

**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**

CITY

STATE

ZIP CODE

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

08

01

2007

through

08

31

2007

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

Dorothy Hitchmoth, O.D.

Signature of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D.

Date

09

13

2007

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							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		380998.25
(b) Cash on Hand at Beginning of Reporting Period	428425.65	
(c) Total Receipts (from Line 19)	57647.62	591662.77
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	486073.27	972661.02
7. Total Disbursements (from Line 31)	13815.71	500403.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	472257.56	472257.56
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

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	25688.65	314911.87
(i) Itemized (use Schedule A)		
(ii) Unitemized	31928.00	268175.27
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	57616.65	583087.14
(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) ➡	57616.65	583087.14
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	30.97	3575.63
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))	57647.62	591662.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57647.62	591662.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		2519.91	14503.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		2519.91	14503.89
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		10795.80	485399.57
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		500.00	500.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		500.00	500.00
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))..		13815.71	500403.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		13815.71	500403.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	57616.65	583087.14
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57116.65	582587.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2519.91	14503.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2519.91	14503.89

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

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

FOR LINE NUMBER: PAGE 6 / 54

(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 Kenneth Whitten Best

Mailing Address 21223 Country Club Dr

City State Zip Code
 Cornelius NC 28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 26370936

Amount of Each Receipt this Period

365.00

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

Dr Neil H Simmons

Mailing Address 207 Cotten Blvd

City State Zip Code
 Carthage MS 39051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 26370939

Amount of Each Receipt this Period

250.00

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

Dr Andrew G Cook, Jr

Mailing Address P O Box 304

City State Zip Code
 Garner NC 27529-0304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 26371021

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 54

(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 Lady Britton Aycok

Mailing Address P O Box 23

City State Zip Code
 Farmville NC 27828-0023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 26371023

Amount of Each Receipt this Period

250.00

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

Dr Kenneth F Nuzzo

Mailing Address P O Box 244

City State Zip Code
 Winthrop ME 04364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 26371026

Amount of Each Receipt this Period

300.00

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

Dr John T Petrowski, III

Mailing Address 2 Stringer Lane

City State Zip Code
 Claremont NH 03743-3341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 26371031

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 54

(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 J. D Miller, Jr

Mailing Address P O Box 1293

City State Zip Code
 Eunice LA 70535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 26371032

Amount of Each Receipt this Period

365.00

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

Dr Armando Rafael

Mailing Address 23 Evelyn Drive

City State Zip Code
 Naugatuck CT 06770-5402

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

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 7

Transaction ID: 26371036

Amount of Each Receipt this Period

150.00

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

Dr Ivan J Grupe

Mailing Address 7543 S Monaco Way

City State Zip Code
 Centennial CO 80112-2549

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

M M / D D / Y Y Y Y
 0 8 / 0 5 / 2 0 0 7

Transaction ID: 26375883

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

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)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Lawrence T Ginsberg
Mailing Address 15 Briarwood Drive

City State Zip Code
Barrington RI 02806-3240

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 26376665

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Dr Gregory P Kracher
Mailing Address 2212 Banner Hill Rd

City State Zip Code
Frederick MD 21702

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

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 26376666

Amount of Each Receipt this Period

500.00

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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: 26376886

Amount of Each Receipt this Period

100.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 54

(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 Ron Benner			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7	
Mailing Address 1408 E Maryland			Transaction ID: 26376887	
City State Zip Code Laurel MT 59044-2238			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self Employed		Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr David J Helfman			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 6 / 2 0 0 7	
Mailing Address 7 Pierce Lane			Transaction ID: 26380819	
City State Zip Code Hollis NH 03049			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self Employed		Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Dr Elliot F Lasky			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 6 / 2 0 0 7	
Mailing Address 15 Masfield Road			Transaction ID: 26380820	
City State Zip Code Nashua NH 03062			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self Employed		Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 11 / 54

(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 Richard J Choryan

Mailing Address 9096 Costner

City State Zip Code
 Caledonia MI 49316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 6 / 2 0 0 7

Transaction ID: 26380824

Amount of Each Receipt this Period

365.00

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

Dr Jeffrey Mark Palmer

Mailing Address 70 Viola Drive

City State Zip Code
 East Hampton CT 06424-1686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 7

