09/13/2007 13:46

Image# 27931189035

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously VA 22314 Alexandria reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00024968 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2007 8 0 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dorothy Hitchmoth, O.D. Type or Print Name of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. 09 13 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

R	eport Covering the Period: From:	01 2007	To: 08 31 Y Y Y 2007
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Y2007		380998.25
	(b) Cash on Hand at Begining 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
	Total Disbursements (from Line 31)	13815.71	500403.46
	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	472257.56	472257.56
	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

(subtract Line 18(c) from Line 19)

American Optometric Association Political Action Committee

0 1 3^D1 м м 8 0 0 8 M 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** 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) 31928.00 268175.27 (ii) Unitemized (iii) TOTAL (add 57616.65 583087.14 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 57616.65 583087.14 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees 17. Other Federal Receipts 30.97 3575.63 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 57647.62 591662.77 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

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
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(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
2.	Transfers to Affiliated/Other Party		
ł	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	10795.80	485399.57
	Independent Expenditure	10700.00	10000.07
	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	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
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
	Total Disbursements (add Lines 21(c), 22,		
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13815.71	500403.46
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	40017.71	F 00/02 ::
	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)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 54	
	EMIZED RECEIPTS		or each category of the	(check only one)
II EIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Kenneth Whitten Best			Date of Receipt
	Mailing Address 21223 Country Club Dr			08 01 2007
	City	State	Zip Code	Transaction ID: 26370936
	Cornelius	NC	28031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Dr Neil H Simmons	Date of Receipt		
	Mailing Address 207 Cotten Blvd			08 01 2007
	City	State	Zip Code	Transaction ID: 26370939
	Carthage	MS	39051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	1	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Andrew G Cook, Jr			Date of Receipt
	Mailing Address P O Box 304			08 01 2007
	City	State	Zip Code	Transaction ID: 26371021
	Garner	NC	27529-0304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			865.00

SCHEDULE A (FEC Form 3X)

PAGE 7/54 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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 Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Lady Britton Aycock Mailing Address P O Box 23 08 2007 01 Zip Code City State Transaction ID: 26371023 Farmville NC 27828-0023 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Kenneth F Nuzzo Date of Receipt Mailing Address P O Box 244 8 0 01 2007 City Zip Code Transaction ID: 26371026 State Winthrop ME 04364 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr John T Petrowski, III Date of Receipt Mailing Address 2 Stringer Lane 2007 0.8 0 1 Citv State Zip Code Transaction ID: 26371031 Claremont NH 03743-3341 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 54
	EMIZED RECEIPTS	or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		_	
\angle	American Optometric Association Politic	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr J. D Miller, Jr			Date of Receipt
	Mailing Address P O Box 1293			08 01 7 2007
	City	State	Zip Code	Transaction ID: 26371032
	Eunice	LA	70535	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation	n	
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00	7
	Other (specify) ▼		303.00	J
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 23 Evelyn Drive	01-1-	7's Oads	08 01 2007
	City	State	Zip Code	Transaction ID: 26371036
	Naugatuck	CT	06770-5402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	325.00	7
	Other (specify)	0 0	325.00	1
	Full Name (Last, First, Middle Initial) Dr Ivan J Grupe			Date of Receipt
J .	Mailing Address 7543 S Monaco Way			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 26375883
	<u>Centennial</u>	CO	80112-2549	Amount of Each Receipt this Period
	FEC ID number of contributing		00112 2010	
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n f Optometry	
	Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	39. 294.0		7
	Other (specify) ▼		500.00	
Г				
s	UBTOTAL of Receipts This Page (optional)			765.00

C]		FOR LINE NUMBER: PAGE 9 / 54
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atomonte may	y not be sold or used by any person	
or	for commercial purposes, other than using the n	name and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politic	cal Action (Committee	
	American optometric Association Folia	cai / totion t	Sommittee	
	Full Name (Last, First, Middle Initial)			
A.	Dr Lawrence T Ginsberg			Date of Receipt
	Mailing Address 15 Briarwood Drive			M M / D D / Y Y Y Y
				08 03 2007
	City	State	Zip Code	Transaction ID: 26376665
	Barrington	RI	02806-3240	Amount of Each Receipt this Period
	FEC ID number of contributing	C	• • • • • •	200.00
	federal political committee.			200.00
	Name of Employer	Occupation		\dashv
	Name of Employer Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	riggrogato	rear to Bate 🗸	7
	Other (specify)		400.00	
			0 0 0 0 0 0	4
_	Full Name (Last, First, Middle Initial)			
В.	, , , ,			Date of Receipt
	Mailing Address 2212 Banner Hill Rd	M M / D D / Y Y Y Y		
	-			08 03 2007
	City	State	Zip Code	Transaction ID: 26376666
	Frederick	MD	21702	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Self Employed	Occupation	1	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify) ▼		500.00	
C.	Full Name (Last, First, Middle Initial) Dr. Nathaniel Roland			Date of Receipt
٠.	Mailing Address 10001 Admiral Emersor	ΔVE NE		M M / D D / Y Y Y Y
	Maining / Mainin		08 07 2007	
	City	State	Zip Code	Transaction ID: 26376886
	Albuquerque	NM	87111-1339	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer	Occupation	<u> </u>	-
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	, iggregate	Tour to Dute ¥	1
	Other (specify)		400.00	
			1 1 1 1 1 1 1	4
s	UBTOTAL of Receipts This Page (optional)			800.00
\vdash	oo.o.p.oo . ago (op.ionai)			-

