington OH 43085-2350

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

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

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 9 / 2 0 1 1

Transaction ID: 33459258

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Philip Dunne Flynn

Mailing Address 122 Palmetto Hall Drive

City State Zip Code  
Lexington SC 29072-7894

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

Name of Employer 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 9 / 2 0 1 1

Transaction ID: 33459259

Amount of Each Receipt this Period

125.00

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

475.00

**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 40 / 100  
(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 Pearl

Mailing Address 2245 Nw 142Nd Way

City State Zip Code  
Pembroke Pines FL 33028-2862

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 / 19 / 2011

**Transaction ID:** 33459261

Amount of Each Receipt this Period  
41.67

**B.**

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 ▼ 998.34

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2011

**Transaction ID:** 33459262

Amount of Each Receipt this Period  
166.94

**C.**

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 ▼ 499.18

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2011

**Transaction ID:** 33459263

Amount of Each Receipt this Period  
83.47

**SUBTOTAL** of Receipts This Page (optional) ..... ► **292.08**

**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 / 100  
(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 Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1090.92

Date of Receipt 06 / 19 / 2011

**Transaction ID: 33459268**

Amount of Each Receipt this Period 181.82

**B.** Full Name (Last, First, Middle Initial)  
Dr Desiree Tyler Hopping

Mailing Address 1801 Creekside Dr

City Friendswood State TX Zip Code 77546-7821

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1090.92

Date of Receipt 06 / 19 / 2011

**Transaction ID: 33459269**

Amount of Each Receipt this Period 181.82

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

Mailing Address 2116 Wildwood Court

City Fullerton State CA Zip Code 92831-1339

FEC ID number of 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 / 20 / 2011

**Transaction ID: 33459270**

Amount of Each Receipt this Period 50.00

**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 42 / 100  
(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 J Parks

Mailing Address 332 Sweet Allen Farm Rd

City State Zip Code  
Wakefield RI 02879-1492

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 ▼ 222.22

Date of Receipt

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

Transaction ID: 33459273

Amount of Each Receipt this Period

111.11

**B.**

Full Name (Last, First, Middle Initial)  
Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City State Zip Code  
Guthrie OK 73044-8668

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  
0 6 / 2 1 / 2 0 1 1

Transaction ID: 33462707

Amount of Each Receipt this Period

166.67

**C.**

Full Name (Last, First, Middle Initial)  
Dr David S Hays

Mailing Address 8720 52Nd St Ct W

City State Zip Code  
University Pl WA 98467-1758

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

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

Transaction ID: 33462710

Amount of Each Receipt this Period

84.00

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

361.78

**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 / 100  
(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 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 ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2011

**Transaction ID:** 33462711

Amount of Each Receipt this Period  
41.67

**B.** Full Name (Last, First, Middle Initial)  
Dr Patrick A Lenane

Mailing Address 2721 N 13Th Street

City State Zip Code  
Fort Dodge IA 50501-7210

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 / 21 / 2011

**Transaction ID:** 33462713

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 State Zip Code  
Garner IA 50438-1847

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 / 21 / 2011

**Transaction ID:** 33462714

Amount of Each Receipt this Period  
84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.67**

**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 44 / 100  
(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 Michael D Conklin

Mailing Address 9067 Bordeaux Way

City State Zip Code  
Sandy UT 84093-2216

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 ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2011

**Transaction ID: 33464183**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1698 Brookside Drive

City State Zip Code  
Germantown TN 38138-2531

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 ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2011

**Transaction ID: 33464186**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Dr David Bryce Reber

Mailing Address 18 Fairmont Court

City State Zip Code  
Hobbs NM 88240-1059

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 ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2011

**Transaction ID: 33469877**

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **785.00**

**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 45 / 100  
(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 Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City Tuscaloosa State AL Zip Code 35406-2608

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 20 / 2011

**Transaction ID: 33469878**

Amount of Each Receipt this Period 100.00

**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 ▼ 518.16

Date of Receipt 06 / 23 / 2011

**Transaction ID: 33471670**

Amount of Each Receipt this Period 86.36

**C.** Full Name (Last, First, Middle Initial)  
Dr Larry D Gunnell

Mailing Address #7 Brenna Dr

City Wichita Falls State TX Zip Code 76302-2506

FEC ID number of 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 / 23 / 2011

**Transaction ID: 33471671**

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 269.69

**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 / 100  
(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 Joseph J Jordan, Jr

Mailing Address 224 Laconia Rd

City State Zip Code  
Tilton NH 03276-5223

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 ▼ 1000.02

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 33471672

Amount of Each Receipt this Period  
166.67

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

Mailing Address 659 Spyglass Summit Drive

City State Zip Code  
Chesterfield MO 63017-2142

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  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 33471674

