FEC FORM 3X	AN	ND DISE	URSE	CEIPTS MENTS ized Committ	ee	0	ffice Use Only
1. NAME OF COMMITTEE (in fu		FEC MAILING		Example:If typing over the lines	, type		
		Political Action (					
ADDRESS (number and	street)	505 Prince Stree	et 				
Check if differ than previously reported. (ACC	ent L	lexandria					22314
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛦	ι	S	TATEA	ZIPCODE 🔺
C00024968			3. IS TH REPC		NEW (N) <b>OR</b>	X AMEN (A)	NDED
July 15		(b) Monthly Report Due On: (c) 12-Day		(M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 Sep 20 Oct 20 General (120	(M9) Year Only) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE)
October Quarterly January 3 Quarterly July 31 M Report(N Year Only	5 Report(Q3) 1 Report(YE) lid-Year on-election	(d) 30-Day <b>Post</b> -I Report	Election or	General (300		Special (120 Runoff (30R	in the State of
5. Covering Period	04		008	through	04		2008
I certify that I have exam Type or Print Name of T	•	rt and to the bes Dorothy Hitchmo	•	dge and belief it is	true, correct a	nd complete.	
Signature of Treasurer	Electronicall	y Filed by Dor	othy Hitchmoth	n, O.D.	Da	ate 06	05 2008
NOTE : Submission of f	alse, erroneous	s, or incomplete i	nformation ma	ly subject the pers	on signing this	Report to the pe	nalties of 2 U.S.C 437g.
Office Use Only							FEC FORM 3X (Rev. 12/2004)

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Optometric Association Political Action Committee DD MM DD Y W м м 04 01 2008 0.4 30 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 6. 495385.22 2008 January 1 (b) Cash on Hand at 560357.50 Begining of Reporting Period ..... 57309.87 438872.51 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 617667.37 934257.73 6(a) and 6(c) for Column B) ..... 72071.73 388662.09 7. Total Disbursements (from Line 31) ..... Cash on Hand at Close of 8. **Reporting Period** 545595.64 545595.64 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed то the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed ΒY the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

### For further information contact:

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

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

FE6AN026

#### Image# 28991219074

**DETAILED SUMMARY PAGE** OF RECEIPTS FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name American Optometric Association Political Action Committee м м 04 0<sup>D</sup>1 <sup>м</sup> м 04 3<sup>D</sup>0 D 2008 D <sup>Y</sup>2008 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 242778.73 28918.54 (i) Itemized (use Schedule A) ..... 21860.64 188485.39 (ii) Unitemized ..... (iii) TOTAL (add 50779.18 431264.12 Lines 11(a)(i) and (ii) ..... 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contributions (add Lines 11(a)(iii) (b) and (c)) (Carry 4.12

	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50779.18	431264.12
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14. 15.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	6500.00	6500.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	30.69	1108.39
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	57309.87	438872.51
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	57309.87	438872.51

Image# 28991219075

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures:         <ul> <li>(a) Shared Federal/Non-Federal</li> </ul> </li> </ol>		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1835.73	10676.09
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii) and (b))</li> </ul>	1835.73	10676.09
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
<ol> <li>Contributions to Federal Candidates/Committees and Other Political Committees</li> </ol>	69736.00	376986.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
<ol> <li>Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)</li> </ol>	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
<ol> <li>Refunds of Contributions To:         <ul> <li>(a) Individuals/Persons Other</li> </ul> </li> </ol>	500.00	1000.00
<ul><li>(b) Political Party Committees</li></ul>	0.00	0.00
<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> </ul>	0.00	0.00
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	500.00	1000.00
9. Other Disbursements	0.00	0.00
		0.00
<ul> <li>G. Federal Election Activity (2 U.S.C 431(20))</li> <li>(a) Shared Federal Election Activity</li> </ul>		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29, and 20(c))	72071.73	388662.09
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12011.10	
<ol> <li>Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)</li> </ol>		
from Line 31)	72071.73	388662.09

#### Image# 28991219076

# DETAILED SUMMARY PAGE

	III Net Contributions/Operating		COLUMN B	
III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	50779.18	431264.12	
34.	Total Contribution Refunds (from Line 28(d))	500.00	1000.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	50279.18	430264.12	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1835.73	10676.09	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1835.73	10676.09	

FE6AN026

				FOR LINE NUMBER: PAGE 6 / 58
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Daniel R Perala	Date of Receipt		
	Mailing Address 2827 Whitetail Road			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 27603671
	Cheyenne	WY	82009-1424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:	1 1	e Year-to-Date V	
	Primary General	- iggrogate		1
	Other (specify) ▼		600.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Christina W Lam	• 		Date of Receipt
	Mailing Address 3132 Seaport Circle			M M / D D / Y Y Y Y 0 4 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27603853
	Anchorage	AK	99515	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatio	n	
	Self Employed	Doctor o	f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify)     ▼	0 0	250.00	]
- ).	Full Name (Last, First, Middle Initial) Dr Aharon Sternberg			Date of Receipt
	Mailing Address 3231 Sleeping Lady La	ane		M M / D D / Y Y Y Y 04 04 2008
	City	State	Zip Code	Transaction ID: 27603865
	Anchorage	AK	99515-2419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:	1 1	e Year-to-Date V	
	Primary General Other (specify) ▼		1000.00	]
Γ		1		1850.00
F	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X)	<b>.</b>		FOR LINE NUMBER: PAGE 7 / 58
			parate schedule(s) h category of the	(check only one)
		Detaile	d Summary Page	X 11a 11b 11c 12
Γ	Any information copied from such Reports and S	Statements may not be so	ld or used by any perce	13 14 15 16 17
	or for commercial purposes, other than using the	e name and address of an	ny political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Pol	itical Action Committe	ee	
A.	Full Name (Last, First, Middle Initial) Dr Jill Geering Matheson	Date of Receipt		
	Mailing Address 1733 2Nd St			M M / D D / Y Y Y Y 04 04 2008
	City	State Zip C	Code	Transaction ID: 27603872
	Douglas	AK 9982	24	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation		_
	Self Employed	Doctor of Optome	etry	
	Receipt For:	Aggregate Year-to-D	Date 🔻	_
	Other (specify) ▼		500.00	
			0 0 0 0 0	1
	Full Name (Last, First, Middle Initial)			Detection
В.	Dr. Nathaniel Roland Mailing Address 10001 Admiral Emers			Date of Receipt
	Mailing Address 10001 Admiral Emers	0 4 / 0 7 / Y Y Y Y 2 0 0 8		
	City	State Zip C	Code	Transaction ID: 27610094
	Albuquerque	NM 8711	1-1339	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:	Doctor of Optome		_
	Primary General	Aggregate Year-to-D	late •	1
	Other (specify) ▼	0 0 0 0	400.00	
- C.	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz			Date of Receipt
0.	Mailing Address 3537 New Castle Dr S	Se		M M / D D / Y Y Y Y
		Chata Zia O	)	04 09 2008
	City Rio Rancho	State Zip C NM 8712	24-3672	Transaction ID: 27640802 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.			200.00
	Name of Employer Self Employed	Occupation Doctor of Optome	etrv	
	Receipt For:	Aggregate Year-to-D		-
	Primary General		<u>    i   i   i   i   i   i   i   i   i </u>	1
	Other (specify)		800.00	
	SUBTOTAL of Receipts This Page (optional).		·····	800.00
ŀ			•	
	TOTAL This Period (last page this line number	orny)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 8 / 58           (check only one)         11a         11b         11c         12           13         14         15         16         17	
		Statements may not be sold or used by any perso e name and address of any political committee to litical Action Committee		
Z A.	Full Name (Last, First, Middle Initial) Dr Markus I Barth		Date of Receipt	
	Mailing Address 1346 Heller Drive		M         M         /         D         D         /         Y	
	City	State Zip Code	Transaction ID: 27652306	
	Yardley	PA 19067-2714	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	66.67	
	Name of Employer Self Employed	Occupation Doctor of Optometry	_	
	Receipt For:	Aggregate Year-to-Date V		
	Primary     General       Other (specify) ▼	266.68	]	
	Full Name (Last, First, Middle Initial) Dr Robert J Blumthal		Date of Receipt	
	Mailing Address 119 Exmore Drive		0 4 / 1 0 / Y Y Y Y 2 0 0 8	
	City	State Zip Code	Transaction ID: 27652308	
	Springfield	IL 62704-3137	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 Optometry		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	]	
	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 04 10 2008	
	City	State Zip Code	Transaction ID: 27652312	
	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 Optometry		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	]	
	SUBTOTAL of Receipts This Page (optional).		333.34	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER:         PAGE 9 / 58           (check only one)         11a         11b         11c         12           13         14         15         16         17
	NAME OF COMMITTEE (In Full)	he name and address of any political committee to	solicit contributions from such committee.
	American Optometric Association Po	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe	Date of Receipt	
	Mailing Address 789 N Broad		
	City	State Zip Code	Transaction ID: 27652314
	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 Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	700.00	]
В.	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett		Date of Receipt
	Mailing Address 9940 S Ashleigh Wa	-	0 4 / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	City	State Zip Code	Transaction ID: 27652322
	Highlands Ranch	CO 80126-4244	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]
С.	Full Name (Last, First, Middle Initial) Dr Gregory C Russell		Date of Receipt
	Mailing Address 2505 Rivermont Circ	le	M         M         /         D         D         /         Y
	City	State Zip Code	Transaction ID: 27652324
	Kingsport	TN 37660-2392	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.33
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	]
	SUBTOTAL of Receipts This Page (optional)	·	358.33
ľ	TOTAL This Period (last page this line number	er only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $10/58$ (check only one)XX11a11b1314151617
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli			o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa Mailing Address 4280 Reiland Lane City Shoreview FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	1	Zip Code 55126-3127 Optometry Year-to-Date	Date of Receipt          M M M       D D       Y Y Y Y         0 4       1 0       2 0 0 8         Transaction ID: 27652340       Amount of Each Receipt this Period         84.00       84.00
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		336.00	]
В.	Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City Benton	State KY	Zip Code 42025-9400	Date of Receipt Date of Receipt 0 4 1 0 2 0 0 8 Transaction ID: 27652349 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Self Employed	C		166.67
	Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date V 666.68	]
C.	Full Name (Last, First, Middle Initial) Dr Michael E Bennett Mailing Address 4940 Victoria Place			Date of Receipt
	City <u>Guthrie</u> FEC ID number of contributing federal political committee.	State OK	Zip Code 73044-8668	Transaction ID: 27652351 Amount of Each Receipt this Period 142.86
	Name of Employer Self Employed Receipt For: Primary General Other (specify)	- I - I	Optometry Year-to-Date V 1142.86	
	SUBTOTAL of Receipts This Page (optional)			393.53
	TOTAL This Period (last page this line number	r only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 11 / 58         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
or fo	information copied from such Reports and St or commercial purposes, other than using the	tatements may name and ado	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action	Committee	
<b>A</b> . <u>r</u>	Full Name (Last, First, Middle Initial) Dr Henry Allen Hull	Date of Receipt		
N	Mailing Address 160 Timber Ridge Drive	e		04 / D 0 / Y Y Y Y 2008
	City	State	Zip Code	Transaction ID: 27653069
F	New Braunfels FEC ID number of contributing ederal political committee.	TX C	78132	Amount of Each Receipt this Period 300.00
ľ.	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00	]
<b>B.</b> _	Full Name (Last, First, Middle Initial) Dr Terry Lee Schitoskey Mailing Address 1920 Centerview			Date of Receipt
_		0	Zie Oode	04 04 2008
	City Midland	State TX	Zip Code 79707-9763	Transaction ID: 27653072 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C		375.00
-	Name of Employer Self Employed		f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 875.00	]
	Full Name (Last, First, Middle Initial) Dr Paula F Hernandez			Date of Receipt
Ν	Mailing Address 100 Secretariat Way			04 28 2008
	City	State	Zip Code	Transaction ID: 27653470
-	Frankfort FEC ID number of contributing	KY	40601	Amount of Each Receipt this Period
	ederal political committee.	C		250.00
n. S	Name of Employer Self Employed	Occupatio Doctor of	<sup>n</sup> f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 500.00	]
SU	BTOTAL of Receipts This Page (optional)			925.00
то	TAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER:       PAGE 12/58         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be e name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Optometric Association Pol	itical Action Comm	littee	
۷ ۹.	Full Name (Last, First, Middle Initial) Dr Jan L Cooper-Hagman			Date of Receipt
	Mailing Address 101 Chandler West			M M / D D / Y Y Y Y 0 4 1 0 2 0 0 8
	City		p Code	Transaction ID: 27660799
	Highland FEC ID number of contributing federal political committee.	CA 9	2346-5482	Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed	Occupation Doctor of Opto	metry	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date V 1000.00	]
- 3.	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson Mailing Address 9940 S Ashleigh Way	I		Date of Receipt
	City	State Zi	p Code	Transaction ID: 27665754
	Highlands Ranch	CO 8	0126-4244	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 Opto	•	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-t	o-Date ▼ 433.34	]
-	Full Name (Last, First, Middle Initial) Dr Steven K K Brownmiller	1		Date of Receipt
	Mailing Address 1004 Ridge Road			M M / D D / Y Y Y Y 04 13 2008
	City		p Code	Transaction ID: 27680598
	Denison FEC ID number of contributing federal political committee.	IA 5	1442	Amount of Each Receipt this Period 125.00
	Name of Employer Self Employed	Occupation Doctor of Opto	metry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date <b>V</b> 250.00	]
Γ		1		391.67