COUEDING A (FEC Form OV)		1		FOR LINE NUMBER: PAGE 10 / 54	
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS			or each category of the		
			Detailed Summary Page		
				13 14 15 16 17	
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	American Optometric Association Politic	cal Action (Committee		
A.	Full Name (Last, First, Middle Initial) Dr Ron Benner			Date of Receipt	
	Mailing Address 1408 E Maryland			08 07 2007	
	City	State	Zip Code	Transaction ID: 26376887	
	Laurel	MT	59044-2238	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	1	500.00		
				1	
В.	Full Name (Last, First, Middle Initial) Dr David J Helfman			Date of Receipt	
	Mailing Address 7 Pierce Lane			M M / D D / Y Y Y Y	
				08 06 2007	
	City	State	Zip Code	Transaction ID: 26380819	
	Hollis	NH	03049	Amount of Each Receipt this Period	
	FEC ID number of contributing			200.00	
	federal political committee.	C		300.00	
	Name of Employer Self Employed	Occupation			
			Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00	1	
	Other (specify) ▼		300.00		
	Eull Name (Lost First Middle Initial)				
C.	Full Name (Last, First, Middle Initial) Dr Elliot F Lasky			Date of Receipt	
	Mailing Address 15 Masefield Road			M M / D D / Y Y Y Y	
	City	State	Zip Code	08 06 2007	
	Nashua	NH	03062	Transaction ID: 26380820 Amount of Each Receipt this Period	
		INII	03002	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer	Occupation	ion		
	Self Employed	Doctor of	Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-		1	
	Other (specify) ▼	1	300.00		
0	UBTOTAL of Receipts This Page (optional)			850.00	
$ hild_{}$	ODITIAL OF NECERPLS THIS Page (OPHOHAI)				

				FOR LINE NUMBER: PAGE 11 / 54
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and Sta	otomonte may	, not be cold or used by any perc	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	•			
	Full Name (Last, First, Middle Initial)			
Α.	Dr Richard J Choryan			Date of Receipt
	Mailing Address 9096 Costner			08 06 2007
	City	State	Zip Code	Transaction ID: 26380824
	Caledonia	MI	49316	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation		7
	-		Optometry	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	365.00	
	Cirici (specify)			1
— В.	Full Name (Last, First, Middle Initial) Dr Jeffrey Mark Palmer			Date of Receipt
υ.	Mailing Address 70 Viola Drive			M M / D D / Y Y Y Y
	Walling Address 70 Viola Diffe			08 07 2007
	City	State	Zip Code	Transaction ID: 26381506
	East Hampton	CT	06424-1686	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	 n	\dashv
	Name of Employer Self Employed	1	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	-	050.00	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr Joe Ernest Ellis			Date of Receipt
	Mailing Address 179 Wood Trace			M M / D D / Y Y Y Y
				08 07 2007
	City	State	Zip Code	Transaction ID: 26381533
	Benton	KY	42025-9400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	recerai politicai committee.			
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	2000.00]
	Other (specify)			1
_	IIPTOTAL of Descripto This Base (anticent)			1615.00
\vdash	UBTOTAL of Receipts This Page (optional)			

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 12 / 54 (check only one)
•••	EIVIIZED NEGEIP 13		Detailed Summary Page	X 11a 11b 11c 12 17 18 17 18 17 18 17 18 18
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz			Date of Receipt
	Mailing Address 3537 New Castle Dr Se			08 / 09 / 4 2007
	City	State	Zip Code	Transaction ID: 26382639
	Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
В.	Full Name (Last, First, Middle Initial) Dr Diane E Reddin			Date of Receipt
	Mailing Address P O Box 66			08 09 YYYYY 2007
	City	State	Zip Code	Transaction ID: 26385882
	Crawford	CO	81415-0066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)	0 0	250.00	
C .	Full Name (Last, First, Middle Initial) Dr Nelson William Greeman, III			Date of Receipt
	Mailing Address 15815 Bell Flower			08 08 7 2007
	City	State	Zip Code	Transaction ID: 26389268
	San Antonio	TX	78232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)			700.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 54
	EMIZED RECEIPTS		or each category of the	(check only one)
"	EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politica	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Andrea P Thau			Date of Receipt
	Mailing Address 170 East 83 Street			08 10 2007
	City	State	Zip Code	Transaction ID: 26391247
	New York	NY	10028-1920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-		1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr Bronte D Baker			Date of Receipt
	Mailing Address 179 Redbird Ridge			08 10 2007
	City	State	Zip Code	Transaction ID: 26391249
	Beeville	78102-8465	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00
	Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		350.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, Ill			Date of Receipt
	Mailing Address 1229 Highland Lakes Tra	il		08 10 2007
	City	State	Zip Code	Transaction ID: 26391251
	Birmingham	AL	35242-6886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	22 0 11		1
	Other (specify) ▼		400.00	
				150.00
S	UBTOTAL of Receipts This Page (optional)		······	130.30