Amount of Each Receipt this Period  
166.67

**C.** Full Name (Last, First, Middle Initial)  
Dr Martin H Carroll

Mailing Address 3700 Essex Road

City State Zip Code  
Cheyenne WY 82001-1641

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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** 33471675

Amount of Each Receipt this Period  
150.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 100

(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 Cheryl T Stoker

Mailing Address 825 Parkway Dr

City State Zip Code  
Natchitoches LA 71457-5535

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) ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: 33471677

Amount of Each Receipt this Period

83.33

**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 / 2 3 / 2 0 1 1

Transaction ID: 33471681

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Tammy Hogan Love

Mailing Address 1524 Stillwater Ct

City State Zip Code  
Bowling Green KY 42103-6022

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 / 2 3 / 2 0 1 1

Transaction ID: 33471682

Amount of Each Receipt this Period

100.00

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

233.33

**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 48 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr Chris R Deibert

Mailing Address 8 Johnson Drive

City Luray State VA Zip Code 22835-9705

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 23 / 2011  
Transaction ID: 33471684  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Thomas E Nye

Mailing Address 42 Tabor Lane

City Hamilton State OH Zip Code 45013-5118

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 503.64

Date of Receipt 06 / 23 / 2011  
Transaction ID: 33471685  
Amount of Each Receipt this Period 82.73

**C.** Full Name (Last, First, Middle Initial)  
Dr Kirby T Treat

Mailing Address 1096 N Ponderosa Lane

City Worland State WY Zip Code 82401-8511

FEC ID number of 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 / 21 / 2011  
Transaction ID: 33479747  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 632.73

**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 / 100  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** 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 Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1090.92  
Date of Receipt 06 / 24 / 2011  
Transaction ID: 33483040  
Amount of Each Receipt this Period 181.82

**B.** Full Name (Last, First, Middle Initial)  
Dr Teresa M Seim  
Mailing Address 75388 Vineyard Way  
City State Zip Code  
Lawton MI 49065-8609  
FEC ID number of 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 / 24 / 2011  
Transaction ID: 33483041  
Amount of Each Receipt this Period 42.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Leon Michael Favede  
Mailing Address 250 Harbel Drive  
City State Zip Code  
Saint Clairsville OH 43950-1025  
FEC ID number of 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 / 24 / 2011  
Transaction ID: 33483042  
Amount of Each Receipt this Period 126.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 349.82  
**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 50 / 100  
(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 Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City State Zip Code  
Bloomington IL 61705-6300

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 ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID: 33483043**

Amount of Each Receipt this Period  
85.00

**B.**

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

Mailing Address P O Box 0

City State Zip Code  
Park River ND 58270

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 ▼ 1018.20

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID: 33483044**

Amount of Each Receipt this Period  
163.64

**C.**

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

Mailing Address 4550 Simpson Hwy 28 W

City State Zip Code  
Magee MS 39111-5187

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 ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID: 33483045**

Amount of Each Receipt this Period  
90.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **338.64**

**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 51 / 100  
(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 Peter V Candela

Mailing Address P O Box 614

City Blythewood State SC Zip Code 29016-0614

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 24 / 2011  
Transaction ID: 33483046  
Amount of Each Receipt this Period 83.34

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

Mailing Address 12 Wyndemere Vale

City Monterey State CA Zip Code 93940-5811

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt 06 / 25 / 2011  
Transaction ID: 33484512  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Donald Lester Watson

Mailing Address 118 San Marco Drive

City Tybee Island State GA Zip Code 31328-9706

FEC ID number of 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 / 25 / 2011  
Transaction ID: 33484513  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 633.34

**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 52 / 100  
(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 Shannon C Franklin

Mailing Address 427 Cranberry Lane

City State Zip Code  
Crozet VA 22932-3160

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  
M M / D D / Y Y Y Y  
06 / 25 / 2011

**Transaction ID: 33484514**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 5079 W Sunset Dr

City State Zip Code  
Lake Oswego OR 97035-4253

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  
M M / D D / Y Y Y Y  
06 / 25 / 2011

**Transaction ID: 33484516**

Amount of Each Receipt this Period  
41.67

**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 ▼ 250.02

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2011

**Transaction ID: 33484517**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **133.34**

**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 53 / 100

(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 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 ▼ 454.55