Transaction ID: 26381506

Amount of Each Receipt this Period

250.00

C. 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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 7

Transaction ID: 26381533

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 54

(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 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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 26382639

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Dr Diane E Reddin
Mailing Address P O Box 66

City State Zip Code
Crawford CO 81415-0066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 26385882

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Nelson William Greeman, III
Mailing Address 15815 Bell Flower

City State Zip Code
San Antonio TX 78232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 26389268

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 54

(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. Andrea P Thau
Mailing Address 170 East 83 Street

City State Zip Code
New York NY 10028-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391247

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr Bronte D Baker
Mailing Address 179 Redbird Ridge

City State Zip Code
Beeville TX 78102-8465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391249

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr C. Thomas Crooks, III
Mailing Address 1229 Highland Lakes Trail

City State Zip Code
Birmingham AL 35242-6886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391251

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 54

(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 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 Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7 Transaction ID: 26391253 Amount of Each Receipt this Period 45.00
B. Full Name (Last, First, Middle Initial) Dr John Frederick Amos Mailing Address 1240 Cedardell Circle City State Zip Code Birmingham AL 35216-2049 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7 Transaction ID: 26391254 Amount of Each Receipt this Period 42.00
C. 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 Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.35			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 7 Transaction ID: 26391256 Amount of Each Receipt this Period 66.67

SUBTOTAL of Receipts This Page (optional)

153.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert J Blumthal

Mailing Address 119 Exmore Drive

City

Springfield

State

IL

Zip Code

62704-3137

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 ▼

749.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391258

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Michael T Cron

Mailing Address 9217 Elmwood Court

City

Stanwood

State

MI

Zip Code

49346-9305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391260

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Dr G. Chad Green

Mailing Address 5960 Co Rd 19

City

Linden

State

AL

Zip Code

36748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391263

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

308.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City State Zip Code
 Snohomish WA 98296-8649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391264

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391265

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr George W Hertneky

Mailing Address 16862 County Road 28

City State Zip Code
 Brush CO 80723-9424

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 ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391266

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr 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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391267

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Peter H Kehoe

Mailing Address 789 N Broad

City State Zip Code
 Galesburg IL 61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391268

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. Dr Timothy G Koop

Mailing Address 4912 Bluff Run Drive

City State Zip Code
 Greensboro NC 27455-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391269

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 54

(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 Edward M Kosnoski
Mailing Address 305 Kensington Ave S

City State Zip Code
Kent WA 98030-7004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391270

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr Gary W Lasken
Mailing Address 10215 N North Forest Trail

City State Zip Code
Peoria IL 61615-1378

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391272

Amount of Each Receipt this Period

41.66

C. Full Name (Last, First, Middle Initial)
Dr Ronald J Meyer
Mailing Address 9802 US 41

City State Zip Code
Champion MI 49814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391275

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

141.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 54

(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 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
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 8 / 1 0 / 2 0 0 7

Transaction ID: 26391276

Amount of Each Receipt this Period

50.00

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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391277

Amount of Each Receipt this Period

100.00

C. 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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391279

Amount of Each Receipt this Period

83.33

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 54

(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 Jack L Schaeffer
Mailing Address 3801 River View Cr

City State Zip Code
Birmingham AL 35243

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391280

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr Douglas J Walker
Mailing Address P O Box 988

City State Zip Code
Brookings OR 97415-0021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391282

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr Jennifer E Davis
Mailing Address 16 Pambrook Dr

City State Zip Code
Fishersville VA 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 ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391285

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 54

(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 Richard L Foss

Mailing Address W5224 Knobloch Road

City State Zip Code
 La Crosse WI 54601-2461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391289

Amount of Each Receipt this Period

41.66

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

Dr Mira B Swieczicki

Mailing Address 450 F Street

City State Zip Code
 Blaine WA 98230-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
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 8 / 1 0 / 2 0 0 7

Transaction ID: 26391290

Amount of Each Receipt this Period

25.00

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

Dr Ron W Roelfs

Mailing Address 600 3Rd St Se

City State Zip Code
 Waverly IA 50677-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 7

Transaction ID: 26391292

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

101.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 54

(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 Kevin A Murphy

Mailing Address 91 Teal St

City	State	Zip Code
Douglas	GA	31535-7262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	7

Transaction ID: 26391293

Amount of Each Receipt this Period

166.67

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

Dr Bret W Harrison

Mailing Address 1935 Dennison Ct

City	State	Zip Code
Colorado Sprgs	CO	80918-3648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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	8		0	9		2	0	0	7