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 54
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficacy 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Donald W Furman			Date of Receipt
	Mailing Address 855 11Th St Place			08 10 YYYY 2007
	City	State	Zip Code	Transaction ID: 26391253
	Garner	IA	50438-1847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
				_
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	315.00	
	Carior (openity) 🔻		1 1 1 1 1 1 1	1
— В.	Full Name (Last, First, Middle Initial) Dr John Frederick Amos			Date of Receipt
	Mailing Address 1240 Cedardell Circle			M M / D D / Y Y Y Y
				08 10 2007
	City	State	Zip Code	Transaction ID: 26391254
	Birmingham	AL	35216-2049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	rederal political committee.			
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		294.00	
	Other (specify) ▼	0 0	1 1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Markus I Barth			Date of Receipt
	Mailing Address 1346 Heller Drive			M M / D D / Y Y Y Y
				08 10 2007
	City	State	Zip Code	Transaction ID: 26391256
	Yardley	PA	19067-2714	Amount of Each Receipt this Period
	FEC ID number of contributing	C		66.67
	federal political committee.	<u> </u>		
	Name of Employer Self Employed	Occupation		
		+	Optometry	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		333.35	
	Carlot (opcosty)		0 0 0 0 0 0 0	1
	UBTOTAL of Receipts This Page (optional)			153.67
\vdash	ago (optional)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 54
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
		, 0	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) A. Dr Robert J Blumthal			Date of Receipt
Mailing Address 119 Exmore Drive			08 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Springfield	State IL	Zip Code 62704-3137	Transaction ID: 26391258
FEC ID number of contributing federal political committee.	C	02/04-313/	Amount of Each Receipt this Period 166.67
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 749.99	
Full Name (Last, First, Middle Initial) 3. Dr Michael T Cron			Date of Receipt
Mailing Address 9217 Elmwood Court			08 / 10 / 4 4 4 4
City	State MI	Zip Code	Transaction ID: 26391260
Stanwood	IVII	49346-9305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.66
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	333.28	
Full Name (Last, First, Middle Initial) Dr G. Chad Green			Date of Receipt
Mailing Address 5960 Co Rd 19			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26391263
Linden	AL	36748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)			308.33
TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (Committee	
	Full Name (Last, First, Middle Initial) Dr Maryjane Healey Mailing Address 6710 124Th Place Se City Snohomish FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)		Zip Code 98296-8649 n i Optometry e Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26391264 Amount of Each Receipt this Period 50.00
3.	Dr Mark J Hennen Mailing Address 1613 Atwater Path City Inver Grove Height FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 55077-1201 To Optometry Year-to-Date ▼ 350.00	Date of Receipt M M M / 10 / 2007 Transaction ID: 26391265 Amount of Each Receipt this Period 50.00
C.	Full Name (Last, First, Middle Initial) Dr George W Hertneky Mailing Address 16862 County Road 28 City Brush FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 80723-9424	Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: 26391266 Amount of Each Receipt this Period 42.00
SI	JBTOTAL of Receipts This Page (optional)		······	142.00
т	OTAL This Period (last page this line number on	lv)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 54 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		_	
\angle	American Optometric Association Politi	ical Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III			Date of Receipt
	Mailing Address 50 Cedar Hill Rd			08 10 2007
	City	State	Zip Code	Transaction ID: 26391267
	Albuquerque	NM	87122-1928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	800.00	1
	Other (specify)	0 0	000.00	
— В.	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe			Date of Receipt
	Mailing Address 789 N Broad	M M / D D / Y Y Y Y Y O D D / 2007		
	City	State	Zip Code	Transaction ID: 26391268
	Galesburg	IL	61401-2766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		175.00
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
	Receipt For:	-	Year-to-Date ▼	
	Primary General		950.00	1
	Other (specify)		930.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Timothy G Koop			Date of Receipt
	Mailing Address 4912 Bluff Run Drive			08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26391269
	Greensboro	NC	27455-2200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation		7
			Optometry	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Calcil (opcolity) •	0 0	0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional))	325.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 54
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	EWIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski			Date of Receipt
	Mailing Address 305 Kensington Ave S			08 10 2007
	City	State	Zip Code	Transaction ID: 26391270
	Kent	WA	98030-7004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date ▼	_
	Primary General	Aggregate	Flear-to-Date ♥	
	Other (specify) ▼	0 0	350.00	
В.	Full Name (Last, First, Middle Initial) Dr Gary W Lasken			Date of Receipt
	Mailing Address 10215 N North Forest T	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26391272
	<u>Peoria</u>	IL	61615-1378	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.66
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General		Year-to-Date ▼	
	Other (specify) ▼	0 0	333.28	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Ronald J Meyer			Date of Receipt
	Mailing Address 9802 US 41		08 10 2007	
	City	State	Zip Code	Transaction ID: 26391275
	Champion	MI	49814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	1	Year-to-Date ▼	7
	Primary General Other (specify) ▼		300.00	
Г				
s	UBTOTAL of Receipts This Page (optional)		······	141.66

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 54 (check only one) X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			08 10 2007
	City	State	Zip Code	Transaction ID: 26391276
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			08 10 YYYY 2007
	City	State	Zip Code	Transaction ID: 26391277
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	600.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Gregory C Russell			Date of Receipt
	Mailing Address 2505 Rivermont Circle			08 10 2007
	City	State	Zip Code	Transaction ID: 26391279
	Kingsport	TN	37660-2392	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		583.31	
s	UBTOTAL of Receipts This Page (optional)			233.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Political	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Jack L Schaeffer			Date of Receipt
	Mailing Address 3801 River View Cr			08 10 2007
	City	State	Zip Code	Transaction ID: 26391280
	Birmingham FEC ID number of contributing federal political committee.	C	35243	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed		Optometry Year-to-Date ▼	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	350.00	
3.	Full Name (Last, First, Middle Initial) Dr Douglas J Walker			Date of Receipt
	Mailing Address P O Box 988			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Brookings	State OR	Zip Code	Transaction ID: 26391282
	FEC ID number of contributing federal political committee.	C	97415-0021	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
).	Full Name (Last, First, Middle Initial) Dr Jennifer E Davis			Date of Receipt
Mailing Address 16 Pambrook Dr				0 8 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fishersville	State VA	Zip Code 22939-2123	Transaction ID: 26391285
	FEC ID number of contributing federal political committee.	C	22939-2123	Amount of Each Receipt this Period 42.00
Self Employed 1		Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	
s	UBTOTAL of Receipts This Page (optional)			142.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 54	
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)		.		
	American Optometric Association Politica	I Action (Committee		
Α.	Full Name (Last, First, Middle Initial) Dr Richard L Foss			Date of Receipt	
	Mailing Address W5224 Knobloch Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 26391289	
	<u>La Crosse</u>	WI	54601-2461	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		41.66	
	Self Employed	Occupation Doctor of	n Optometry		
		Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		333.28		
— В.	Full Name (Last, First, Middle Initial) Dr Mira B Swiecicki			Date of Receipt	
	Mailing Address 450 F Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26391290	
	Blaine	WA	98230-4201	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		25.00	
	Solf Employed	Occupation Doctor of	n Optometry		
		Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	300.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr Ron W Roelfs			Date of Receipt	
	Mailing Address 600 3Rd St Se			08 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 26391292	
	Waverly	IA	50677-3516	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		35.00	
	Solt Employed	Occupation			
		Doctor of Optometry			
	Primary General	99. 09410		1	
	Other (specify) ▼		280.00		
	UBTOTAL of Receipts This Page (optional)			101.66	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 22 / 54
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Kevin A Murphy			Date of Receipt
	Mailing Address 91 Teal St			08 10 YYYYY 2007
	City	State	Zip Code	Transaction ID: 26391293
	Douglas	GA	31535-7262	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		166.67
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.01	
				4
В.	Full Name (Last, First, Middle Initial) Dr Bret W Harrison			Date of Receipt
	Mailing Address 1935 Dennison Ct			M M / D D / Y Y Y Y
				08 09 2007
	City	State	Zip Code	Transaction ID: 26391778
	Colorado Sprgs	CO	80918-3648	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	7.199.094.0		1
	Other (specify) ▼		250.00	
_	Full Name (Last First Middle Initial)			1
C.	Full Name (Last, First, Middle Initial) Dr Gilan L Cockrell			Date of Receipt
	Mailing Address 739 Road 200			08 09 2007
	City	State	Zip Code	Transaction ID: 26394457
	<u>Emporia</u>	KS	66801	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 292.00		1
	Other (specify) ▼		500.00	
				1
。	UBTOTAL of Receipts This Page (optional)			916.67
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				· · ·