Date of Receipt

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

Transaction ID: 33484518

Amount of Each Receipt this Period  
90.91

**B.**

Full Name (Last, First, Middle Initial)  
Dr Joe Wesley De Loach

Mailing Address 504 Edgelake Drive

City State Zip Code  
Dallas TX 75218-2111

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 ▼ 545.00

Date of Receipt

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

Transaction ID: 33484519

Amount of Each Receipt this Period  
109.00

**C.**

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 ▼ 420.00

Date of Receipt

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

Transaction ID: 33484520

Amount of Each Receipt this Period  
84.00

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

283.91

**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 54 / 100

(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 Stacie Layne Virden

Mailing Address 2432 Lake Air Drive

City State Zip Code  
Waco TX 76710-1611

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 06 / 25 / 2011

**Transaction ID:** 33484521

Amount of Each Receipt this Period 90.91

**B.**

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

Mailing Address 461 Pleasant St  
P.O. Box 521

City State Zip Code  
Franklin NH 03235-1885

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 ▼ 650.00

Date of Receipt 06 / 26 / 2011

**Transaction ID:** 33484525

Amount of Each Receipt this Period 100.00

**C.**

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 06 / 26 / 2011

**Transaction ID:** 33484526

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 240.91

**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 55 / 100

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr D. Cory Rath		Date of Receipt MM / DD / YYYY 06 / 26 / 2011		
	Mailing Address 10748 Sprucedale Ave		<b>Transaction ID:</b> 33484528		
	City Las Vegas	State NV	Zip Code 89144-4401	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Doctor of Optometry		Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Maryjane Healey		Date of Receipt MM / DD / YYYY 06 / 27 / 2011		
	Mailing Address 6710 124Th Place Se		<b>Transaction ID:</b> 33484530		
	City Snohomish	State WA	Zip Code 98296-8649	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Doctor of Optometry		Aggregate Year-to-Date ▼ 1200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III		Date of Receipt MM / DD / YYYY 06 / 27 / 2011		
	Mailing Address 1229 Highland Lakes Trail		<b>Transaction ID:</b> 33484531		
	City Birmingham	State AL	Zip Code 35242-6886	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Doctor of Optometry		Aggregate Year-to-Date ▼ 300.00	

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

350.00

**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 56 / 100  
(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 G Veronneau

Mailing Address 1102 Main Street

City State Zip Code  
Rainelle WV 25962-1256

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 / 24 / 2011

Transaction ID: 33484553

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Jennifer L Smythe

Mailing Address 16511 Nw Canton St

City State Zip Code  
Portland OR 97229-1142

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 / 24 / 2011

Transaction ID: 33484557

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr D. Matthew Burchett

Mailing Address 1231 Parkview Way

City State Zip Code  
Richmond KY 40475-3436

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  
MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: 33484559

Amount of Each Receipt this Period  
365.00

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

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

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

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

FOR LINE NUMBER: PAGE 57 / 100  
(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 Charles B Brownlow  
Mailing Address P O Box 85  
City State Zip Code  
Wild Rose WI 54984-0085  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 24 / 2011  
Transaction ID: 33484560  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Robert S Buckingham, O.D.  
Mailing Address 6385 Cottonwood Avenue  
City State Zip Code  
Big Rapids MI 49307-9146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 06 / 24 / 2011  
Transaction ID: 33484562  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Jennifer Rae Bailey  
Mailing Address 157 E Edgewood Dr  
City State Zip Code  
Springport IN 47386-9524  
FEC ID number of 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 / 24 / 2011  
Transaction ID: 33484563  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1565.00  
**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 58 / 100  
(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 Sylvia E Sparrow

Mailing Address 249 N White Station

City State Zip Code  
Memphis TN 38117-2860

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 / 24 / 2011

**Transaction ID: 33484581**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Michael P Rosenblatt

Mailing Address 10602 Little Run Farm Ct

City State Zip Code  
Vienna VA 22182-6608

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  
MM / DD / YYYY  
06 / 27 / 2011

**Transaction ID: 33484785**

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Larry G Obie

Mailing Address 1330 12Th Ave

City State Zip Code  
Havre MT 59501-5401

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 / 2011

**Transaction ID: 33485185**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **915.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 100  
(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 Kathryn Dingley Gurney  
 Mailing Address 1285 Industry Rd  
 City State Zip Code  
 Industry ME 04938-4545  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 1 1  
**Transaction ID:** 33485188  
 Amount of Each Receipt this Period  
 50.00  
 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

**B.** Full Name (Last, First, Middle Initial)  
Dr Kevin L Gee  
 Mailing Address 9119 Highway 6 #200  
 City State Zip Code  
 Missouri City TX 77459-4876  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 1 1  
**Transaction ID:** 33485190  
 Amount of Each Receipt this Period  
 90.91  
 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) ▼ 545.46

**C.** Full Name (Last, First, Middle Initial)  
Dr George W Hertneky  
 Mailing Address 16862 County Road 28  
 City State Zip Code  
 Brush CO 80723-9424  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 1 1  
**Transaction ID:** 33485194  
 Amount of Each Receipt this Period  
 50.00  
 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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 190.91  
**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 60 / 100  
(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 ▼ 1000.02