Transaction ID: 26391778

Amount of Each Receipt this Period

250.00

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

Dr Gilan L Cockrell

Mailing Address 739 Road 200

City	State	Zip Code
Emporia	KS	66801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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	8		0	9		2	0	0	7

Transaction ID: 26394457

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

916.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 54

(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 Kevin L Alexander
Mailing Address 8830 Walnut Trail

City State Zip Code
Sylvania OH 43560-8990

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 7

Transaction ID: 26398673

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr Daniel C Ng
Mailing Address 42 Huntington Drive

City State Zip Code
San Francisco CA 94132-1114

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26404415

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Dr Jeffrey A Mc Millian
Mailing Address 2834 Summershade Ln

City State Zip Code
Knoxville TN 37922-6100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 26404433

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 54

(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 Douglas Arthur Safley

Mailing Address 700 1St Avenue

City State Zip Code
Havre MT 59501-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 26410945

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr Kenton R Driver

Mailing Address 655 Sylvan Pl

City State Zip Code
Salina KS 67401-3360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: 26410977

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Stacy A Clark

Mailing Address 321 S Estates Dr

City State Zip Code
Salina KS 67401-3308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: 26410978

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 54

(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 Creighton A Simmons
Mailing Address 1026 Miller Cove

City State Zip Code
Benton AR 72019-2060

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

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: 26425179

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Thomas E Townsend
Mailing Address 7115 Hwy 54 W

City State Zip Code
Paris TN 38242-8339

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

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: 26425182

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Michael Robert Schmit
Mailing Address 5122 Breckenridge Drive

City State Zip Code
Cincinnati OH 45247-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: 26425185

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 54

(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 Seaburg
 Mailing Address 24212 Se 380Th

City State Zip Code
 Enumclaw WA 98022-8841

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
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 8 / 1 3 / 2 0 0 7

Transaction ID: 26425197

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
 Dr Jeffrey S Blalock
 Mailing Address 3050 Lexi Ct

City State Zip Code
 Green Cove Springs FL 32043-7038

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
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 8 / 1 3 / 2 0 0 7

Transaction ID: 26425199

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
 Dr Robert P Pharr
 Mailing Address 130 Pharr Circle

City State Zip Code
 Attalla AL 35954-5599

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 3 / 2 0 0 7

Transaction ID: 26425200

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 54

(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 John A Wiener
Mailing Address 9205 Indian Hill Road

City State Zip Code
Cincinnati OH 45243-1052

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

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: 26425201

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Jane Ellen Compton
Mailing Address P O Box 1877

City State Zip Code
Taos NM 87571-1877

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440129

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr Michael G Blake
Mailing Address P O Box 2859

City State Zip Code
Gallup NM 87305-2859

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440130

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 54

(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 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

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440136

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr D. C. Dean
Mailing Address 532 Queens Court Ne

City State Zip Code
Albuquerque NM 87109

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440137

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr Michael L English
Mailing Address 4924 Chaqar Ct

City State Zip Code
Las Cruces NM 88007-5464

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440138

Amount of Each Receipt this Period

100.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donald B Leach

Mailing Address 221 Wittwer Ct Nw
P O Box 129

City State Zip Code
Los Lunas NM 87031-8438

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440139

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Craig F Clatanoff

Mailing Address 3537 Newcastle 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
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 8 / 1 5 / 2 0 0 7

Transaction ID: 26440140

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Brent E Shelley

Mailing Address P O Box 130

City State Zip Code
Mesilla Park NM 88047-0130

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440141

Amount of Each Receipt this Period

100.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 54

(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 Elwin W Schutt

Mailing Address S. 910 Scilling Loop

City State Zip Code
 Post Falls ID 83854-0997

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440142

Amount of Each Receipt this Period

150.00

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

Dr Robert A Orsillo

Mailing Address 1102 Green Hill Trace

City State Zip Code
 Tallahassee FL 32317-8634

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440143

Amount of Each Receipt this Period

125.00

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

Dr Joseph H Phillips

Mailing Address 13308 Cedar Trail

City State Zip Code
 Oklahoma City OK 73131-1801

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 ▼

937.50

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440144

Amount of Each Receipt this Period

312.50

SUBTOTAL of Receipts This Page (optional)