SCHEDULE A (FEC Form 3X)

PAGE 23 / 54 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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 Full Name (Last, First, Middle Initial) Date of Receipt Dr Kevin L Alexander Mailing Address 8830 Walnut Trail 08 2007 11 City State Zip Code Transaction ID: 26398673 Sylvania OH 43560-8990 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Daniel C Ng Date of Receipt Mailing Address 42 Huntington Drive 8 0 10 2007 City State Zip Code Transaction ID: 26404415 San Francisco CA 94132-1114 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Jeffrey A Mc Millian Date of Receipt Mailing Address 2834 Summershade Ln 2007 0.8 10 Citv State Zip Code Transaction ID: 26404433 **Knox**ville TN 37922-6100 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 24 / 54
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and St	atomonte may	, not be cold or used by any perc	
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Folia	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Douglas Arthur Safley			Date of Receipt
	Mailing Address 700 1St Avenue			M M / D D / Y Y Y Y
				08 14 2007
	City	State	Zip Code	Transaction ID: 26410945
	<u>Havre</u>	MT	59501-4402	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
				_
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00] [
	Other (specify)			J.
В.	Full Name (Last, First, Middle Initial) Dr Kenton R Driver			Date of Receipt
υ.				─
	Mailing Address 655 Sylvan Pl	08 13 2007		
	City	State	Zip Code	Transaction ID: 26410977
	Salina	KS	67401-3360	Amount of Each Receipt this Period
		110	07 101 0000	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n	
	Sell Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	1
	Other (specify) ▼		230.00	
_	Full Name (Last, First, Middle Initial) Dr Stacy A Clark			Date of Receipt
Ċ.	Mailing Address 321 S Estates Dr			M M / D D / Y Y Y Y
	Walling Address 321 S Estates DI			08 13 2007
	City	State	Zip Code	Transaction ID: 26410978
	Salina	KS	67401-3308	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	1
	Other (specify)	0 0	250.00	1
_				
				600.00
S	UBTOTAL of Receipts This Page (optional))	000.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 25 / 54
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Creighton A Simmons			Date of Receipt
	Mailing Address 1026 Miller Cove			08 13 2007
	City	State	Zip Code	Transaction ID: 26425179
	Benton	AR	72019-2060	Amount of Each Receipt this Period
	FEC ID number of contributing	-		
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	1	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	500.00	
В.	Full Name (Last, First, Middle Initial) Dr Thomas E Townsend			Date of Receipt
	Mailing Address 7115 Hwy 54 W			M M / D D / Y Y Y Y
		08 13 2007		
	City	State	Zip Code	Transaction ID: 26425182
	<u>Paris</u>	TN	38242-8339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation		
		1	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	-		J
_	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Dr Michael Robert Schmit Mailing Address 5122 Breckenridge Drive	`		M M / D D / Y Y Y Y
	5122 Breckeringe Drive	08 13 2007		
	City	State	Zip Code	Transaction ID: 26425185
	Cincinnati	OH	45247-3306	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		230.00
	Name of Employer Self Employed	Occupation		
		1	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	☐ Other (Specify) ▼			1
_	HIDTOTAL of December Title D /			1250.00
\vdash	UBTOTAL of Receipts This Page (optional)			-
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 54 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Mark Seaburg			Date of Receipt
	Mailing Address 24212 Se 380Th			08 13 2007
	City	State	Zip Code	Transaction ID: 26425197
	Enumclaw	WA	98022-8841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	300.00	1
	Other (specify)	0 0	000.00	J
— В.	Full Name (Last, First, Middle Initial) Dr Jeffrey S Blalock			Date of Receipt
	Mailing Address 3050 Lexi Ct	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26425199
	Green Cove Springs	FL	32043-7038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr Robert P Pharr			Date of Receipt
	Mailing Address 130 Pharr Circle			08 13 2007
	City	State	Zip Code	Transaction ID: 26425200
	Attalla	AL	35954-5599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	
	Self Employed		Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	
	Other (specify)	0 0	100.00	1
s	LUBTOTAL of Receipts This Page (optional)		__	200.00

SCHEDULE A (FEC Form 3	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 54 (check only one)
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may g the name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association	Political Action (Committee	
Full Name (Last, First, Middle Initial) A. Dr John A Wiener			Date of Receipt
Mailing Address 9205 Indian Hill Ro	oad		08 13 2007
City	State	Zip Code	Transaction ID: 26425201
<u>Cincinnati</u>	OH	45243-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed		Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Carlor (openity) \			1
Full Name (Last, First, Middle Initial) 3. Dr Jane Ellen Compton	<u>'</u>		Date of Receipt
Mailing Address P O Box 1877	M " M / D " D / Y " Y " Y " Y		
City	Stata	Zin Codo	08 15 2007
City Taos	State NM	Zip Code 87571-1877	Transaction ID: 26440129 Amount of Each Receipt this Period
FEC ID number of contributing		07071 1077	
federal political committee.	C		100.00
Name of Employer Self Employed	Occupation		
Receipt For:		Optometry Year-to-Date ▼	
Primary General	Aggregate	Teal-10-Date V	1
Other (specify)		400.00	
Full Name (Last, First, Middle Initial) C. Dr Michael G Blake			Date of Receipt
Mailing Address P O Box 2859			08 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26440130
<u>Gallup</u>	NM	87305-2859	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		650.00]
SUBTOTAL of Receipts This Page (option	al)		700.00
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SCHEDULE A (FEC Form 3X)