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2011

**Transaction ID:** 33485195

Amount of Each Receipt this Period  
166.67

**B.**

Full Name (Last, First, Middle Initial)  
Dr Erica V Lukasko

Mailing Address 119 Constitution Dr

City State Zip Code  
Lafayette LA 70503-6323

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2011

**Transaction ID:** 33485196

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Mark Thomas Bowen

Mailing Address P O Box 1410

City State Zip Code  
Jena LA 71342-1410

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 / 28 / 2011

**Transaction ID:** 33485197

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **691.67**

**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 61 / 100  
(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 Randal V Christian

Mailing Address 4594 Hwy 182

City State Zip Code  
Opelousas LA 70570-4512

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  
06 / 28 / 2011

Transaction ID: 33485198

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr George Charles Stumpf, Jr

Mailing Address 5412 Toby Lane

City State Zip Code  
Kenner LA 70065-2348

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  
06 / 28 / 2011

Transaction ID: 33485202

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Ron Benner

Mailing Address 1408 E Maryland

City State Zip Code  
Laurel MT 59044-2238

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) ▼ 1000.02

Date of Receipt

M M / D D / Y Y Y Y  
06 / 28 / 2011

Transaction ID: 33485203

Amount of Each Receipt this Period

166.67

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

1166.67

**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 62 / 100  
(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 Neil W Draisin

Mailing Address 21 Fairway Village Lane

City State Zip Code  
Isle Of Palms SC 29451-2732

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 / 2011

**Transaction ID:** 33485205

Amount of Each Receipt this Period  
41.67

**B.**

Full Name (Last, First, Middle Initial)  
Dr Jennifer M Smith

Mailing Address 141 Sea Cotton Cir

City State Zip Code  
Charleston SC 29412-8296

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 / 2011

**Transaction ID:** 33485206

Amount of Each Receipt this Period  
41.67

**C.**

Full Name (Last, First, Middle Initial)  
Dr G. Richard Mc Guirt, Jr

Mailing Address 1622 Bear Chene

City State Zip Code  
Westlake LA 70669-4110

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 / 2011

**Transaction ID:** 33485208

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **133.34**

**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 63 / 100  
(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 G Goerss

Mailing Address 3120 Brookford Drive

City State Zip Code  
Saint Charles MO 63303-6356

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		2	8		2	0	1	1

Transaction ID: 33485210

Amount of Each Receipt this Period

50.00
-------

**B.**

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

Mailing Address 9 Greenridge Drive

City State Zip Code  
Painted Post NY 14870-9388

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) ▼ 700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: 33485211

Amount of Each Receipt this Period

50.00
-------

**C.**

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: 33485212

Amount of Each Receipt this Period

50.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

150.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 100

(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 Lanny F Duclos, Jr

Mailing Address 3795 Sunvalley

City State Zip Code  
Grantsville UT 84029-8512

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 / 2 8 / 2 0 1 1

Transaction ID: 33485214

Amount of Each Receipt this Period

50.00

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: 33485215

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Craig M Brammer

Mailing Address P.O. Box 487

City State Zip Code  
Crowley LA 70527-0487

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 / 2 8 / 2 0 1 1

Transaction ID: 33485217

Amount of Each Receipt this Period

250.00

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

350.00

**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 65 / 100  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Jan L Cooper		Date of Receipt
	Mailing Address 101 Chandler West		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Highland	CA	92346-5482
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 33485223
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="187.50"/>
		<input type="text" value="1125.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe		Date of Receipt
	Mailing Address 789 N Broad		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Galesburg	IL	61401-2766
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 33485224
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="175.00"/>
		<input type="text" value="1050.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr William Thomas Reynolds, Jr		Date of Receipt
	Mailing Address 200 Larosa		<input type="text" value="06"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Richmond	KY	40475-7855
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: 33485513
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="1000.00"/>
		<input type="text" value="1500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1362.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 100  
(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 Thomas Reynolds, Jr

Mailing Address 200 Larosa

City Richmond State KY Zip Code 40475-7855

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 27 / 2011

Transaction ID: 33485514

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Melvin Jackson

Mailing Address 404 Prince Of Wales Dr

City Virginia Bch State VA Zip Code 23452-5758

FEC ID number of 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 / 2011

Transaction ID: 33485515

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Erica V Lukasko

Mailing Address 119 Constitution Dr

City Lafayette State LA Zip Code 70503-6323

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 27 / 2011

Transaction ID: 33485538

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**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 67 / 100  
(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 Derrell R Spurlock, II  
Mailing Address 1665 Barnes Rd

City State Zip Code  
Athens LA 71003

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  
06 / 27 / 2011

Transaction ID: 33485539

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Thomas J Landry  
Mailing Address 9 Greenridge Drive

City State Zip Code  
Painted Post NY 14870-9388

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 ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2011

Transaction ID: 33486066

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Rand William Siekert  
Mailing Address 6800 North Montezuma Drive