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any pers Idress of any political committee to	FOR LINE NUMBER:       PAGE 13 / 58         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions o solicit contributions from such committee.       17
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Rick Tadashi Iwai Mailing Address 627 Rapallo Avenue			Date of Receipt
	City	Ctoto	Zin Code	04 13 2008
	City San Pedro	State CA	Zip Code 90732-3329	Transaction ID: 27680599 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	1 1	on If Optometry e Year-to-Date ▼ 250.00	1
- B.	Full Name (Last, First, Middle Initial) Dr Alan Rada Mailing Address 823 Scenic Drive			Date of Receipt
	City	State	Zip Code	Transaction ID: 27680624
	Charleston	WV	25311-1528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor o	on If Optometry	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date 🔻 250.00	]
- C.	Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman			Date of Receipt
	Mailing Address 4535 Nw Aspen St			04 14 2008
	City	State	Zip Code	Transaction ID: 27680626
	<u>Camas</u>	WA	98607-8302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	1	of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
ſ	SUBTOTAL of Receipts This Page (optional)			375.00
ſ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 14 / 58         (check only one)       Image: Check only one)         X       11a       11b       11c       12         I3       14       15       16       17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Louis Gary Hochberg			Date of Receipt
	Mailing Address 107 Promenade Dr			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 27680635
	Hamden	CT	06514-2340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary     General       Other (specify) ▼	0 0	375.00	]
- В.	Full Name (Last, First, Middle Initial) Dr Douglas Curtis Clark			Date of Receipt
	Mailing Address 2530 Woodfern Cir			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 27680732
	Birmingham	AL	35244-6405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio Doctor of	<sup>n</sup> f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	1000.00	]
- с.	Full Name (Last, First, Middle Initial) Dr Randall Sakamoto			Date of Receipt
	Mailing Address 4646 Moho Street			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 27680737
	Honolulu FEC ID number of contributing	Н	96816	Amount of Each Receipt this Period
	federal political committee.	Occupatio	n	
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	300.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1425.00
F	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no	Use separate schedule(s) for each category of the Detailed Summary Page ot be sold or used by any persiss of any political committee to	FOR LINE NUMBER:       PAGE 15 / 58         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions o solicit contributions from such committee.       17
	American Optometric Association Poli	itical Action Co	ommittee	
Α.	Full Name (Last, First, Middle Initial) Dr Michael Allen Hansen Mailing Address 690 Tabriz			Date of Receipt
		Chata	Zie Oada	04 11 2008
	City Billings	State MT	Zip Code 59105-2812	Transaction ID: 27680742 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 C	ptometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date 500.00	]
В.	Full Name (Last, First, Middle Initial) Dr Beverly B Miller Mailing Address 19011 Old Baltimore F	Road		Date of Receipt
	-			04 11 2008
	City Brookeville	State MD	Zip Code 20833-3223	Transaction ID: 27680745
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of C	ptometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date  500.00	]
с.	Full Name (Last, First, Middle Initial) Dr R. Scott Wooley			Date of Receipt
	Mailing Address 34 Stoneforge Pike			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 27680746
	Flora FEC ID number of contributing federal political committee.	C	62839	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of C	ptometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date <b>V</b> 500.00	]
	SUBTOTAL of Receipts This Page (optional)		······	1500.00
Ī	TOTAL This Period (last page this line number	r only)		

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 16 / 58 (check only one)
Any information copied from such Reports and S	Detailed Summary Page Statements may not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
American Optometric Association Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Dr James Maxwell Ernst		Date of Receipt
Mailing Address 14 Bittersweet Dr		M M / D D / Y Y Y Y 04 11 2008
City	State Zip Code	Transaction ID: 27680747
Alexandria	KY 41001-1300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr David E Palozej	1	Date of Receipt
Mailing Address 42 Edgewood Street		M M / D D / Y Y Y Y 04 11 2008
City	State Zip Code	Transaction ID: 27680748
Stafford Spgs	CT 06076-1210	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 Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dr Michael Ray Parker	1	Date of Receipt
Mailing Address Po Box 680595		M M / D D / Y Y Y Y 0 4 0 9 2 0 0 8
City	State Zip Code	Transaction ID: 27680978
Fort Payne	AL 35968-1606	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 Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	365.00	
SUBTOTAL of Receipts This Page (optional)	۱ 	1865.00
	·····	