PAGE 28 / 54 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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 Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Lynn A Davis Mailing Address 1424 Tiffany Lane Se 08 2007 15 Zip Code City State Transaction ID: 26440136 Rio Rancho NM 87124-0976 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr D. C. Dean Date of Receipt Mailing Address 532 Queens Court Ne 8 0 15 2007 City Zip Code Transaction ID: 26440137 State <u>Albuquerque</u> NM 87109 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Michael L English Date of Receipt Mailing Address 4924 Chaqar Ct 2007 0.8 15 Citv State Zip Code Transaction ID: 26440138 Las Cruces NM 88007-5464 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 54
	ITEMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ny information conied from such Reports and Sta	itements may	not be sold or used by any perso	
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Donald B Leach			Date of Receipt
	Mailing Address 221 Wittwer Ct Nw P O Box 129			08 15 2007
	City	State	Zip Code	Transaction ID: 26440139
	Los Lunas	NM	87031-8438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff			Date of Receipt
	Mailing Address 3537 Newcastle Dr Se	M M / D D / Y Y Y Y		
			08 15 2007	
	City	Zip Code	Transaction ID: 26440140	
	Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date ▼	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Brent E Shelley			Date of Receipt
٠.	Mailing Address P O Box 130			M M / D D / Y Y Y Y
				08 15 2007
	City	State	Zip Code	Transaction ID: 26440141
	Mesilla Park	NM	88047-0130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)	0 0	400.00	1
s	UBTOTAL of Receipts This Page (optional)			300.00
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Ιт	OTAL This Period (last page this line number or	nlv)		

SCHEDIII E A /EEC Form 2V)]		FOR LINE NUMBER: PAGE 30 / 54
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and St	otomonte may	y not be cold or used by any perce	
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	ical Action (Committee	
	American Optometric Association Folia	cai Action (Sommittee	
	Full Name (Last, First, Middle Initial)			
A.	Dr Elwin W Schutt			Date of Receipt
	Mailing Address S. 910 Scilling Loop			M M / D D / Y Y Y Y
				08 15 2007
	City	State	Zip Code	Transaction ID: 26440142
	Post Falls	ID	83854-0997	Amount of Each Receipt this Period
	FEC ID number of contributing			450.00
	federal political committee.	C		150.00
	Name of Employer Self Employed	Occupation		
	· · · · · · · · · · · · · · · · · · ·		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		450.00	11
	Other (specify)	1 1	+30.00	
ь	Full Name (Last, First, Middle Initial)			Data of Danaint
В.		Date of Receipt		
	Mailing Address 1102 Green Hill Trace	08 15 2007		
	City	Transaction ID: 26440143		
	Tallahassee	State FL	Zip Code 32317-8634	
		16	32317-8634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	rederal political confinitiee.			
	Name of Employer	Occupation	า	7
	Self Employed	Doctor of	Optometry	
			Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)		375.00	
				-
	Full Name (Last, First, Middle Initial)			
C.	Dr Joseph H Phillips			Date of Receipt
	Mailing Address 13308 Cedar Trail	0 8 1 5 2 0 0 7		
	Oit.	Ctata	7:- Onda	
	City	State	Zip Code	Transaction ID: 26440144
	Oklahoma City	OK	73131-1801	Amount of Each Receipt this Period
	FEC ID number of contributing	С		312.50
	federal political committee.			
	Name of Employer	Occupation	<u> </u>	Ⅎ
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General	33 - 3 - 10		1
	Other (specify) ▼		937.50	
				*
ء	UBTOTAL of Receipts This Page (optional)			587.50
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<u> </u>				FOR LINE NUMBER: PAGE 31 / 54
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
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			Detailed Summary Page	13 14 15 16 17
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	rnot be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Polit	ical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Cheryl Kocher Robson			Date of Receipt
	Mailing Address 2469 Jones Rd			0 8 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 26440145
	Winchester	VA	22602-6605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		87.50
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		262.50	7
	Other (specify)	0 0	202.30	
 R	Full Name (Last, First, Middle Initial) Dr Alice Sterling			Date of Receipt
υ.	Mailing Address 5727 Canton Cove #11	M M / D D / Y Y Y Y		
	3727 Odition 3000 #11	08 16 2007		
	City	State	Zip Code	Transaction ID: 26443058
	Winter Springs	FL	32708-5033	Amount of Each Receipt this Period
	FEC ID number of contributing			45.00
	federal political committee.	C		45.00
	Name of Employer	Occupation	1	\dashv
	Name of Employer Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General		205.00	1
	Other (specify)		225.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Gary G Crook			Date of Receipt
	Mailing Address 3544 National Court			M M / D D / Y Y Y Y
	-			08 15 2007
	City	State	Zip Code	Transaction ID: 26443344
	Martinez	GA	30907-9517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
				222 =
s	UBTOTAL of Receipts This Page (optional)	632.50		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	or e	separate schedule(s) ach category of the ailed Summary Page	FOR LINE NUMBER: PAGE 32 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action Comm	ittee	
Full Name (Last, First, Middle Initial) Dr William W St Vincent, Jr Mailing Address 60 Aaron Avenue City Bristol FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Cother (specify) Mailing Address 7425 123Rd St Ct City Coal Valley FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employed	State Zip RI 02 C Occupation Doctor of Optor Aggregate Year-to State Zip IL 61 C Occupation	o Code 2809-1248 metry o-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Doctor of Optor Aggregate Year-te	•	
Full Name (Last, First, Middle Initial) Dr Michael Allen Corben Mailing Address 19592 Shadow Ridge W City Northridge FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26443359 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			750.00