City State Zip Code  
Tucson AZ 85718-2432

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  
06 / 27 / 2011

Transaction ID: 33486067

Amount of Each Receipt this Period  
500.00

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

1265.00

**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 68 / 100  
(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 Michael R Flandro

Mailing Address 4944 Mohawk Place

City State Zip Code  
Pocatello ID 83204-4534

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 / 2011

**Transaction ID: 33486069**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Elizabeth C Mc Munn

Mailing Address 13 Hearthstone Dr

City State Zip Code  
North Franklin CT 06254-1521

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  
MM / DD / YYYY  
06 / 27 / 2011

**Transaction ID: 33486071**

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Dale F Hardy

Mailing Address 10573 S Weeping Willow Dr

City State Zip Code  
Sandy UT 84070-4241

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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2011

**Transaction ID: 33486077**

Amount of Each Receipt this Period  
360.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1025.00**

**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 69 / 100  
(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 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2011

**Transaction ID: 33486080**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Martha Rosemore Morrow

Mailing Address 181 Windsor

City State Zip Code  
Russellville AL 35653-4075

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 / 27 / 2011

**Transaction ID: 33486081**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 8085 E Byers Avenue

City State Zip Code  
Denver CO 80230-6755

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  
MM / DD / YYYY  
06 / 27 / 2011

**Transaction ID: 33486085**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6365.00**

**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 70 / 100  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 M Sakai

Mailing Address 255 Dowsett Avenue

City Honolulu State HI Zip Code 96817-5208

FEC ID number of 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 / 27 / 2011

Transaction ID: 33486100

Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Weslie M Hamada

Mailing Address 505 Avocado Street

City Wahiawa State HI Zip Code 96786-1822

FEC ID number of 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 / 27 / 2011

Transaction ID: 33486103

Amount of Each Receipt this Period 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Russell G Hopkins

Mailing Address 901 Park Place

City Kingfisher State OK Zip Code 73750-3826

FEC ID number of 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 / 2011

Transaction ID: 33486106

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1230.00

**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 71 / 100  
(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 Stacey J Meier

Mailing Address 604 E Yearling Rd

City State Zip Code  
Phoenix AZ 85085-1817

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 / 27 / 2011

**Transaction ID:** 33486107

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Linda T Arakaki

Mailing Address 99-923 Hulumanu Street

City State Zip Code  
Aiea HI 96701-3236

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 / 27 / 2011

**Transaction ID:** 33486108

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Joseph C Mallinger

Mailing Address 28417 Tricia Pl

City State Zip Code  
Escondido CA 92026-6666

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 ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2011

**Transaction ID:** 33486110

Amount of Each Receipt this Period  
2100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3600.00

**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 72 / 100  
(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 Peter Jeffery Shoji

Mailing Address 1910 Puu Nanea Place

City State Zip Code  
Honolulu HI 96822-1776

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		2	8		2	0	1	1

Transaction ID: 33486394

Amount of Each Receipt this Period

500.00
--------

**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 ▼ 333.36

Date of Receipt

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

Transaction ID: 33486762

Amount of Each Receipt this Period

83.34
-------

**C.**

Full Name (Last, First, Middle Initial)  
Dr Mike L Korthals

Mailing Address 2111 N 8Th St

City State Zip Code  
Clear Lake IA 50428-1499

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		2	9		2	0	1	1

Transaction ID: 33486804

Amount of Each Receipt this Period

365.00
--------

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

948.34
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**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 73 / 100  
(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 William J Lapple

Mailing Address 8663 East Main Road

City State Zip Code  
Le Roy NY 14482-9717

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  
MM / DD / YYYY  
06 / 29 / 2011

**Transaction ID: 33486806**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 2905 Champlin Court

City State Zip Code  
Richardson TX 75082-4094

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 / 2011

**Transaction ID: 33486886**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Daniel Allen Robison

Mailing Address 21081 Sw Jameco Court

City State Zip Code  
Tualatin OR 97062-9313

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 / 27 / 2011

**Transaction ID: 33488715**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 100  
(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 Devjani Lahiri-Munir

Mailing Address 8008 Bluebonnet Blvd Apt 11-7

City State Zip Code  
Baton Rouge LA 70810-7810

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  
06 / 29 / 2011

**Transaction ID:** 33489870

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr David H Fisher, Jr

Mailing Address 1 Renee' Ave

City State Zip Code  
Lafayette LA 70503-3366

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  
06 / 29 / 2011

**Transaction ID:** 33490093

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Clifton Mark Cowan

Mailing Address 7779 Kurthwood Road  
P O Box 63

City State Zip Code  
Leesville LA 71446-2226

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  
06 / 29 / 2011

**Transaction ID:** 33490095

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 100

(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 Cherri T Cowan

Mailing Address Po Box 63

City State Zip Code  
Leesville LA 71496-0063

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  
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33490096

