

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 118
	<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 Dana M Mc Dermott

Mailing Address 36 Benjamin

City State Zip Code  
Gillette WY 82716-9104

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  
05 / 16 / 2007

**Transaction ID: 25973969**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2007

**Transaction ID: 25973970**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 907 Fairway Dr

City State Zip Code  
Gillette WY 82718

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  
05 / 16 / 2007

**Transaction ID: 25973971**

Amount of Each Receipt this Period  
500.00

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