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:     PAGE 17 / 58       (check only one)     11c     12
				13     14     15     16     17       If or the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full) can Optometric Association Politi	ical Action	Committee	
	me (Last, First, Middle Initial) abeth Ann Roberts			Date of Receipt
Mailing	Address 1553 Sherman Lake Co	ourt		M M / D D / Y Y Y Y 04 09 2008
City		State	Zip Code	Transaction ID: 27680980
<u>Lino L</u>	akes	MN	55038-9630	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
Name o Self En	of Employer nployed	Occupation Doctor of	n f Optometry	
Receipt		Aggregate	e Year-to-Date 🔻	
	rrimary General Other (specify) ▼	0 0	500.00	]
B. Dr A. G	me (Last, First, Middle Initial) regory Toler, Jr			Date of Receipt
Mailing	Address 5013 Caledonia Rd			M         M         /         D         D         /         Y
City		State	Zip Code	Transaction ID: 27680987
<u>Richm</u>		VA	23225-3183	Amount of Each Receipt this Period
	number of contributing political committee.	C		365.00
Self En	of Employer nployed	Occupation Doctor of	<sup>n</sup> f Optometry	
Receipt	t For: rimary General	Aggregate	e Year-to-Date 🔻	
	)ther (specify) <b>▼</b>	0 0	365.00	
	me (Last, First, Middle Initial) on William Greeman, III			Date of Receipt
Mailing	Address 15815 Bell Flower			M M / D D / Y Y Y Y 0 4 0 9 2 0 0 8
City		State	Zip Code	Transaction ID: 27680988
	ntonio	ТХ	78232	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
Self En	of Employer nployed	Occupation Doctor of	<sup>n</sup> f Optometry	
	t For: rimary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	]
SUBTOT	L AL of Receipts This Page (optional)			1115.00
	This Period (last page this line number of		<b>r</b>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 18 / 58         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       1'
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Optometric Association Po	litical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Thaddeus O Daniel		Date of Receipt
	Mailing Address 4635 Clearview Lane		M M / D D / Y Y Y Y 04 09 2008
	City	State Zip Code	Transaction ID: 27680998
	Oneida	WI 54155	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 Optometry	-
	Receipt For:	Aggregate Year-to-Date V	1
	PrimaryGeneralOther (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial) Dr Michael G Blake		Date of Receipt
	Mailing Address P O Box 2859		M M / D D / Y Y Y Y 04 15 2008
	City	State Zip Code	Transaction ID: 27690039
	Gallup	NM 87305-2859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary   General     Other (specify)   Image: Control of the specify in the specify in the specify in the specify in the specific	400.00	
	Full Name (Last, First, Middle Initial) Dr Lynn A A Davis	1	Date of Receipt
	Mailing Address 1424 Tiffany Lane Se		M M / D D / Y Y Y Y 04 15 2008
	City	State Zip Code	Transaction ID: 27690044
	Rio Rancho	NM 87124-0976	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: Primary General Other (specify) ▼	Aggregate Year-to-Date  400.00	
Γ	SUBTOTAL of Receipts This Page (optional)	•	700.00

	CHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 19/58           (check only one)         11a         11b         11c         12           X         11a         14         15         16         11
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee	son for the purpose of soliciting contributions
	angle American Optometric Association F	Political Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr D. C. Dean	Date of Receipt	
	Mailing Address 532 Queens Court N	Ne	04 <sup>15</sup> /2008
	City	State Zip Code	Transaction ID: 27690045
	Albuquerque	NM 87109	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 ▼	
	Other (specify)	400.00	
	Full Name (Last, First, Middle Initial) Dr Michael L English		Date of Receipt
	Mailing Address 4924 Chaqar Ct		M M / D D / Y Y Y Y 04 15 2008
	City	State Zip Code	Transaction ID: 27690046
	Las Cruces	NM 88007-5464	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 V	
	Primary     General       Other (specify) ▼	400.00	
_	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 0 4 15 2008
	City	State Zip Code	Transaction ID: 27690048
	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 Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Γ	SUBTOTAL of Receipts This Page (optional	)	300.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	I Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER:         PAGE 20 / 58           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17           son for the purpose of soliciting contributions
	or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American Optometric Association Po	he name and ad	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr Richard Cornett Mailing Address Ohio Optometric Ass	sn, Inc		Date of Receipt
	250 E Wilson-Bridge	Rd #240	7.0.1	04 15 2008
	City Worthington	State OH	Zip Code 43085	Transaction ID: 27690049
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Ohio Optometric Associati- on, Inc. Receipt For: Primary General	Occupatio State Ex Aggregate		
-	Other (specify) 🔻	0 0	500.00	
в.	Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten Mailing Address 7135 Shefford Lane			Date of Receipt
	City	State	Zip Code	Transaction ID: 27690050
	Louisville	KY	40242-2854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00	
C.	Full Name (Last, First, Middle Initial) Dr Stefanie L Rohler Mailing Address 1000 Indigo Street			Date of Receipt
	City	State	Zip Code	0 4 1 4 2 0 0 8 Transaction ID: 27722321
	Grundy Center	IA	50638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			625.00
	TOTAL This Period (last page this line numb	er only)		

	SCHEDULE A (FEC Form 3X)	Γ	Lico concrete achedula(a)	FOR LINE NUMBER: PAGE 21/58
			Use separate schedule(s) for each category of the	
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the			on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action C	Committee	
, ∠ A.	Full Name (Last, First, Middle Initial) Dr Joe Gregg Prell			Date of Receipt
	Mailing Address 545 Reed Street			M M / D D / Y Y Y Y 0 4 1 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27722325
	Reedsburg	WI	53959-1302	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	Optometry	
	Receipt For:	- I	Year-to-Date V	
	Primary General	. iggi oguto		1
	Other (specify)	0 0	300.00	
- B.	Full Name (Last, First, Middle Initial) Dr Lon D Cartwright			Date of Receipt
	Mailing Address 3027 Winslow			M M / D D / Y Y Y Y 0 4 1 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27722336
	Houston	ТХ	77025-2638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation		7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	500.00	]
- ).	Full Name (Last, First, Middle Initial) Dr Fred H Dubick			Date of Receipt
	Mailing Address 4047 Meadow Lark Dr	ive		M M / D D / Y Y Y Y 0 4 16 2008
	City	State	Zip Code	Transaction ID: 27726599
	Calabasas	CA	91302-1844	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	Optometry	1
	Receipt For:	1 1	Year-to-Date V	-
	Primary     General       Other (specify) ▼	0 0	500.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		1150.00
┝	SUBTUTAL OF DECEMPTS THIS Page (optional)			
	TOTAL This Period (last page this line number	only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedul for each category of th Detailed Summary Pa	le(s) (d	OR LINE NU check only on X 11a 13	e) 11b		/ 58 2 6 🔲 1
Any or fo	nformation copied from such Reports and S r commercial purposes, other than using the	Statements ma	y not be sold or used by a dress of any political com	ny person fo mittee to soli	or the purpose cit contributio	e of solicitin	g contributi ch committ	ons ee.
	AME OF COMMITTEE (In Full) merican Optometric Association Poli	itical Action	Committee					
	ull Name (Last, First, Middle Initial) r Randolph D Lee				Date of Re	ceipt		
N	ailing Address 8620 West Atwater				м м / 04	D D /	Y Y 20	0 8
	ity	State	Zip Code		Transactio			
F	loise EC ID number of contributing ederal political committee.	C	83714-1289	]	Amount of	Each Rece		od ).00
NS	ame of Employer elf Employed	Occupation	on of Optometry	-				
R	eceipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date V 1000	0.00				
	ull Name (Last, First, Middle Initial) r James C Falconer, Jr lailing Address 3421 Kachemak Circle	) 2			Date of Re	D D /		Y Y
	ity	State	Zip Code		04	18	20	08
	Inchorage	AK	99515-2380	_	Transactio Amount of			od
F	EC ID number of contributing deral political committee.	С		]				4.00
NS	ame of Employer elf Employed	Occupation Doctor o	on of Optometry					
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 336	5.00				
	ull Name (Last, First, Middle Initial) r Denise Lynn Thanepohn				Date of Re	ceipt		
N	lailing Address 130 Beaufort Circle				м м / 04	D D /	ү 20	y y 0 8
	ity	State	Zip Code		Transactio			
_	nchorage	AK	99515-3706	_	Amount of	Each Rece	ipt this Peri	od
fe	EC ID number of contributing deral political committee.	C				0 0	100	).00
_	ame of Employer elf Employed	1	of Optometry					
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 400	0.00				
SUE	BTOTAL of Receipts This Page (optional)						684	.00
	<b>TOTAL</b> of Receipts This Page (optional)					• • •	084	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 23 / 58           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	rot be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Pol	litical Action (	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Brian D Cin			Date of Receipt
	Mailing Address 11912 Town Park Circ	cle		04 18 2008
	City	State	Zip Code	Transaction ID: 27739091
	Eagle River	AK	99577-7788	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation	n Optometry	_
	Receipt For:	- 1 · · · · · · · · · · · · · · · · · ·	Year-to-Date V	-
	Primary General	33 - 3		1
	Other (specify)		340.00	
— В.	Full Name (Last, First, Middle Initial) Dr Linda T Arakaki	-		Date of Receipt
	Mailing Address 99-923 Hulumanu Stre	reet		M M / D D / Y Y Y Y 0 4 1 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 27753494
	Aiea	HI	96701-3236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:	- I - I	Year-to-Date V	—
	Primary     General       Other (specify) ▼		500.00	]
– c.	Full Name (Last, First, Middle Initial) Dr Thuyhong T Dang	1		Date of Receipt
<b>.</b>	Mailing Address 1305 Studer Street			0 4 1 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 27753498
	Houston	ТХ	77007	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:	Aggregate	Year-to-Date V	
	Primary     General       Other (specify)     ▼	0 0	500.00	]
Γ	SUBTOTAL of Receipts This Page (optional)			1085.00
	TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 24 / 58         (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert F Troendle Mailing Address 186 So. Main Stree Box 513 City Wolfeboro FEC ID number of contributing federal political committee.	t State Zip Code NH 03894 C Occupation	Date of Receipt M M / D D / Y Y Y Y 0 4 1 7 2 0 0 8 Transaction ID: 27753503 Amount of Each Receipt this Period 200.00
Self Employed Receipt For: Primary General Other (specify) ♥	Doctor of Optometry         Aggregate Year-to-Date         250.00	]
Full Name (Last, First, Middle Initial) Dr Mark E Swan Mailing Address 474 Shaw Estates I City	State Zip Code	Date of Receipt 0 4 / D D / Y Y Y Y 1 7 2 0 0 8 Transaction ID: 27753505
Rockford FEC ID number of contributing federal political committee.	C Occupation	Amount of Each Receipt this Period 60.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date  360.00	]
Full Name (Last, First, Middle Initial) Dr Linda M Chous Mailing Address 1295 W Royal Oak	s Drive	Date of Receipt
City <u>Shoreview</u> FEC ID number of contributing federal political committee.	State Zip Code MN 55126	Transaction ID: 27753515 Amount of Each Receipt this Period 300.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date <b>V</b>	1
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	300.00	560.00