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr Timothy John Barry

Mailing Address 221 Woodrich Ln

City State Zip Code  
Lafayette LA 70507-5207

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  
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33490097

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Henry J Carter

Mailing Address 309 Thibodeaux Drive

City State Zip Code  
Lafayette LA 70503-4444

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 / 3 0 / 2 0 1 1

Transaction ID: 33501298

Amount of Each Receipt this Period  
365.00

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

2365.00

**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 76 / 100  
(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 B Carter

Mailing Address 309 Thibodeaux Drive

City State Zip Code  
Lafayette LA 70503-4444

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 / 3 0 / 2 0 1 1

Transaction ID: 33501299

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	55449.79

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 100  
(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)  
Rush Holt For Congress

Mailing Address PO Box 782

City State Zip Code  
Pennington NJ 08534

FEC ID number of contributing federal political committee. **C** C00313684

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: 33420903

Amount of Each Receipt this Period  
1500.00

Refund

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

# 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ACTON PAC</p> <p>Mailing Address PO Box 442</p> <p>City Shargsburg State GA Zip Code 30277</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name ACTON 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><b>Transaction ID:</b> 33378425</p> <p>Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Stivers For Congress</p> <p>Mailing Address 4679 Winterset Drive</p> <p>City Columbus State OH Zip Code 43220</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Steve Stivers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33381117</p> <p>Date of Disbursement 06 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Allen West For Congress</p> <p>Mailing Address PO Box 1028</p> <p>City Deerfield Beach State FL Zip Code 33443</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Allen West</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33381120</p> <p>Date of Disbursement 06 / 02 / 2011</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) ..... ▶

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)  
Bob Casey For Pennsylvania Committee

Mailing Address PO Box 22469

City Philadelphia State PA Zip Code 19110

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Mr. Bob Casey

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Transaction ID: 33381122  
Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
Nunnelee For Congress

Mailing Address 438 East Main St  
PO Box 7092

City Tupelo State MS Zip Code 38802

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Alan Nunnelee

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

Transaction ID: 33381124  
Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. James E. Clyburn

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Transaction ID: 33381131  
Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33381157</p> <p>Date of Disbursement 06 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bring Leadership Back Pac</p> <p>Mailing Address P O Box 40964</p> <p>City Arlington State VA Zip Code 22204</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Bring Leadership Back 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><b>Transaction ID:</b> 33381403</p> <p>Date of Disbursement 06 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) RANGER PAC</p> <p>Mailing Address PO BOX 2485</p> <p>City SPRINGFIELD State VA Zip Code 22152</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name RANGER 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><b>Transaction ID:</b> 33385503</p> <p>Date of Disbursement 06 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>

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

9500.00

**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><b>A.</b> Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Samuel B. Graves, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33386182 <b>Date of Disbursement</b> 06 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33386183 <b>Date of Disbursement</b> 06 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scalise For Congress</p> <p>Mailing Address PO Box 23219</p> <p>City Jefferson State LA Zip Code 70183</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Steve Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33447503 <b>Date of Disbursement</b> 06 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pompeo For Congress Inc  Mailing Address PO Box 780146  City Wichita State KS Zip Code 67212  Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mike Pompeo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 33447509 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00  Candidate Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Progressive Choices PAC  Mailing Address PO Box 58  City Evanston State IL Zip Code 60204  Purpose of Disbursement Committee Contribution Candidate Name Progressive Choices 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) ▼	<b>Transaction ID:</b> 33447527 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 1	Amount of Each Disbursement this Period 5000.00  Committee Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Snowe For Senate  Mailing Address PO Box 2012  City Portland State ME Zip Code 04104  Purpose of Disbursement Candidate Contribution Candidate Name Sen. Olympia J. Snowe Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 33447531 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 1	Amount of Each Disbursement this Period 1000.00  Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Roskam For Congress Committee <hr/> Mailing Address P. O. Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Peter Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06	Transaction ID: 33447532 Date of Disbursement 06 / 14 / 2011
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Honda For Congress <hr/> Mailing Address C/O Contribution Solutions, Llc 123 E. San Carlos St., #531 <hr/> City San Jose State CA Zip Code 95112 <hr/> Purpose of Disbursement Candidate Contribution Candidate Name Rep. Michael M. Honda <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 15	Transaction ID: 33459505 Date of Disbursement 06 / 20 / 2011
	Amount of Each Disbursement this Period 1000.00
	Candidate Contribution
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Daines For Montana <hr/> Mailing Address PO Box 1598 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement Candidate Name Mr. Steven Daines <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District: 00	Transaction ID: 33459506 Date of Disbursement 06 / 20 / 2011
	Amount of Each Disbursement this Period 5000.00
	Candidate Contribution
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Priority PAC</p> <p>Mailing Address 420 C Street, N.E.</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name Priority 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><b>Transaction ID:</b> 33479619</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Fitzpatrick For Congress</p> <p>Mailing Address 115 N Broad Street</p> <p>City Doylestown State PA Zip Code 18901</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Michael Fitzpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33479625</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33479677</p> <p>Date of Disbursement 06 / 23 / 2011</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) ..... ▶

9000.00

**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><b>A.</b> 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33483722 <b>Date of Disbursement</b> 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33483723 <b>Date of Disbursement</b> 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Diane Black For Congress</p> <p>Mailing Address PO Box 1437</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Diane Black</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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33483724 <b>Date of Disbursement</b> 06 / 24 / 2011</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

A.