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	ntomonte mov	y not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Folia	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Brian Roy Murray			Date of Receipt
	Mailing Address 1925 Ashland City Rd #	M M / D D / Y Y Y Y		
				08 16 2007
	City	State	Zip Code	Transaction ID: 26445615
	Clarksville	TN	37043	Amount of Each Receipt this Period
	FEC ID number of contributing			005.00
	federal political committee.	C		365.00
				_
	Name of Employer Self Employed	Occupation		
			Optometry	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00] [
	Other (specify)			J
В.	Full Name (Last, First, Middle Initial) Dr Scott R Ream			Date of Receipt
υ.	Mailing Address 209 Wildwood Terrace	─ │		
	Mailing Address 209 Wildwood Terrace	08 16 2007		
	City	State	Zip Code	Transaction ID: 26445616
	West Plains	MO	65775	Amount of Each Receipt this Period
		111.0	307.10	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation	า	
	Sell Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	11
	Other (specify)		363.00	
_	Full Name (Last, First, Middle Initial) Dr Eric Halperin			Date of Receipt
U.	Mailing Address 1910 Alder Cove Rd W	M M / D D / Y Y Y Y		
	Maining Address 1910 Aider Cove Na W			08 16 2007
	City	State	Zip Code	Transaction ID: 26445621
	Tillamook	OR	97141-8354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Occupation Self Employed			
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	11
	Other (specify)		300.00	1
_				
				1230.00
s	UBTOTAL of Receipts This Page (optional)	1230.00		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 54 (check only one)
			or each category of the Detailed Summary Page	X 11a 11b 11c 12
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr			Date of Receipt
	Mailing Address 3421 Kachemak Circle	08 18 2007		
	City	State	Zip Code	Transaction ID: 26446738
	Anchorage	AK	99515-2380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		252.00	
— В.	Full Name (Last, First, Middle Initial) Dr Denise Lynn Thanepohn			Date of Receipt
	Mailing Address 130 Beaufort Circle	M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O		
	City	State	Zip Code	Transaction ID: 26446739
	Anchorage	AK	99515-3706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Michael James Bennett			Date of Receipt
	Mailing Address 1624 Second St			08 18 2007
	City	State	Zip Code	Transaction ID: 26446740
	Douglas	AK	99824-5211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	255.00	
s	UBTOTAL of Receipts This Page (optional)			269.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 35 / 54
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso dress of any political committee to	on for the purpose of solicities solicities solicities solicities solicities from the solicities of the solicities are solicities and solicities are solicities and solicities are solicities and solicities are solicit	ting contributions such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Optometric Association Politic	al Action (Committee		
۹.	Full Name (Last, First, Middle Initial) Dr Brian D Cin			Date of Receipt	
	Mailing Address 11912 Town Park Circle			08 / 18	2007
	City	State	Zip Code	Transaction ID: 26	3446741
	Eagle River	AK	99577-7788	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			85.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For:		Year-to-Date ▼		
	Primary General		055.00	1	
	Other (specify) ▼		255.00		
3.	Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower			Date of Receipt	
	Mailing Address 2301 Loussac Dr	08 / 08	2007		
	City	State	Zip Code	Transaction ID: 26	3446742
	Anchorage	AK	99517-1230	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			84.00
	Name of Employer Self Employed	Occupation			
			Optometry		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		252.00		
	Full Name (Last, First, Middle Initial) Dr Mark G Everett			Date of Receipt	
٠.	Mailing Address 3316 West Eagles Nest I	ane		M M / D D	/ Y
				08 20	2007
	City	State	Zip Code	Transaction ID: 26	
	Spokane	WA	99208-8760	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)				419.00
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T	OTAL This Period (last page this line number on	ly))		

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 36 / 54	
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
		Detailed Summary Page			
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and ado	rnot be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	American Optometric Association Polit	ical Action (Committee		
Α.	Full Name (Last, First, Middle Initial) Dr Charles B Brownlow			Date of Receipt	
	Mailing Address P O Box 10			08 20 2007	
	City	State	Zip Code	Transaction ID: 26463134	
	Weyauwega	WI	54983-0010	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
— В.	Full Name (Last, First, Middle Initial) Dr Ronald P Snyder			Date of Receipt	
	Mailing Address 2200 Nw 57 St	08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 26463135	
	Boca Raton	FL	33496-3427	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		174.00	
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.25]	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Thomas Andrew Wong			Date of Receipt	
	Mailing Address 4004 Glenrose Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 26463140	
	Kensington	MD	20895-3715	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed		Optometry		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
s	UBTOTAL of Receipts This Page (optional)	924.00			