A. Full Name (I American Full Name (I Dr Ronald W Mailing Addu City Las Vegas FEC ID num federal politi Name of Err Self Employ Receipt For: Primal Other B. Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Err Self Employ Receipt For: Primal Other C. Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Err Self Employ Receipt For: Primal Other C. Full Name (I Dr Gordon A Mailing Addu City C. Full Name (I Dr Gordon A Mailing Addu City C. Full Name (I Dr Gordon A Mailing Addu City London FEC ID num	ial purposes, other than using COMMITTEE (In Full) Optometric Association F Last, First, Middle Initial) /ard Dutton Iress 5712 Crimson Ridg s nber of contributing ical committee.	d Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee e Dr State Zip Code NV 89130-5134 C Occupation	n for the purpose of soliciting contributions solicit contributions from such committee.
A. Full Name (I Dr Ronald W Mailing Addu City Las Vegas FEC ID num federal politi Name of Em Self Employ Receipt For: Primau Other B. Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: Primau Other C. Full Name (I Dr Dwight L Mailing Addu City City London FEC ID num	Last, First, Middle Initial) /ard Dutton lress 5712 Crimson Ridg s nber of contributing ical committee. nployer yed	e Dr State Zip Code NV 89130-5134	M       M       /       D       D       /       Y
<ul> <li>A. Dr Ronald W Mailing Addu</li> <li>City</li> <li>Las Vegas</li> <li>FEC ID num federal politi</li> <li>Name of Em Self Employ</li> <li>Receipt For:</li> <li>Priman Other</li> </ul> B. Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: Priman Other C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num	Vard Dutton Vard Dutton S S mber of contributing ical committee. nployer yed	State Zip Code NV 89130-5134	M       M       /       D       D       /       Y
City Las Vegas FEC ID num federal politi Name of Err Self Employ Receipt For: Primal Other B. Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Err Self Employ Receipt For: Primal Other C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num	S nber of contributing ical committee. nployer yed	State Zip Code NV 89130-5134	0 41 72 0 0 8Transaction ID:27753517Amount of Each Receipt this Period
Las Vegas FEC ID num federal politi Name of Em Self Employ Receipt For: Primal Other B. Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: Primal Other C. Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num	nber of contributing ical committee. nployer yed	NV 89130-5134	Amount of Each Receipt this Period
FEC ID num federal politi Name of Em Self Employ Receipt For: Primaa Other B. Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: Primaa Other C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num	nber of contributing ical committee. nployer yed		
federal politi         Name of Em         Self Employ         Receipt For:         Other         Prima:         Other         B.         Full Name (I         Dr Gordon A         Mailing Addu         City         Scituate         FEC ID num         federal politi         Name of Em         Self Employ         Receipt For:         Prima:         Other	ical committee.		250.00
Self Employ Receipt For: Other  Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: Primat Other  C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num FEC ID num	vėd 1	Occupation	
B. Primau Other  Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: Primau Other  C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num FEC ID num		Self Employed	
C. Full Name (I Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: Primar Other C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num		Aggregate Year-to-Date ▼	7
B. Dr Gordon A Mailing Addu City Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: Other C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num	ry General (specify) <b>▼</b>	250.00	
City <u>Scituate</u> FEC ID num federal politi Name of Em Self Employ Receipt For: Primat Other C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num	Last, First, Middle Initial) Price		Date of Receipt
C. C. Scituate FEC ID num federal politi Name of Em Self Employ Receipt For: Primal Other C. Dr Dwight L Mailing Addu City London FEC ID num	ress 48 Mann Lot Road	M M / D D / Y Y Y Y 04 17 2008	
FEC ID num federal politi Name of Em Self Employ Receipt For: Prima Other C. Dr Dwight L Mailing Addu City London FEC ID num		State Zip Code	Transaction ID: 27753519
federal politi Name of Em Self Employ Receipt For: Primat Other Full Name (I Dr Dwight L Mailing Addu City London FEC ID num		MA 02066	Amount of Each Receipt this Period
C. Self Employ Receipt For: Other Full Name (I Dr Dwight L Mailing Addu City London FEC ID num	nber of contributing ical committee.		250.00
C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num	nployer ved	Occupation Doctor of Optometry	
C. Full Name (I Dr Dwight L Mailing Addu City London FEC ID num		Aggregate Year-to-Date 🔻	
C. Dr Dwight L Mailing Addu City London FEC ID num	ry General (specify) <b>▼</b>	250.00	
City <u>London</u> FEC ID num	Last, First, Middle Initial) Avery	1	Date of Receipt
London FEC ID num	ress 138 Pine Trail		M M / D D / Y Y Y Y 04 17 2008
FEC ID num		State Zip Code	Transaction ID: 27753522
		KY 40744	Amount of Each Receipt this Period
	nber of contributing ical committee.	C	500.00
Name of Em Self Employ		Occupation Doctor of Optometry	
Receipt For: Prima Other	ry General	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL o	(specify) 🔻		1000.00

Any irr or for NA Ar Fu Dr Ma	commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Optometric Association Poli II Name (Last, First, Middle Initial)	name and address of any political committee	FOR LINE NUMBER:       PAGE 26 / 58         (check only one)       Image: Constraint of the state o			
Any in or for NA Ar Fu Dr Ma	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Optometric Association Poli II Name (Last, First, Middle Initial) Scott M Burks	Detailed Summary Page tatements may not be sold or used by any pe name and address of any political committee	13 14 15 16 1 reson for the purpose of soliciting contributions			
Fu Dr Ma Dr Ma Cit	commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Optometric Association Poli Il Name (Last, First, Middle Initial) Scott M Burks	name and address of any political committee	rson for the purpose of soliciting contributions			
Fu Dr Ma Cit	ME OF COMMITTEE (In Full) nerican Optometric Association Poli Il Name (Last, First, Middle Initial) Scott M Burks					
Fu Dr Ma Cit	nerican Optometric Association Poli II Name (Last, First, Middle Initial) Scott M Burks	tical Action Committee				
Dr Ma Cit	Scott M Burks					
Cit	iling Address P O Box 1351	Full Name (Last, First, Middle Initial) Dr Scott M Burks				
			M M / D D / Y Y Y Y 04 22 2008			
	-	State Zip Code	Transaction ID: 27758282			
<u>Βι</u>	ıffalo	MO 65622-1351	Amount of Each Receipt this Period			
	C ID number of contributing leral political committee.	C	85.00			
Na Se	me of Employer If Employed	Occupation Doctor of Optometry				
Re	ceipt For:	Aggregate Year-to-Date V				
	Primary General Other (specify) ▼	335.00				
	ll Name (Last, First, Middle Initial) Douglas J Mc Bride		Date of Receipt			
Ma	iling Address 3103 Sycamore Lane		M M / D D / Y Y Y Y Y 04 23 2008			
Cit	•	State Zip Code	Transaction ID: 27760723			
<u>Bi</u>	llings	MT 59102-0523	Amount of Each Receipt this Period			
	C ID number of contributing leral political committee.	C	50.00			
	me of Employer If Employed	Occupation Doctor of Optometry				
Re	ceipt For:	Aggregate Year-to-Date 🔻				
	Primary   General     Other (specify)   Image: Constraint of the second seco	250.00				
	ll Name (Last, First, Middle Initial) Larry G Obie		Date of Receipt			
Ma	iling Address 1330 12Th Ave		M M / D D / Y Y Y Y 04 23 2008			
Cit	•	State Zip Code	Transaction ID: 27760724			
<u>Ha</u>	avre	MT 59501-5401	Amount of Each Receipt this Period			
	C ID number of contributing leral political committee.	C	50.00			
Na Se	me of Employer If Employed	Occupation Doctor of Optometry				
Re	ceipt For:	Aggregate Year-to-Date V				
	PrimaryGeneralOther (specify)	250.00				
SUB	<b>FOTAL</b> of Receipts This Page (optional)	1	185.00			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 27 / 58         (check only one)       11a         X       11a       11b       11c       12         13       14       15       16       17					
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	American Optometric Association Pol	itical Action Committee						
Α.	Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer	Date of Receipt						
	Mailing Address 709 South 5Th St		04 / 23 / Y Y Y Y 04					
	City	State Zip Code	Transaction ID: 27760725					
	Hamilton	MT 59840-2755	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:	Aggregate Year-to-Date V						
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	250.00						
- В.	Full Name (Last, First, Middle Initial) Dr Marcus H Kelley		Date of Receipt					
	Mailing Address 1127 Wilder		04 / 23 / Y Y Y Y 2008					
	City	State Zip Code	Transaction ID: 27760726					
	Helena FEC ID number of contributing federal political committee.	MT 59601-2115	Amount of Each Receipt this Period					
	Name of Employer Self Employed	Occupation Doctor of Optometry	_					
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary     General       Other (specify) ▼	250.00						
- C.	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva		Date of Receipt					
	Mailing Address 57 Pebblebrook Ct		M M / D D / Y Y Y Y 0 4 2 4 2 0 0 8					
	City	State Zip Code	Transaction ID: 27769105					
	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 Optometry						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00						
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	185.00					
ŀ	TOTAL This Period (last page this line number	only)						