Full Name (Last, First, Middle Initial)  
Hanabusa For Hawaii

Transaction ID: 33483726  
Date of Disbursement

Mailing Address P.O. Box 1416

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	1

City Honolulu State HI Zip Code 96806

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Candidate Contribution

011
-----

Category/  
Type

Candidate Name  
Ms. Colleen Hanabusa

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District: 01

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)  
Friends Of Kelly Ayotte

Transaction ID: 33483730  
Date of Disbursement

Mailing Address PO Box 937

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	1

City Manchester State NH Zip Code 03105

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Candidate Contribution

011
-----

Category/  
Type

Candidate Name  
Kelly Ayotte

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)  
Mobrooksforcongress.Com

Transaction ID: 33483919  
Date of Disbursement

Mailing Address 7610 Foxfire Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	1

City Huntsville State AL Zip Code 35802

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Candidate Contribution

011
-----

Category/  
Type

Candidate Name  
Rep. Mo Brooks

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 05

Candidate Contribution

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

3000.00
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**TOTAL** This Period (last page this line number only) .....

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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

**A.** Full Name (Last, First, Middle Initial)  
Wally Herger For Congress Committee

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Wally Herger

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

Transaction ID: 33483923  
Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
New Pioneers PAC

Mailing Address 228 S Washington St  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Committee Contribution

Candidate Name  
New Pioneers PAC

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 33483925  
Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

5000.00

Committee Contribution

**C.** Full Name (Last, First, Middle Initial)  
Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Jaime Herrera Beutler

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 03

Transaction ID: 33483995  
Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

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

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><b>A.</b> Full Name (Last, First, Middle Initial) Gillibrand For Senate</p> <p>Mailing Address 236 Massachusetts Ave Suite 110</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sen. Kirsten E. Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p><b>Transaction ID:</b> 33483998 <b>Date of Disbursement</b> 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schiff For Congress</p> <p>Mailing Address 777 S. Figueroa St. Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Candidate Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Adam B. Schiff</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 29</p>	<p><b>Transaction ID:</b> 33484185 <b>Date of Disbursement</b> 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Critz For Congress Committee</p> <p>Mailing Address 647 Main Street Suite 110</p> <p>City Johnstown State PA Zip Code 15901</p> <p>Purpose of Disbursement Candidate Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Mark Critz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 12</p>	<p><b>Transaction ID:</b> 33484188 <b>Date of Disbursement</b> 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p> <p>Candidate Contribution</p>

**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><b>A.</b> Full Name (Last, First, Middle Initial) Michaud For Congress</p> <p>Mailing Address 213 Lisbon St</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ME District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33484257</p> <p>Date of Disbursement 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Terri Sewell For Congress</p> <p>Mailing Address P.O. Box 1964</p> <p>City Birmingham State AL Zip Code 35201</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Terri A. Sewell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33484258</p> <p>Date of Disbursement 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Schakowsky For Congress</p> <p>Mailing Address P.O. Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Jan D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33484260</p> <p>Date of Disbursement 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

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

5500.00

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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)

PAGE 90 / 100

<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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) John Carney For Congress</p> <p>Mailing Address PO Box 2162</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. John Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: DE District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33484264</p> <p>Date of Disbursement 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Loeb sack For Congress</p> <p>Mailing Address PO Box 2720</p> <p>City Cedar Rapids State IA Zip Code 52406</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. David Wayne Loeb sack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33484266</p> <p>Date of Disbursement 06 / 24 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Richmond For Congress</p> <p>Mailing Address 1631 Elysian Fields Suite 150</p> <p>City New Orleans State LA Zip Code 70126</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Cedric Richmond</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33484268</p> <p>Date of Disbursement 06 / 24 / 2011</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) ..... ►

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><b>A.</b> Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address PO Box 8237</p> <p>City Des Moines State IA Zip Code 50301</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485046 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Boswell For Congress</p> <p>Mailing Address PO Box 1814</p> <p>City Des Moines State IA Zip Code 50305</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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485048 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Whitehouse For Senate</p> <p>Mailing Address P.O. Box 40280</p> <p>City Providence State RI Zip Code 02940</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Sheldon Whitehouse</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485052 <b>Date of Disbursement</b> 06 / 27 / 2011</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) ..... ▶