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 54 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (Committee	
A .	Full Name (Last, First, Middle Initial) Dr Robert F Brooks Mailing Address 452 Bluebird Dr			Date of Receipt
	City	State	Zip Code	0 8 2 0 2 0 0 7 Transaction ID: 26463144
	Russell	KY	41169-1570	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr Stephen Richard Kepley			Date of Receipt
	Mailing Address 1255 47Th Ave.			08 / 20 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26463236
	Vero Beach FEC ID number of contributing federal political committee.	FL C	32966-2615	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
D.	Full Name (Last, First, Middle Initial) Dr Michael T Cady			Date of Receipt
	Mailing Address 10 Winding Creek Way			08 / 20 / Y Y Y Y Y Y
	City Ormond Beach	State FL	Zip Code 32174	Transaction ID: 26463239
	FEC ID number of contributing federal political committee.	C	52174	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number or	nly))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 54
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St.	atements may	γ not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		.	
American Optometric Association Politi	ical Action (Committee	
Full Name (Last, First, Middle Initial)			
A. Dr Terence O Tack			Date of Receipt
Mailing Address 819 Bodine Rd			08 21 2007
City	State	Zip Code	Transaction ID: 26469601
Kelso	WA	98626	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		250.00
Name of Employer Self Employed	Occupation	1	7
Self Employed	Doctor of	Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Ciriei (specify)			
Full Name (Last, First, Middle Initial)			
Dr Jeremy A Ciano	<u> </u>		Date of Receipt
Mailing Address 2157 Mustang Chase D	r		08 21 2007
City	State	Zip Code	Transaction ID: 26469603
Westfield	IN	46074-8185	Amount of Each Receipt this Period
FEC ID number of contributing	С		250.00
federal political committee.	C		230.00
Name of Employer Self Employed	Occupation	1	7
		Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
canon (openity) 🔻	0 0		1
Full Name (Last, First, Middle Initial)			Data of Resolut
Dr Shannon C Franklin Mailing Address 427 Cranberry Lane			Date of Receipt
The maining read 555 427 Granderry Lane			08 23 2007
City	State	Zip Code	Transaction ID: 26470771
Crozet	VA	22932-3160	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer Self Employed	Occupation		
Receipt For:		Optometry Year-to-Date V	-
Primary General	, iggi ogale		1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			562.50
SUBTUTAL OF Necelpts This Page (optional)		······································	
TOTAL This Period (last page this line number of	only))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 54		
	EMIZED RECEIPTS		or each category of the	(check only one)		
•••	LIMIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12		
_				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Optometric Association Politic	cal Action (Committee			
Α.	Full Name (Last, First, Middle Initial) Dr John William Wood			Date of Receipt		
	Mailing Address 31555 Lindero Cyn Rd 1	5		08 / 23 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26470772		
	Westlake Village	CA	91361-4744	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Name of Employer Self Employed	Occupation Doctor of	n Optometry			
	Receipt For:	Aggregate	Year-to-Date ▼	7		
	Primary General		500,00	1		
	Other (specify)	0 0	500.00			
В.	Full Name (Last, First, Middle Initial) Dr Ivo Horak			Date of Receipt		
	Mailing Address 4366 Cooper Oaks Dr			M M / D D / Y Y Y Y		
	·			08 23 2007		
	City	State	Zip Code	Transaction ID: 26470773		
	<u>Smyrna</u>	GA	30082-4766	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00		
	Name of Employer	Occupation	า	7		
	Self Employed	Doctor of	Optometry			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		400.00	1		
	Other (specify)		400.00]		
<u> </u>	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva			Date of Receipt		
	Mailing Address 57 Pebblebrook Ct			08 24 YYYY 2007		
	City	State	Zip Code	Transaction ID: 26476341		
	Bloomington	IL	61704-6300	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer Self Employed	Occupation Doctor of	n Optometry			
	Receipt For:	_	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		425.00			
Г				310.00		
S	UBTOTAL of Receipts This Page (optional)		······	310.00		

_				
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 40 / 54 (check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Daniel J De Winter			Date of Receipt
	Mailing Address W170 57266 Meadow D			08 / 23 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26476842
	Muskego	WI	53150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr Bradley J Blumenstock			Date of Receipt
	Mailing Address 3319 S 30Th Street			08 23 YYYYY 08 23 2007
	City	State	Zip Code	Transaction ID: 26476850
	Lincoln	NE	68502-5130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		400.00	1
		0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Dr Corey M Langford			Date of Receipt
	Mailing Address 7756 N 153Rd Street			08 23 2007
	City	State	Zip Code	Transaction ID: 26476871
	Bennington	NE	68007-1551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	13 0		1
	Other (specify) ▼		297.87	
s	UBTOTAL of Receipts This Page (optional)			460.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 54 (check only one) X 11a 11b 11c 12
_				13 14 15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politica	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Brett Alan Monson			Date of Receipt
	Mailing Address 1011 Michael Drive			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26476876
	<u>Omaha</u>	NE	68128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer Self Employed		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		400.00	
3.	Full Name (Last, First, Middle Initial) Dr Larry J Davis			Date of Receipt
	Mailing Address 3309 Town And Country	Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26477125
	Saint Charles	МО	63301-0648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
).	Full Name (Last, First, Middle Initial) Albert S Licup			Date of Receipt
	Mailing Address 166 N Humphrey Ave #3			08 26 7 2007
	City	State	Zip Code	Transaction ID: 26477127
	Oak Park	<u> L </u>	60302-2579	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	208.35	
s	UBTOTAL of Receipts This Page (optional)			491.67
	/			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Political	al Action (Committee	
A. 3.	Full Name (Last, First, Middle Initial) Dr Jennifer R Lippens Mailing Address 107 Emili Lane City Greenwood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Maria G Megill Mailing Address 55 Lakewood Rd City		Zip Code 29646-7929 Toptometry Year-to-Date ▼ 400.00	Date of Receipt M M 27 2007 Transaction ID: 26477128 Amount of Each Receipt this Period 200.00
	Manasquan FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		08736 Optometry Year-to-Date ▼ 450.00	Amount of Each Receipt this Period 337.50
-	Full Name (Last, First, Middle Initial) Dr Andrew J Lovsin Mailing Address 3019 White Cloud Circle City Apex FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 27502-4065	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26479077 Amount of Each Receipt this Period 365.00
S	JBTOTAL of Receipts This Page (optional)			902.50
Т	OTAL This Period (last page this line number onl	v)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 43 / 54
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Glenda B Brown			Date of Receipt
	Mailing Address 80 Idlegate Court			08 28 2007
	City	State	Zip Code	Transaction ID: 26480507
	Alpharetta	GA	30022-5509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	l	250.00	
В.	Full Name (Last, First, Middle Initial) Dr Michael A Hattan			Date of Receipt
	Mailing Address 3501 Fairway			08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26480556
	Hays	KS	67601-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Francisco	10		_
	Name of Employer Self Employed	Occupation	Optometry	
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate	Teal-10-Date	1
	Other (specify)		365.00	
_				1
C.	Full Name (Last, First, Middle Initial) Dr Mary Jo Stiegemeier			Date of Receipt
	Mailing Address 2997 Pine Trails Circle			08 / 27 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26480558
	Hudson	OH	44236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	+	Year-to-Date ▼	
	Primary General	33. 233.0		1
	Other (specify)	1	250.00	
				*
s	UBTOTAL of Receipts This Page (optional)			865.00
\vdash				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 11b 13	PAGE 44 / 54 11c
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solici	ting contributions such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Political	Action (Committee		
A. 3.	Cut Off FEC ID number of contributing federal political committee. Name of Employer Self Employed		Zip Code 70345-2261 Optometry Year-to-Date ▼ 500.00	Date of Receipt M M 2 7 Transaction ID: 26 Amount of Each Re	500.00
	City Bastrop FEC ID number of contributing federal political committee. Name of Employer Self Employed		Zip Code 71220-2200 Optometry Year-to-Date ▼ 500.00	Transaction ID: 26 Amount of Each Re	2 0 0 7 3480567
-	Anoka FEC ID number of contributing federal political committee. Name of Employer Self Employed		Zip Code 55303 Optometry Year-to-Date ▼ 500.00	Date of Receipt M M M	
s	UBTOTAL of Receipts This Page (optional)		·····		916.66
т	OTAL This Period (last page this line number only)		.		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 54 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		o	
	American Optometric Association Politi	cai Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Michele Y Shade-Hinchliffe			Date of Receipt
	Mailing Address 1161 Beech St			M M / D D / Y Y Y Y
	City	State	7in Codo	08 27 2007
	City Pottstown	PA	Zip Code 19464-4964	Transaction ID: 26480577 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify)	' '	250.00	1
	Cuter (specify)	0 0	0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen			Date of Receipt
	Mailing Address 118 Whitehall Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26480928
	Grayslake	IL	60030-3492	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	-	400.00	1
	Other (specify)	0 0		1
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie			Date of Receipt
	Mailing Address 1809 Gaslight Way			08 29 YYYY 2007
	City	State	Zip Code	Transaction ID: 26481055
	Huntsville	AL	35801-1555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	-	Optometry Year-to-Date	\dashv
	Primary General	Aggregate		1
	Other (specify) ▼		600.00	
s	LUBTOTAL of Receipts This Page (optional)			400.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 54 (check only one)
Ar	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full) American Optometric Association Political Ac		•	SOLOR CONTINUES.
Α.	Full Name (Last, First, Middle Initial) Dr Yvonne Ann Mc Closkey Mailing Address 5 Calle Otra Banda			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sta Santa Fe NM	ate M	Zip Code 87506-2772	Transaction ID: 26481589 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Self Employéd Doc		n f Optometry e Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Dr Douglas R Weberling Mailing Address 455 Arlington Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sta	ate	Zip Code 24201	Transaction ID: 26481937
	FEC ID number of contributing federal political committee.		24201	Amount of Each Receipt this Period 400.00
	Self Employed Doc		f Optometry	
	Receipt For: Primary General Other (specify) ▼	gregate	e Year-to-Date ▼ 400.00	
C.	Full Name (Last, First, Middle Initial) Dr Frank Thomas Chinisci Mailing Address 8315 Holbrook Ct Ne			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sta Albuquerque NM	ate	Zip Code	Transaction ID: 26481941
	FEC ID number of contributing federal political committee.	IVI	87122-3841	Amount of Each Receipt this Period
	Self Employed	upation ctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	gregate	e Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			600.00
Т	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 54 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		_	
\angle	American Optometric Association Politic	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa			Date of Receipt
	Mailing Address 4280 Reiland Lane			08 29 2007
	City	State	Zip Code	Transaction ID: 26481942
	Shoreview	MN	55126-3127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	672.00	1
	Other (specify)		072.00	J
— В.	Full Name (Last, First, Middle Initial) Dr David A Drotzmann			Date of Receipt
	Mailing Address 629 E Oregon St			M M / D D / Y Y Y Y
	City	Ctoto	7in Cada	08 29 2007
	City Hermiston	State OR	Zip Code 97838-9627	Transaction ID: 26481950
	FEC ID number of contributing		37000 3027	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify)	0 0		1
<u> </u>	Full Name (Last, First, Middle Initial) Dr Gregory F Copeland			Date of Receipt
	Mailing Address 15 Ridge Rd Loop			08 29 2007
	City	State	Zip Code	Transaction ID: 26481954
	Sylvan Grove	KS	67481	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		250.00	
				1
	UBTOTAL of Receipts This Page (optional)			709.00