587.50

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 31 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Cheryl Kocher Robson

Mailing Address 2469 Jones Rd

City

Winchester

State

VA

Zip Code

22602-6605

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 ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 26440145

Amount of Each Receipt this Period

87.50

Full Name (Last, First, Middle Initial)

B. Dr Alice Sterling

Mailing Address 5727 Canton Cove #111

City

Winter Springs

State

FL

Zip Code

32708-5033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: 26443058

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr Gary G Crook

Mailing Address 3544 National Court

City

Martinez

State

GA

Zip Code

30907-9517

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

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: 26443344

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

632.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 54

(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 W St Vincent, Jr

Mailing Address 60 Aaron Avenue

City State Zip Code
 Bristol RI 02809-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 7

Transaction ID: 26443351

Amount of Each Receipt this Period

250.00

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

Dr Francis M Loomis, II

Mailing Address 7425 123Rd St Ct

City State Zip Code
 Coal Valley IL 61240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 7

Transaction ID: 26443352

Amount of Each Receipt this Period

250.00

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

Dr Michael Allen Corben

Mailing Address 19592 Shadow Ridge Way

City State Zip Code
 Northridge CA 91326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 7

Transaction ID: 26443359

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Brian Roy Murray

Mailing Address 1925 Ashland City Rd #1608

City State Zip Code
 Clarksville TN 37043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 26445615

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Scott R Ream

Mailing Address 209 Wildwood Terrace

City State Zip Code
 West Plains MO 65775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 26445616

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Eric Halperin

Mailing Address 1910 Alder Cove Rd W

City State Zip Code
 Tillamook OR 97141-8354

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

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 7

Transaction ID: 26445621

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City State Zip Code
Anchorage AK 99515-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 18 / 2007

Transaction ID: 26446738

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Denise Lynn Thanepohn

Mailing Address 130 Beaufort Circle

City State Zip Code
Anchorage AK 99515-3706

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

08 / 18 / 2007

Transaction ID: 26446739

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Michael James Bennett

Mailing Address 1624 Second St

City State Zip Code
Douglas AK 99824-5211

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 ▼

255.00

Date of Receipt

08 / 18 / 2007

Transaction ID: 26446740

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

269.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 54

(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 Brian D Cin
Mailing Address 11912 Town Park Circle

City State Zip Code
Eagle River AK 99577-7788

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: 26446741

Amount of Each Receipt this Period

85.00

B. 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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 7

Transaction ID: 26446742

Amount of Each Receipt this Period

84.00

C. Full Name (Last, First, Middle Initial)
Dr Mark G Everett
Mailing Address 3316 West Eagles Nest Lane

City State Zip Code
Spokane WA 99208-8760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 26463127

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

419.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 54

(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 10

City

Weyauwega

State

WI

Zip Code

54983-0010

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

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 26463134

Amount of Each Receipt this Period

500.00

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

Dr Ronald P Snyder

Mailing Address 2200 Nw 57 St

City

Boca Raton

State

FL

Zip Code

33496-3427

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 ▼

365.25

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 26463135

Amount of Each Receipt this Period

174.00

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

Dr Thomas Andrew Wong

Mailing Address 4004 Glenrose Street

City

Kensington

State

MD

Zip Code

20895-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 26463140

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

924.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert F Brooks

Mailing Address 452 Bluebird Dr

City State Zip Code
Russell KY 41169-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
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 8 / 2 0 / 2 0 0 7

Transaction ID: 26463144

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Stephen Richard Kepley

Mailing Address 1255 47Th Ave.

City State Zip Code
Vero Beach FL 32966-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 26463236

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Michael T Cady

Mailing Address 10 Winding Creek Way

City State Zip Code
Ormond Beach FL 32174

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

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 26463239

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Terence O Tack

Mailing Address 819 Bodine Rd

City State Zip Code
 Kelso WA 98626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 1 / 2 0 0 7

Transaction ID: 26469601

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jeremy A Ciano

Mailing Address 2157 Mustang Chase Dr

City State Zip Code
 Westfield IN 46074-8185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 1 / 2 0 0 7

Transaction ID: 26469603

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. 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
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 8 / 2 3 / 2 0 0 7