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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Tim Scott For Congress</p> <p>Mailing Address 1405 Ashley River Road</p> <p>City Charleston State SC Zip Code 29407</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Timothy Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485054</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress, Inc.</p> <p>Mailing Address PO Box 3750</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 07</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485057</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BAMPAC</p> <p>Mailing Address PO Box 2315</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name BAMPAC</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><b>Transaction ID:</b> 33485063</p> <p>Date of Disbursement 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Committee 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kentucky State Democratic Party Committee</p> <p>Mailing Address P O Box 694</p> <p>City Frankfort State KY Zip Code 40602</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name</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><b>Transaction ID:</b> 33485070 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address PO Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Jerry Moran</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:</p> <p>Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485136 <b>Date of Disbursement</b> 06 / 27 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485433 <b>Date of Disbursement</b> 06 / 28 / 2011</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) ..... ▶

8000.00

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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><b>A.</b> Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485436 <b>Date of Disbursement</b> 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TOMPAC - To Overcome The Majority PAC</p> <p>Mailing Address P O Box 752</p> <p>City Des Moines State IA Zip Code 50303</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name TOMPAC - To Overcome The Majority 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><b>Transaction ID:</b> 33485438 <b>Date of Disbursement</b> 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marco Rubio For Us Senate</p> <p>Mailing Address PO Box 140420</p> <p>City Miami State FL Zip Code 33114</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Sen. Marco Rubio</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Debt Retirement</p>	<p><b>Transaction ID:</b> 33485446 <b>Date of Disbursement</b> 06 / 28 / 2011</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) ..... ►

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><b>A.</b> Full Name (Last, First, Middle Initial) Manchin For West Virginia</p> <p>Mailing Address PO Box 5202</p> <p>City Charleston State WV Zip Code 25361</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Joe Manchin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485448 <b>Date of Disbursement</b> 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee To Elect Linda Sanchez</p> <p>Mailing Address 601 S Glenoaks Blvd Suite 211</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Linda Sanchez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485450 <b>Date of Disbursement</b> 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mccaual For Congress, Inc</p> <p>Mailing Address 815-A Brazos Street Pmb 230</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael T. McCaul</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485461 <b>Date of Disbursement</b> 06 / 28 / 2011</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) ..... ▶

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><b>A.</b> Full Name (Last, First, Middle Initial) PAC to the Future</p> <p>Mailing Address PMB 3230 268 Bush Street</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name PAC to the Future</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><b>Transaction ID:</b> 33485482 <b>Date of Disbursement</b> 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Committee Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address P.O. Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Frederick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33485485 <b>Date of Disbursement</b> 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Karen Bass 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 Rep. Karen Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33488071 <b>Date of Disbursement</b> 06 / 29 / 2011</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) ..... ▶

5500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ribble For Congress</p> <p>Mailing Address PO Box 7200</p> <p>City Appleton State WI Zip Code 54912</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Reid Ribble</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33488075 <b>Date of Disbursement</b> 06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Martin Heinrich For Senate</p> <p>Mailing Address P.O. Box 25763</p> <p>City Albuquerque State NM Zip Code 87125</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Martin Heinrich</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33488081 <b>Date of Disbursement</b> 06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pascrell For Congress</p> <p>Mailing Address P.O. Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 33488083 <b>Date of Disbursement</b> 06 / 29 / 2011</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) ..... ▶

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
Hahn For Congress

Transaction ID: 33488097

Date of Disbursement

Mailing Address 8665 Wilshire Blvd #220

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

City State Zip Code  
Beverly Hills CA 90211

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name  
Janice Hahn

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Special-Primary2011

Candidate Contribution

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

2500.00
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TOTAL This Period (last page this line number only) .....

121000.00
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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)

PAGE 99 / 100

<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	Transaction ID: 33513991 Date of Disbursement																			
	Mailing Address PO Box 790251	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fee	<table border="1"><tr><td>1007.91</td></tr></table>	1007.91																		
1007.91																					
	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 Fee																			

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 33513992 Date of Disbursement																			
	Mailing Address PO Box 790251	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	1	1												
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period																			
	Purpose of Disbursement American Express Fee	<table border="1"><tr><td>353.57</td></tr></table>	353.57																		
353.57																					
	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) ▼																			
		American Express Fee																			

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: 33513993 Date of Disbursement																			
	Mailing Address PO Box 790251	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
	City St. Louis State MO Zip Code 63179	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Bank Fee	<table border="1"><tr><td>185.82</td></tr></table>	185.82																		
185.82																					
	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 Fee																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1547.30</td></tr></table>	1547.30
1547.30		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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 100 / 100

<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

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 33514110

Date of Disbursement

06 / 09 / 2011

Amount of Each Disbursement this Period

592.13

Bank Fee

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

592.13

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

2139.43