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	d Statements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any pers	FOR LINE NUMBER:         PAGE 28 / 58           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17           con for the purpose of soliciting contributions         11         11         11
	or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American Optometric Association Po	o solicit contributions from such committee.		
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr Valarie L Conrad Mailing Address 301 South Leitch			Date of Receipt
		Otata	Zia Oada	04 24 2008
	City La Grange	State IL	Zip Code 60525-2164	Transaction ID: 27769108 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 Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 400.00	
- В.	Full Name (Last, First, Middle Initial) Dr Kenneth C Detring Mailing Address 1241 Broadridge St			Date of Receipt
	City	State	Zip Code	Transaction ID: 27769790
	Jackson	MO	63755-9465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	- 1 <sup>1</sup>	Optometry	
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date 250.00	
- C.	Full Name (Last, First, Middle Initial) Dr Sylvia J Briceno Mailing Address 40 Hobbs Road			Date of Receipt
	City	State	Zip Code	Transaction ID: 27769793
	Waltham	MA	02452-5784	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	
	SUBTOTAL of Receipts This Page (optional)	)		700.00
ľ	TOTAL This Period (last page this line numb	per only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 29 / 58           (check only one)         11a         11b         11c         12           13         14         15         16         17
	NAME OF COMMITTEE (In Full)	e name and add	ress of any political committee to	o solicit contributions from such committee.
	American Optometric Association Po	litical Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Christopher Mar Card	Date of Receipt		
	Mailing Address 2003 Howard			0 4 <sup>2</sup> 2 <sup>2</sup> 2 0 0 8
	City	State	Zip Code	Transaction ID: 27769797
	Caldwell	ID	83605-4873	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	Optometry	_
	Receipt For:	Aggregate	Year-to-Date V	
	Primary     General       Other (specify) ▼	0 0	500.00	]
– В.	Full Name (Last, First, Middle Initial) Dr. Andrea P Thau			Date of Receipt
	Mailing Address 170 East 83rd Street			M         M         /         D         D         /         Y
	City	State	Zip Code	Transaction ID: 27774186
	New York	NY	10028-1920	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	Optometry	_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify) ▼	0 0	666.68	]
– c.	Full Name (Last, First, Middle Initial) Dr Samuel K Hoffmann			Date of Receipt
	Mailing Address 1992 Stadium Dr			M M / D D / Y Y Y Y Y 0 4 24 2008
	City	State	Zip Code	Transaction ID: 27774268
	Sheridan	WY	82801-6727	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	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary     General       Other (specify)     Image: Content of the specify of the specific of the specifi	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			666.67
	TOTAL This Period (last page this line numbe	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 30 / 58           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16         17				
Any information copied from such Reports a or for commercial purposes, other than usin	Any information copied from such Reports and Statements may not be sold or used by any person f or for commercial purposes, other than using the name and address of any political committee to so					
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee					
Full Name (Last, First, Middle Initial) Dr Gavin L Cohen		Date of Receipt				
Mailing Address 205 Morgan Farm	M M / D D / Y Y Y Y 0 4 2 4 2 0 0 8					
City	State Zip Code	Transaction ID: 27774269				
Atlanta FEC ID number of contributing federal political committee.	GA 30342-2461	Amount of Each Receipt this Period 500.00				
Name of Employer Self Employed	Occupation Doctor of Optometry	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Dr Richard Y Jacobson Mailing Address 1640 North 22Nd	Street	Date of Receipt				
City	State Zip Code	0 4 2 4 2 0 0 8 Transaction ID: 27774277				
Fort Dodge	IA 50501	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 Optometry					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Dr Dennis Keith Neely		Date of Receipt				
Mailing Address 4309 Irvin Drive		M M / D D / Y Y Y Y 0 4 2 4 2 0 0 8				
City	State Zip Code	Transaction ID: 27774280				
Midland FEC ID number of contributing federal political committee.	TX 79705-9712	Amount of Each Receipt this Period				
Name of Employer Self Employed	Occupation Doctor of Optometry	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date  500.00					
SUBTOTAL of Receipts This Page (option	nal)	1500.00				
TOTAL This Period (last page this line nur	mber only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 31 / 58 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
Γ	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action Co	ommittee	
× ۲.	Full Name (Last, First, Middle Initial) Dr Duane Lee Rana			Date of Receipt
	Mailing Address P O Box 578			M M / D D / Y Y Y Y Y 04 24 2008
	City	State	Zip Code	Transaction ID: 27774328
	Brewster	WA	98812-0578	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 C	Optometry	
	Receipt For:	Aggregate Y	Year-to-Date V	-
	Primary     General       Other (specify) ▼		365.00	]
- 3.	Full Name (Last, First, Middle Initial) Ryan D Veatch			Date of Receipt
	Mailing Address 2139 Pp Ave Apt A			M M / D D / Y Y Y Y 04 24 2008
	City	State	Zip Code	Transaction ID: 27774329
	Williamsburg	IA	52361-8587	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 0	Optometry	7
	Receipt For:		Year-to-Date V	7
	Primary General Other (specify) ▼		250.00	]
-	Full Name (Last, First, Middle Initial) Dr William E Lee	<u> </u>		Date of Receipt
	Mailing Address 1711 Se Hampden Ro	ad		M M / D D / Y Y Y Y 0 4 2 4 2008
	City	State	Zip Code	Transaction ID: 27774354
	Bartlesville	OK	74006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of C	Optometry	
	Receipt For:	Aggregate Y	Year-to-Date V	_
	Primary     General       Other (specify) ▼		250.00	]
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>		765.00
┝			J	
	TOTAL This Period (last page this line number	r only)	······	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 32 / 58         (check only one)       11a         X       11a       11b         13       14       15       16       17			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action (	Committee				
∠ A.	Full Name (Last, First, Middle Initial) Dr Mike L Korthals	Date of Receipt					
	Mailing Address 2111 N 8Th St			M         M         /         D         D         /         Y			
	City	State	Zip Code	Transaction ID: 27774358			
	<u>Clear Lake</u>	IA	50428-1499	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:	Aggregate	Year-to-Date 🔻				
	Primary     General       Other (specify) ▼	0 0	500.00	]			
– 3.	Full Name (Last, First, Middle Initial) Dr Donald E Mc Kim			Date of Receipt			
	Mailing Address 1415 North Elm St			M         M         /         D         D         /         Y			
	City	State	Zip Code	Transaction ID: 27774359			
	Creston	IA	50801-1102	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       Other (specify) ▼	0 0	250.00	]			
– C.	Full Name (Last, First, Middle Initial) Dr Robert H Sharp			Date of Receipt			
	Mailing Address 1008 E 22Nd St			M M / D D / Y Y Y Y 0 4 2 4 2 0 0 8			
	City	State	Zip Code	Transaction ID: 27774360			
	Atlantic	IA	50022-2866	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	۱ Optometry				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary     General       Other (specify) ▼		500.00				
Γ	SUBTOTAL of Receipts This Page (optional)			1250.00			
	TOTAL This Period (last page this line number						

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 33 / 58         (check only one)       (check only one)         X       11a       11b       11c       12         13       14       15       16       17         con for the purpose of soliciting contributions       soliciting contributions       soliciting contributions
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P	o solicit contributions from such committee.	
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr Caryn M West Mailing Address 106 Paisley Park		Date of Receipt
			04 24 2008
	City	State Zip Code SC 29150-3116	Transaction ID: 27774361
	Sumter FEC ID number of contributing federal political committee.	C 29150-3116	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
в.	Full Name (Last, First, Middle Initial) Dr Tammie Krisciunas Mailing Address 840 S. W. Canning	St.	Date of Receipt
	City	State Zip Code	Transaction ID: 27774363
	Portland	OR 97201	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 Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
с.	Full Name (Last, First, Middle Initial) Dr Craig S Rock Mailing Address 911 N Woodlawn		Date of Receipt
	City	State Zip Code	04 24 2008
	Lake City	State Zip Code IA 51449-1261	Transaction ID: 27774368 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 Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional	)	980.00
Ī	TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 34 / 58           (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any person ne name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Glenda B Brown		Date of Receipt
Mailing Address 80 Idlegate Court		04 / D D / Y Y Y Y 25 / 2008
City	State Zip Code	Transaction ID: 27774411
Alpharetta	GA 30022-5509	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 Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	300.00	
Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen	1	Date of Receipt
Mailing Address 118 Whitehall Court		M · M         /         D · D         /         Y · Y · Y         Y
City	State Zip Code	Transaction ID: 27798371
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 Optometry	_
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr Donald J Higgins		Date of Receipt
Mailing Address 5 Belgravia Terrace		M M / D D / Y Y Y Y 04 28 2008
City	State Zip Code	Transaction ID: 27798378
Farmington	CT 06032-1550	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 Optometry	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)		750.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		750.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS Any information copied from such Reports an	d Statements may not be sol	parate schedule(s) h category of the d Summary Page Id or used by any perso	FOR LINE NUMBER:       PAGE 35 / 58         (check only one)       11c       12         X       11a       11b       11c       12         13       14       15       16       17         on for the purpose of soliciting contributions
	or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	o solicit contributions from such committee.		
A.	Full Name (Last, First, Middle Initial) Dr Paul J Werdell	Date of Receipt		
	Mailing Address 49 Hansen Drive			0 4 / D D / Y Y Y Y 2 0 0 8
	City	State Zip C		Transaction ID: 27798381
	Vernon	CT 0606	6-5914	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 Optome	try	
	Receipt For:	Aggregate Year-to-D	ate 🔻	
	Primary     General       Other (specify) ▼		500.00	]
- В.	Full Name (Last, First, Middle Initial) Dr Teruo Watanabe			Date of Receipt
	Mailing Address 3311 S Olaf Hill Dr	0 4 / D D / Y Y Y Y 2 4 2 0 0 8		
	City	State Zip C		Transaction ID: 27801699
	Hacienda Hghts	<u>CA 9174</u>	5	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 Optome	try	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-D	ate ▼ 365.00	]
- C.	Full Name (Last, First, Middle Initial) Dr Richard G Jarvis Mailing Address 14 Hanks Hill Road			Date of Receipt
				0 4 / D D / Y Y Y Y 0 4 2 4 2 0 0 8
	City Westminster	State Zip C MA 0147		Transaction ID: 27801702
	FEC ID number of contributing federal political committee.	C	3-1624	Amount of Each Receipt this Period 125.00
	Name of Employer Self Employed	Occupation Doctor of Optome	trv	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D		]
ſ	SUBTOTAL of Receipts This Page (optional	)		615.00
ŀ	TOTAL This Period (last page this line numb	,	•	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 36 / 58         (check only one)       11a         X       11a       11b         13       14       15       16       17				
Any information copied from such Reports or for commercial purposes, other than usi	Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit c					
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee					
Full Name (Last, First, Middle Initial) Dr Donna Marie Ellinger		Date of Receipt				
Mailing Address 7812 W 95Th Dri	ve	M         M         /         D         D         /         Y				
City	State Zip Code	Transaction ID: 27801706				
Westminster FEC ID number of contributing federal political committee.	CO 80021-8659	Amount of Each Receipt this Period				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth Mailing Address Po Box 302		Date of Receipt				
106 Davis Hill Ro		0 4 / 2 4 / Y Y Y Y 0 4				
City New London	State Zip Code NH 03257-0302	Transaction ID: 27801707 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	166.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00					
Full Name (Last, First, Middle Initial) Dr Donald J Vanderfeltz		Date of Receipt				
Mailing Address Route 2 Box 229	8	M M / D D / Y Y Y Y 04 24 2008				
City	State Zip Code	Transaction ID: 27801708				
California FEC ID number of contributing federal political committee.	MO 65018-9802	Amount of Each Receipt this Period				
Name of Employer Self Employed	Occupation Doctor of Optometry	-				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (optic	inal)	1666.00				
TOTAL This Period (last page this line nu	umber only)					

