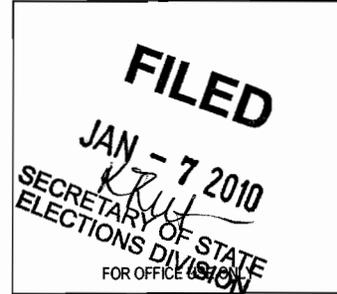


Name (print) Nevada Optometric PAC Office (if applicable) \_\_\_\_\_ District (if applicable) \_\_\_\_\_  
 4747 Caughlin Pkwy #9, Reno, NV 89519 775-332-7660  
 Mailing Address (include city and zip code) Telephone No.  
 E-Mail Address fhillerby@aol.com

Select Appropriate Box(es)  CANDIDATE  PAC  POL PRTY  IND EXP  NONPROFIT CORP  
 LEGAL DEFENSE FUND  AMENDED  LOCAL BAG

- Annual Filing - Due January 15, 2010**  
 Period: January 1, 2009 – December 31, 2009
- Report #1 — Due June 1, 2010\***  
 Period: Jan. 1, 2010 — May 27, 2010
- Report #2 Due — October 26, 2010\***  
 Period: May 28, 2010 — Oct. 21, 2010
- Report #3 Due — January 15, 2011\*\***  
 Period: Oct. 22, 2010 — Dec. 31, 2010
- Annual Filing — Due January 15, 2011**  
 Period: January 1, 2010 – December 31, 2010



21917

\* These Reports are filed by incumbents/candidates in the 2010 election cycle  
 \*\* Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

**THIS IS A CORRECTED REPORT FOR 2009**

**CONTRIBUTIONS SUMMARY**

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet)	4,000	4,000
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	Ø	Ø
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	Ø	Ø
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)	Ø	Ø
5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	Ø	Ø
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	Ø	Ø

**EXPENSES SUMMARY**

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	1,000	1,000
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	Ø	Ø

**AFFIRMATION**

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

*Fred L. Miller*  
 Signature

1-5-2010

Date

✓

**Nevada Optometric PAC**

Name (print)

Office (if applicable)

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Optical Effects Vision Center 9895 S.Maryland Pkwy Las Vegas, NV	4/8/09	500			
Total Eyecare R.Colon & K. Alleman 1555 College Pkwy Elko, NV 89802	4/8/09	2,000			
Family Eyecare Denis Humphreys 1965 Baring Blvd. Sparks, NV 89434	11/9/09	500			
Family Eyecare Troy Humphreys 1965 Baring Blvd. Sparks, NV 89434	11/9/09	500			
Family Eyecare Becky Humphreys 1965 Baring Blvd. Sparks, NV 89434	11/9/09	500			

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