Transaction ID: 26470771

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

562.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 54

(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 John William Wood Mailing Address 31555 Lindero Cyn Rd 15 City State Zip Code Westlake Village CA 91361-4744 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7 Transaction ID: 26470772 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Dr Ivo Horak Mailing Address 4366 Cooper Oaks Dr City State Zip Code Smyrna GA 30082-4766 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7 Transaction ID: 26470773 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dr Dennis M Brtva Mailing Address 57 Pebblebrook Ct City State Zip Code Bloomington IL 61704-6300 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 7 Transaction ID: 26476341 Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 54

(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 Daniel J De Winter
Mailing Address W170 57266 Meadow Drive

City State Zip Code
Muskego WI 53150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 26476842

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr Bradley J Blumenstock
Mailing Address 3319 S 30Th Street

City State Zip Code
Lincoln NE 68502-5130

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 26476850

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr Corey M Langford
Mailing Address 7756 N 153Rd Street

City State Zip Code
Bennington NE 68007-1551

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 ▼

297.87

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: 26476871

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 54

(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 Brett Alan Monson

Mailing Address 1011 Michael Drive

City State Zip Code
 Omaha NE 68128

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 3 / 2 0 0 7

Transaction ID: 26476876

Amount of Each Receipt this Period

400.00

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

Dr Larry J Davis

Mailing Address 3309 Town And Country Lane

City State Zip Code
 Saint Charles MO 63301-0648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 7

Transaction ID: 26477125

Amount of Each Receipt this Period

50.00

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

Albert S Licup

Mailing Address 166 N Humphrey Ave #3

City State Zip Code
 Oak Park IL 60302-2579

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 ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 6 / 2 0 0 7

Transaction ID: 26477127

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

491.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jennifer R Lippens

Mailing Address 107 Emili Lane

City State Zip Code
 Greenwood SC 29646-7929

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 0 7

Transaction ID: 26477128

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Maria G Megill

Mailing Address 55 Lakewood Rd

City State Zip Code
 Manasquan NJ 08736

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 4 / 2 0 0 7

Transaction ID: 26479071

Amount of Each Receipt this Period

337.50

Full Name (Last, First, Middle Initial)

C. Dr Andrew J Lovsin

Mailing Address 3019 White Cloud Circle

City State Zip Code
 Apex NC 27502-4065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 4 / 2 0 0 7

Transaction ID: 26479077

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

902.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 54

(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 Glenda B Brown
Mailing Address 80 Idlegate Court

City State Zip Code
Alpharetta GA 30022-5509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
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 8 / 2 8 / 2 0 0 7

Transaction ID: 26480507

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr Michael A Hattan
Mailing Address 3501 Fairway

City State Zip Code
Hays KS 67601-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 7

Transaction ID: 26480556

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr Mary Jo Stiegemeier
Mailing Address 2997 Pine Trails Circle

City State Zip Code
Hudson OH 44236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 7

Transaction ID: 26480558

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 54

(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 Darby C Chiasson
Mailing Address 231 E 26Th Place

City State Zip Code
Cut Off LA 70345-2261

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

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 7

Transaction ID: 26480566

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Garey E Ware
Mailing Address 1622 Gladney Dr

City State Zip Code
Bastrop LA 71220-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 7

Transaction ID: 26480567

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Gary M Hoffard
Mailing Address 17110 Driscoll St Nw

City State Zip Code
Anoka MN 55303

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

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 7

Transaction ID: 26480574

Amount of Each Receipt this Period

166.66

SUBTOTAL of Receipts This Page (optional)

916.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 54

(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 Michele Y Shade-Hinchliffe

Mailing Address 1161 Beech St

City State Zip Code
Pottstown PA 19464-4964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 7

Transaction ID: 26480577

Amount of Each Receipt this Period

250.00

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

Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City State Zip Code
Grayslake IL 60030-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: 26480928

Amount of Each Receipt this Period

100.00

C. 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
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: 26481055

Amount of Each Receipt this Period

50.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 54

(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 Yvonne Ann Mc Closkey

Mailing Address 5 Calle Otra Banda

City State Zip Code
 Santa Fe NM 87506-2772

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 7

Transaction ID: 26481589

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr Douglas R Weberling

Mailing Address 455 Arlington Avenue

City State Zip Code
 Bristol VA 24201

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 9 / 2 0 0 7

Transaction ID: 26481937

Amount of Each Receipt this Period

400.00

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

Mailing Address 8315 Holbrook Ct Ne

City State Zip Code
 Albuquerque NM 87122-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 9 / 2 0 0 7