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 37 / 58           (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee	
لا A.	Full Name (Last, First, Middle Initial) Dr Robert Douglas Newcomb			Date of Receipt
	Mailing Address 7043 Olentangy River	Road		04 / D D / Y Y Y Y 24 2008
	City	State	Zip Code	Transaction ID: 27801710
	Columbus FEC ID number of contributing federal political committee.	ОН	43235-2151	Amount of Each Receipt this Period 365.00
	Name of Employer Ohio State University	Occupatio		
	Receipt For:	- · · · · · · · · · · · · · · · · · · ·	f Optometry	_
	Primary General Other (specify) ▼		e Year-to-Date V 365.00	
- B.	Full Name (Last, First, Middle Initial) Dr Mark L Smith	1		Date of Receipt
	Mailing Address Rr 2 Foxboro Subdivision			04 / D D / Y Y Y Y 04 24 2008
	City	State	Zip Code	Transaction ID: 27801711
	Greenville	KY	42345-9802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date 🔻	
	Other (specify) ▼	0 0	500.00	
- C.	Full Name (Last, First, Middle Initial) Dr William E Dolan	1		Date of Receipt
	Mailing Address 2900 High Point Rd			04 / D D / Y Y Y Y 2008
	City	State	Zip Code	Transaction ID: 27801713
	<u>Greensboro</u>	NC	27403-3150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:	1	e Year-to-Date	
	<ul> <li>Primary General</li> <li>Other (specify) ▼</li> </ul>	0 0	365.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1230.00
ŀ	TOTAL This Period (last page this line number	<sup>r</sup> only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 38 / 58           (check only one)         11a           X         11a           11b         11c           12           10
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	13     14     15     16     17       n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action Committee	
۷ A.	Full Name (Last, First, Middle Initial) Dr Garey E Ware		Date of Receipt
	Mailing Address 1622 Gladney Dr		04 / D D / Y Y Y Y 2008
	City	State Zip Code	Transaction ID: 27822751
	Bastrop FEC ID number of contributing federal political committee.	LA 71220-2200	Amount of Each Receipt this Period 125.00
	Name of Employer Self Employed	Occupation	
	Receipt For: Primary General Other (specify) ▼	Doctor of Optometry       Aggregate Year-to-Date       250.00	
- B.	Full Name (Last, First, Middle Initial) Dr Scott Edward Saunders Mailing Address 14 Heather Hill Road	I	Date of Receipt
		Chate 7' O I	04 30 2008
	City Winsted N	State Zip Code CT 06098	Transaction ID: 27828083 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
- C.	Full Name (Last, First, Middle Initial) Dr Joseph Lebovic	1	Date of Receipt
	Mailing Address 28 Lakeview Hollow		04 / D D / Y Y Y Y 30 / 2008
	City Charmed Hill	State Zip Code	Transaction ID: 27828095
	<u>Cherry Hill</u> FEC ID number of contributing federal political committee.	NJ 08003-1129	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	540.00
ľ	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	<b>3X)</b> Use separate schedule(s) for each category of the Detailed Summary Page ts and Statements may not be sold or used by any person	FOR LINE NUMBER:       PAGE 39 / 58         (check only one)
	sing the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Harlan J Vander Griend		Date of Receipt
Mailing Address 1341 Kahler Co	urt	0 4 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 27828096
Sheldon	IA 51201-1839	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 Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)           Dr Marcus H Kelley	1	Date of Receipt
Mailing Address 1127 Wilder		04 <sup>//</sup> /30 <sup>/</sup> /2008
City	State Zip Code	Transaction ID: 27830830
Helena	MT 59601-2115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		-50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	200.00	NSF
Full Name (Last, First, Middle Initial) Dr Lisa S Howard		Date of Receipt
Mailing Address 147 Glenstone	Circle	0 4 / D D / Y Y Y Y 0 4 12 2008
City	State Zip Code	Transaction ID: 27988389
Harrogate	TN 37752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$500.00 This cha- nges the YTD Total to \$50- 0.00
SUBTOTAL of Receipts This Page (opi	tional)	450.00
TOTAL This Period (last page this line	number only)	28918.54

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Optometric Association Politi	name and add	dress of any polit	gory of the mary Page used by any person	FOR LINE NUMBER:       PAGE 40 / 58         (check only one)       11a         11a       11b       11c         13       14       15       X 16       17         n for the purpose of soliciting contributions solicit contributions from such committee.       10       10       17
Α.	Full Name (Last, First, Middle Initial) Marquardt For Congress Mailing Address 903 New York Avenue				Date of Receipt
	City	State	Zip Code		Transaction ID: 27611174
	Alamogordo	NM	88310		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	)444729		5000.00
	Name of Employer          Receipt For:       2008         Primary       X General         Other (specify)       ▼	Aggregate	n Year-to-Date	5000.00	Candidate Refund
_	Full Name (Last, First, Middle Initial)				
В.	Reynolds For Congress Mailing Address PO Box 15388 Pittsford City	State	Zip Code		Date of Receipt
	Rochester	NY	14615		
	FEC ID number of contributing federal political committee.		0336065	v v A A	Amount of Each Receipt this Period
	Name of Employer	Occupation	n		
	Receipt For:     2008       X     Primary     General       Other (specify) ▼	Aggregate	Year-to-Date	1500.00	Candidate Refund

SUBTOTAL of Receipts This Page (optional)	►	6500.00
TOTAL This Period (last page this line number only)	►	6500.00

CHEDULE B (FEC Form	I 3X)	parate schedule(s)				NUMBE	GE	41 / 5	8				
TEMIZED DISBURSEME	VTS for each	a category of the Summary Page			eck onl 21b 27	y one) 22 28a	X	23 28b		24 28c		25 29	$\square$
ny Information copied from such Repor				iy p	erson	for the pu		se of s	oliciti	ing co	ntrib	utions	
r for commercial purposes, other than u	sing the name and addre	ess of any political o	omm	nitte	e to so	olicit contr	ibuti	ons fr	om s	uch c	omm	ittee	
NAME OF COMMITTEE (In Full) American Optometric Associati	on Political Action C	ommittoo											
American Optometric Associati	on Political Action C	ommillee											
Full Name (Last, First, Middle Initial)						Trans					21		
Friends Of Mark Warner						Date o	of Di	sburs	emer	nt	V		X
Mailing Address 1029 North R	oyal Street 2nd Fl					0 4			) 3 )		ź	0 ð 8	Ť
City Alexandria	State VA	Zip Code 22314				Amou	nt o	f Each	i Dist	ourser			-
Purpose of Disbursement											50	00.00	)
Candidate Contribution			0 Cate	11	rv/								
Mr. Mark Warner				ype									
Office Sought: House X Senate President State: VA District:	Disbursement For: X Primary Other (sp	2008 General ecify) ▼				Candi	dat	e Cor	ntrib	ution			
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 275	58872	24		
Friends Of Charlie Wilson						Dated	_		emer	nt			
Mailing Address P.O. Box 61						0 <sup>M</sup> 4	M	D C	3	/ Y	ž	0 ð 8	Y
City St. Clairsville	State OH	Zip Code 43950				Amou	nt o	f Each	ı Dist	ourser			-
Purpose of Disbursement Candidate Contribution			0	11							10	00.00	)
Candidate Contribution Candidate Name Mr. Charles Wilson			Cate	_									
Office Sought: X House Senate President State: OH District: 06	Disbursement For: Primary Other (sp	2008 X General ecify) ▼				Candi	dat	e Cor	ntrib	ution			
Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 275	58875	57		
Lautenberg For Senate						Date o		sburs	emer				
Mailing Address Riverfront Pla PO Box 2005						0 <sup>M</sup> 4	M	DC	) <sup>D</sup> 3	/ Y	ž	0 ð 8	Y
City Newark	State NJ	Zip Code 07102				Amou	nt o	f Each	ı Dist	ourser			-
Purpose of Disbursement						] [					10	00.00	0
Candidate Contribution Candidate Name			0 Cate	11									
Sen. Frank R. Lautenberg				ype	,								
Office Sought: House X Senate President	Disbursement For: X Primary Other (sp	2008 General ecify) ▼				Candi	dat	e Cor	ntrib	ution			
State: NJ District:													
											70	00.00	כ כ
SUBTOTAL of Disbursements This Pa	ge (optional)			•	<u> </u>			-			10		