A. Dr Sheryl A Lentfer

Anchorage

Receipt For:

B. Dr Gray W Sass

Marietta

City

City

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Self Employed

Primary

Receipt For:

Mailing Address 4026 Rivercliff Chase

Name of Employer Self Employed

Primary

Mailing Address 1345 West 9Th Avenue

General

General

State

State

Occupation

Doctor of Optometry

Aggregate Year-to-Date ▼

GA

C

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C

PAGE 48 / 54 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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. American Optometric Association Political Action Committee Date of Receipt 08 3 1 2007 Zip Code Transaction ID: 26482364 99501-3219 Amount of Each Receipt this Period 500.00 Occupation Doctor of Optometry Aggregate Year-to-Date 🔻 500.00 Date of Receipt 8 0 01 2007 Zip Code Transaction ID: 26522524 30067 Amount of Each Receipt this Period 0.00

[MEMO ITEM]

500.00

Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$50-

SUBTOTAL of Receipts This Page (optional)	•	500.00
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Bank of America Fee 08/15/2007 Candidate Name		Ca	00 iteç Tyr	gory/							
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	,	State IN	Zip Code 47960					Amou	nt o	f Eac	h Dis	sburs	emen	t this	Period
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C.	Full Name (Last, First, Middle Initial) Steve Cohen For Congress							Trans Date of			_		937		
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	Mailing Address 349 Kenilworth							0 8	_		<u> </u>	J L		0 0	/
		State TN	Zip Code 38112					Amou	nt o	f Eac	h Dis	sburs	emen	t this	Period
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	Mailing Address 2250 N Rock Rd #118 A						8 ^M 0	IVI	້	23	′ Ľ	ž 0 ŏ	7 '
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В.	Friends Of Zach Wamp						Date		sburs	emer			V
	Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 2	200					0 8	IVI .	້ _ ້ 2	23	Ĺ	žoŏ	7 '
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$\overline{\ }$	NAME OF COMMITTEE (In Full)							
/	American Optometric Association Politic	al Action Committee						
	Full Name (Last, First, Middle Initial)			Transaction ID: 26370943				
۹.	Dr Gray W Sass			Date of Disbursement				
	Mailing Address 4026 Rivercliff Chase			08 0 0 1 7 2 0 0 7				
	City	State Zip Code		Amount of Each Disbursement this Period				
	Marietta	GA 30067		500.00				
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