Transaction ID: 26481941

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 54

(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 W Kraupa
Mailing Address 4280 Reiland Lane

City State Zip Code
Shoreview MN 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 ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: 26481942

Amount of Each Receipt this Period

84.00

B. Full Name (Last, First, Middle Initial)
Dr David A Drotzmann
Mailing Address 629 E Oregon St

City State Zip Code
Hermiston OR 97838-9627

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

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: 26481950

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Gregory F Copeland
Mailing Address 15 Ridge Rd Loop

City State Zip Code
Sylvan Grove KS 67481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: 26481954

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

709.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 54

(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 Sheryl A Lentfer

Mailing Address 1345 West 9Th Avenue

City State Zip Code
Anchorage AK 99501-3219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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	8		3	1		2	0	0	7

Transaction ID: 26482364

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Gray W Sass

Mailing Address 4026 Rivercliff Chase

City State Zip Code
Marietta GA 30067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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	8		0	1		2	0	0	7

Transaction ID: 26522524

Amount of Each Receipt this Period

0.00

[MEMO ITEM]Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$50-0.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

25688.65

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 49 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Fee 08/01/2007

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26490687

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1237.54

Bank of America Fee 08/01-
/2007

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Fee 08/01/2007

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26490688

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

0.01

Bank of America Fee 08/01-
/2007

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Discover Service Fee 08/02/07

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26490689

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

14.05

Discover Service Fee 08/0-
2/07

SUBTOTAL of Disbursements This Page (optional)

1251.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
American Express Fee 8/06//07

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 26490690

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

216.92

American Express Fee 8/06-
//07

Full Name (Last, First, Middle Initial)

B. Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Wachovia Federal Service Fee 08/09/2007

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 26484172

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

971.26

Wachovia Federal Service
Fee 08/09/2007

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Fee 08/15/2007

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 26490691

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

80.13

Bank of America Fee 08/15-
/2007

SUBTOTAL of Disbursements This Page (optional)

1268.31

TOTAL This Period (last page this line number only)

2519.91

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 51 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Steve Buyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 4

Transaction ID: 26380938

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue
Suite 804

City Niles State OH Zip Code 44446

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Timothy J. Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: 26380939

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Steve Cohen For Congress

Mailing Address 349 Kenilworth

City Memphis State TN Zip Code 38112

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Steve Cohen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 9

Transaction ID: 26380937

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tiaht For Congress

Mailing Address 2250 N Rock Rd #118 A

City State Zip Code
Wichita KS 67226

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Todd Tiaht

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 4

Transaction ID: 26476232

Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Zach Wamp

Mailing Address P.O. Box 24804
651 E. Fourth St. Suite 200

City State Zip Code
Chattanooga TN 37422

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Zach Wamp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 3

Transaction ID: 26476231

Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Thelma Drake For Congress

Mailing Address P.O. Box 61480

City State Zip Code
Virginia Beach VA 23466

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Thelma D. Drake

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 2

Transaction ID: 26476230

Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 53 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Optometric Association

Mailing Address 243 North Lindbergh Boulevard

City State Zip Code
St. Louis MO 63141Purpose of Disbursement
Inkind ContributionCandidate Name
Rep. Michael ArcuriOffice Sought: ☒ House
☐ Senate
☐ President

State: NY District: 24

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26498338

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	7

Amount of Each Disbursement this Period

295.80

Inkind Contribution

Full Name (Last, First, Middle Initial)

B. National Democratic Club

Mailing Address 30 Ivy Street, N.E.

City State Zip Code
Washington DC 20003Purpose of Disbursement
Inkind Contribution Food Michael Arcuri

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26498386

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	7

Amount of Each Disbursement this Period

295.80

[MEMO ITEM]Inkind Contribution Food
Michael Arcuri NY-24

SUBTOTAL of Disbursements This Page (optional)

295.80

TOTAL This Period (last page this line number only)

10795.80

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 54 / 54

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gray W Sass

Mailing Address 4026 Rivercliff Chase

City
Marietta

State
GA

Zip Code
30067

Purpose of Disbursement
Contribution Refund

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26370943

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2007

Amount of Each Disbursement this Period

500.00

Contribution Refund

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00