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for commercial purposes, other than using the nar	ne and address of any	political	com	mitte	e to so	licit conti	ribut	ions fr	rom	such c	omn	nittee	
NAME OF COMMITTEE (In Full) American Optometric Association Politica	al Action Committee	<b>1</b>											
		,											
Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln								isburs	eme	7096 ent	38		
Mailing Address PO Box 3197						0 <sup>M</sup> 4	М	/ <sup>D</sup>	15	/ Y	ž	οòε	3 <sup>Y</sup>
City Little Rock	State Zip Cod AR 72203					Amou	int o	f Each	ו Dis	sburse	-		
Purpose of Disbursement Candidate Contribution				011							10	0.00	0
Candidate Name Sen. Blanche Lambert Lincoln			Са	011 atego Type									
	sement For: 201 K Primary Ge Other (specify) ▼	I0 eneral				Cand	idat	e Cor	ntri	butior	l		
Full Name (Last, First, Middle Initial)						Trope	acti		. 27	7376	52		
Klobuchar For Minnesota								isburs			<u> </u>		
Mailing Address PO Box 4146						0 <sup>M</sup> 4	М	/ D	1 <sup>⊅</sup>	/ Y	ž	ο ὁ ε	3 <sup>Y</sup>
City St Paul	State Zip Cod MN 55104					Amou	int o	f Each	ו Di	sburse	-		
Purpose of Disbursement Candidate Contribution Candidate Name			_	011		L.					10	000.0	0
Amy Klobuchar				atego Type									
ů –	sement For: 201 K Primary Ge Other (specify) ▼	12 eneral				Cand	idat	e Cor	ntri	butior	l		
Full Name (Last, First, Middle Initial)						Tranc	anti		. 07	7376	50		
Adrian Smith For Congress						Date		isburs				οòε	Y
Mailing Address 3321 Avenue I Suite 6						04			17		2	008	5
City Scottsbluff	State Zip Cod NE 69361	e				Amou	int o	f Each	ו Dis	sburse	-		_
Purpose of Disbursement Candidate Contribution				011		L.					1(	0.00	0
Candidate Name Adrian Smith			Ca	atego Type									
ů X	Sement For: 200 X Primary Ge Other (specify) ▼	)8 eneral				Cand	idat	e Cor	ntri	butior	l		
UBTOTAL of Disbursements This Page (optional	)				•						30	00.0	0
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SCHEDULE B (FEC Form 3X)		rate schedule(s)				NUMBE	R:			PA	GE	43 /	58
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Any Information copied from such Reports and Stater					person f	or the pu		e of s		ting co		outions	
or for commercial purposes, other than using the nam	e and addres	s of any political	con	nmitt	ee to so	licit contr	ibuti	ons fr	oms	such c	omn	nittee	
American Optometric Association Politica	I Action Co	mmittee											
Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress						<b>Trans</b> Date o		sburs	eme		69		
Mailing Address P.O. Box 9336						0 <sup>M</sup> 4	M	<b>1</b>	<sup>⊅</sup> 7	/ Y	ž	οŏε	3 <sup>Y</sup>
City Fargo	State ND	Zip Code 58106				Amou	nt of	Each	) Dis	burse	-		
Purpose of Disbursement Candidate Contribution				01 <sup>-</sup>		L.					1(	0.00	0
Candidate Name Rep. Earl Pomeroy			С	ateg Typ	-								
Office Sought: X House Disburs Senate President State: ND District: 01	ement For: Primary Other (spe	2008 X General cify) ▼				Candi	date	e Cor	ntrik	outior	l		
Full Name (Last, First, Middle Initial) Pascrell For Congress Inc.						<b>Trans</b> Date o		-			72		
Mailing Address Pob 640						0 <sup>M</sup> 4	M	<b>1</b>	<sup>⊅</sup> 7	/ Y	ž	οòε	3 <sup>Y</sup>
City Totowa	State NJ	Zip Code 07511				Amou	nt of	Each	) Dis	burse	-		
Purpose of Disbursement Candidate Contribution				01		L.					1(	0.00	0
Candidate Name Rep. William J. Pascrell, Jr.			C	ateg Typ									
Office Sought: X House Disburs Senate President State: NJ District: 08	ement For: Primary Other (spe	2008 X General cify) ▼				Candi	date	e Cor	ntrik	outior	1		
Full Name (Last, First, Middle Initial) Carney For Congress						<b>Trans</b> Date o					73		
Mailing Address P.O. Box A						0 <sup>M</sup> 4	M	<sup>D</sup> 1	<sup>⊅</sup> 7	/ Y	ž	οŏε	3 <sup>Y</sup>
City Clarks Summit	State PA	Zip Code 18411				Amou	nt of	Each	i Dis	burse			
Purpose of Disbursement Candidate Contribution				01		L.					17	736.0	0
Candidate Name Mr. Christopher Carney			С	ateg Typ									
Senate X President	ement For: Primary Other (spe	2008 General cify) ▼				Candi	dat	e Cor	ntrik	outior	1		
State: PA District: 10								-					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	)								GE	44 /	58
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	, 		21b 27	y one) 22 28a	X	23 28b		24 28c	$\square$	25 29	
Any Information copied from such Reports and State												5
or for commercial purposes, other than using the nam	ne and address of any political	l com	mitt	ee to sc	licit cont	ribut	ions fi	rom	such c	omn	nittee	
NAME OF COMMITTEE (In Full) American Optometric Association Politica	Action Committee											
Full Name (Last, First, Middle Initial)									7376	76		
Gene Green Congressional Campaign					Date	of D ™	isburs		ent	v	v	V
Mailing Address PO Box 16128					0 4		, Ľ.	1 <sup>₽</sup>		2	٥ Å ٤	3
City	State Zip Code				Amou	unt o	f Each	n Dis	burse	ment	t this F	Period
Houston	TX 77222							0				^
Purpose of Disbursement Candidate Contribution			01	1						ļ	0.00	0
Candidate Name			ateg									
Rep. Gene Green			Тур	e								
Office Sought: X House Disburs Senate President State: TX District: 29	ement For: 2008 Primary X General Other (specify) ▼				Cand	lidat	e Co	ntrik	oution			
Full Name (Last, First, Middle Initial)					Tron			. 07	7376	0.5		
Glacier PAC							isburs			50		
Mailing Address 818 Connecticut Avenue Suite 1100	e, NW				0 <sup>M</sup> 4	М	/ D.	1 <sup>⊅</sup>	/ Y	ž	οŏε	8 <sup>Y</sup>
City Washington	StateZip CodeDC20006				Amou	unt o	f Each	n Dis	burse			
Purpose of Disbursement Committee Contribution			01							50	0.00	0
Candidate Name		Ca	ateg Typ	ory/								
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	Į		-	Com	mitte	ee Co	ontri	ibutio	n		
Full Name (Last, First, Middle Initial)					Trans	sacti	ion ID	: 27	7376	89		
Mike Pence Committee						of D	isburs	seme		-		
Mailing Address P. O. Box 408					0 <sup>M</sup> 4	М	/ D.	1 <sup>⊅</sup>	/ Y	ž	οŏε	3 <sup>Y</sup>
City Anderson	State Zip Code IN 46015				Amou	unt o	f Each	n Dis	burse	ment	t this F	Perioo
Purpose of Disbursement Candidate Contribution			01	1	L.					10	000.0	0
Candidate Name Rep. Michael R. Pence		Ca	ateg Typ	ory/								
	ement For: 2008 Primary General Other (specify) ▼				Cand	lidat	e Co	ntrik	oution			
SUBTOTAL of Disbursements This Page (optional)				►				·		70	00.0	0
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CHEDULE B (	FEC Form 3			rate schedule(s) category of the					E NUMBER: PAGI				PAGE 45/5			
		De	etailed S	Summary Page			21b 27		22 28a	Х	23 28b		24 28c		25 29	
ny Information copied fr r for commercial purpos																S
NAME OF COMMIT		i the name and	addres	is of any politica	COL		illee lo	SOLICI	t contr	DULI	ons ir	OII	Such	John	millee	
American Optome	. ,	Political Acti	ion Co	mmittee												
Full Name (Last, Firs Latham For Cong	. ,	dle Initial)									on ID sburs		77379 nent	45		
	P.O. Box 71 PO Box 71								<sup>м</sup> 4	M	D	1 7	2	ź	٥ò٤	3 <sup>Y</sup>
City Clarion		State IA	Э	Zip Code 50525					Amou	nt of	Each	ו D	isburse			
Purpose of Disburser Candidate Contributio						0.			L .					10	000.0	0
Candidate Name Rep. Thomas P. L		<u> </u>	. =			ate Ty	egory/ /pe									
	K House Senate President strict: 04	Disbursemen X Prir Oth		2008 General cify) ▼					Candi	dat	e Coi	ntr	ibutio	l		
Full Name (Last, Firs									<b>T</b>	41			77070	FF		
King For Congres	. ,								Date o		sburs	err			Y	Y
	532 First Ave Sui P.O. Box 576								04			17			0 Å 8	
City Council Bluffs		State IA	9	Zip Code 51458					Amou	nt of	Each	ו D	isburse		t this I 000.0	
Purpose of Disburser Candidate Contributio						0-			L						000.0	
Candidate Name Rep. Steve A. Kin						ate Ty	egory/ /pe									
	K House Senate President strict: 05	Disbursemen X Prir Oth		2008 General cify) ▼					Candi	dat	e Coi	ntr	ibutio	ı		
Full Name (Last, Firs Friends Of Joe Ba	t, Middle Initial)								Trans Date o				77379 nent	57		
Mailing Address	555 Capitol Mall	Suite 1425							<sup>м</sup> 4	M	D	17	<b>?</b> /	ź	٥ò٤	3 <sup>Y</sup>
City Sacramento		State CA		Zip Code 95814					Amou	nt ol	Each	۱D	isburse	emen	t this I	Perio
Purpose of Disburser Candidate Contribution						0-	11		L.					1	000.0	0
Candidate Name Rep. Joseph Baca						ate Ty	egory/ /pe									
	House Senate President	Disbursemen X Prir Oth		2008 General cify) ▼					Candi	dat	e Coi	ntr	ibutio	ſ		
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SCHED	ULE B (FEC Form	3X)				FO	R LINE	NUMBE	R:			PA	GE	46 / 5	58
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NAME OF COMMITTEE (In Full) American Optometric Association Politica	Action Committee									
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Committee for a Democratic Majority					f Disbu			V	· · ·	V
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City Washington	State Zip Code DC 20002			Amour	nt of Ea	ach	Disburs	emer	it this F	Perio
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or for commercial purposes, other than using the name and address of any political committee to s NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Schultz Debbie Wasserman Mailing Address 1071 Twin Branch Ln City State Zip Code Weston FL 33326 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Debbie Wasserman-Schultz Office Sought: X House Disbursement For: 2008 X Primary General	Solicit contributions from such committee         Transaction ID: 27738916         Date of Disbursement         0 4       / 0 1 7         Amount of Each Disbursement this Period         1000.00
NAME OF COMMITTEE (In Full)         American Optometric Association Political Action Committee         Full Name (Last, First, Middle Initial)         Schultz Debbie Wasserman         Mailing Address       1071 Twin Branch Ln         City       State       Zip Code         Weston       FL       33326         Purpose of Disbursement       011         Candidate Contribution       011         Cardidate Name       011         Rep. Debbie Wasserman-Schultz       Disbursement For:         Office Sought:       X       House         X       Primary       General	Transaction ID: 27738916         Date of Disbursement         04       17         4       17         2008         Amount of Each Disbursement this Period         1000.00
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President     Other (specify) ▼       State: FL     District: 20	
Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008	Transaction ID: 27738970 Date of Disbursement
Mailing Address 5915 Eastman Ave. Suite 100	$\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 7 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 8 \end{bmatrix}$
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American Optometric Association Political	Action Committee											
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John D. Dingell For Congress Committee					Date	-	isburs		nt			
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Mailing Address P.O. Box 71 PO Box 71					0 <sup>M</sup> 4	М	/ 2	2 2	/ Y	ž	οòε	β <sup>Υ</sup>
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Mailing Address P.O. Box 3370						0 <sup>M</sup> 4	M	<sup>D</sup> 2	2 <sup>D</sup> /2	Y	2008	3 <sup>×</sup>
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Full Name (Last, First, Middle Initial) Schmidt For Congress Committee							of Di	sburs	ement			N/
Mailing Address 771 Wards Corner R	d					0 <sup>M</sup> 4	M	□2	2 8 /	Y	2008	3
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American Optometric Association Politica	I Action Com	nmittee											
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Mailing Address P.O. Box 2525						0 <sup>M</sup> 4	M	D 2	28	/ Y	ź	οòε	3
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Mailing Address PO Box 1355						0 <sup>M</sup> 4	M	D 2	2 8 <sup>D</sup>	/ Y	ź	οòε	3
City Alexandria		Zip Code 22313-1355				Amou	nt of	Each	ו Dis	sburse			
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Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate						<b>Trans</b> Date					30		
Mailing Address PO Box 100847						0 <sup>M</sup> 4	M	D 2	2 8 <sup>D</sup>	/ Y	ź	οòε	3 Y
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Mailing Address PO Box 74						0 <sup>M</sup> 4	М	/ D2	2 8 <sup>D</sup>	/ Y	ž	0 ð 8	<b>}</b> <sup>Y</sup>
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Mailing Address 236 Massachusetts Aver Suite 603	ue, N.E.					0 <sup>M</sup> 4	М	/ D2	28	/ Y	ž	0 ð 8	} <sup>Y</sup>
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Yarmuth For Congress						Date	of D	isburs	eme		56		
Mailing Address 1819 Brownsboro Road Suite 100						0 <sup>M</sup> 4	м	<sup>D</sup> 2	28	/ Y	ž	0 ð 8	} <sup>¥</sup>
City Louisville	State KY	Zip Code 40206				Amou	nt o	f Each	ו Di	sburse	ment	t this F	Perio
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Candidate Name Rep. John A. Yarmuth	ame Category/												
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American Optometric Association Political	Action Committee											
Full Name (Last, First, Middle Initial) Yarmuth For Congress					<b>Transa</b> Date o	of Dis	sburse	ement	345	9		_
Mailing Address 1819 Brownsboro Road Suite 100					0 <sup>M</sup> 4	VI /	<sup>D</sup> 2	<b>8</b>	Y	² o ċ	8	<b>′</b>
Louisville	StateZip CodeKY40206				Amour	nt of	Each	Disbu	rsem		-	-
Purpose of Disbursement Candidate Contribution			011							1264	.00	
Candidate Name Rep. John A. Yarmuth			atego Type	у/								
Office Sought: X House Disburse Senate President State: KY District: 03	ement For: 2008 Primary X General Other (specify) ▼				Candio	date	e Con	itribut	ion			
Full Name (Last, First, Middle Initial)					Transa	actio	on ID:	2781	104	1		
Marsha Blackburn For Congress Inc.					Date o	of Dis			V	VV	, · · ·	7
Mailing Address PO Box 682185					0 4		2	<b>9</b>	Ľ	² o ċ	8 '	
City Franklin	StateZip CodeTN37068				Amour	nt of	Each	Disbu	rsem			-
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Johanns For Senate Incorporated					Date o	of Dis			V	Y V	· .	Y
Mailing Address 1201 O Street Suite 101					04	′	3	<b>D</b> /	Ľ	20Č	8 '	
City Lincoln	State Zip Code NE 68506				Amour	nt of	Each	Disbu	rsem			
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Candidate Name Mr. Michael Johanns		Ca	atego Type	y/								
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		Candidate Name Mr. Donald Ca	zayoux				(	Categ Typ	-										
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SUBTOTAL of Disbursements This Page (optional)	►	2500.00
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Mail	ling Address	1650 Tyson Blv	d.							<sup>™</sup> 4	М	/ D	09		Ž	٥ ð e	} <sup>Y</sup>
City Mcl	Lean			State /A	Zip Code 22102				A	mou	nt o	f Each	h D	isburse	-		
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	Name (Last, nk of Americ	First, Middle Initial) Ca										ion ID	_	78282 ient	47		
Mail	ling Address	PO Box 790251								<sup>™</sup> 4	М	/ D	01	) / Y	ž	οŏε	<b>}</b> <sup>Y</sup>
City St.	, Louis			State MO	Zip Code 63179				A	mou	nt o	f Each	h D	isburse			
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9	SCHEDULE B (FEC Form 3X)			FORLINE	NUMBER: PAGE 57 / 58
	TEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	
•			Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Γ	Any Information copied from such Reports and Sta	atements may no	ot be sold or used		
	or for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full)				
	American Optometric Association Politi	cal Action Co	mmittee		
•	Full Name (Last, First, Middle Initial)				Transaction ID: 27828249
Α.	Bank of America				Date of Disbursement
	Mailing Address PO Box 790251				$\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 7 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{pmatrix}$
	City	State	Zip Code		Amount of Each Disbursement this Period
	St. Louis	MO	63179		010.04
	Purpose of Disbursement American Express Fee 04/07/2008			001	213.94
	Candidate Name			Category/ Type	
	Office Sought: House Disbu Senate President	ursement For: Primary Other (spe	General cify) ▼		American Express Fee 04/0- 7/2008
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В.	Full Name (Last, First, Middle Initial) Bank of America				Transaction ID: 27828250 Date of Disbursement
	Mailing Address PO Box 790251				$\begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 5 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \\ 8 \end{bmatrix}$
	City St. Louis	State MO	Zip Code 63179		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank of America Fee 04/15/2008			001	35.62
	Candidate Name			Category/ Type	
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	SUBTOTAL of Disbursements This Page (optional)	►	249.56
	TOTAL This Period (last page this line number only)	►	1835.73
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	S	CHEDULE B (FEC Form 3	<b>X)</b>	Use separate schedule(s						NUMBER:				PAGE 58 / 58			3
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			copied from such Reports and Statements may not be sold or used by any person for the purpose of solic al purposes, other than using the name and address of any political committee to solicit contributions from														
		AME OF COMMITTEE (In Full) merican Optometric Association Political Action Committee															
Α.		Full Name (Last, First, Middle Initial) Dr Lisa S Howard Mailing Address 147 Glenstone Circle							Transaction ID: 27829753       Date of Disbursement       04     /       04     /       12     /       2008								Y
		City Harrogate	-	State FN	Zip Code 37752					Amount of Each Disbursement this Period							
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		Candidate Name		ateg Typ	ory/ e												
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FE6AN026		FEC Schedule B ( Form 3X) (Revised 02/2003)