

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		495385.22
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	495385.22									
(c) Total Receipts (from Line 19)	159573.66	159573.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	654958.88	654958.88								
7. Total Disbursements (from Line 31)	125067.86	125067.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	529891.02	529891.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	87290.00	87290.00
(i) Itemized (use Schedule A)	72254.81	72254.81
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	159544.81	159544.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	159544.81	159544.81
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	28.85	28.85
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))	159573.66	159573.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	159573.66	159573.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1567.86	1567.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1567.86	1567.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	123500.00	123500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	125067.86	125067.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	125067.86	125067.86

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	159544.81	159544.81
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	159544.81	159544.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1567.86	1567.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1567.86	1567.86

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

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

FOR LINE NUMBER: PAGE 6 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City State Zip Code
Friendswood TX 77546

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2008

Transaction ID: 27039497

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr Mitchell H Albers

Mailing Address 1321 Prestwick Place

City State Zip Code
Mahtomedi MN 55115-2859

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 01 / 2008

Transaction ID: 27039710

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Raymond W Cobb, Jr

Mailing Address 3040 Co Hwy 42

City State Zip Code
Hamilton AL 35570

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2008

Transaction ID: 27042189

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Brandy E Hicks		Date of Receipt
	Mailing Address 600 Fisher Creek Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Sylva	NC	28779-7707
	FEC ID number of contributing federal political committee. C		Transaction ID: 27046767
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Dr Daniel R Appleton, Jr		Date of Receipt
	Mailing Address 54 Country Club Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Ipswich	MA	01938-3003
	FEC ID number of contributing federal political committee. C		Transaction ID: 27046770
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr Lynn Wittman		Date of Receipt
	Mailing Address 115 Aletha Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Needham	MA	02492-3931
	FEC ID number of contributing federal political committee. C		Transaction ID: 27046771
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Dr Jeffrey E Schultz</p> <p>Mailing Address 150 Jackson Drive</p> <p>City State Zip Code Chagrin Falls OH 44022-1500</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt 01 / 04 / 2008</p> <p>Transaction ID: 27053485</p> <p>Amount of Each Receipt this Period 365.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr Anne Britton</p> <p>Mailing Address 3333 Kerry Drive</p> <p>City State Zip Code Rapid City SD 57702-9126</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 01 / 03 / 2008</p> <p>Transaction ID: 27056887</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr Michael W Schwartz</p> <p>Mailing Address 5060 Williams Highway</p> <p>City State Zip Code Grants Pass OR 97527-8749</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Doctor of Optometry</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 01 / 03 / 2008</p> <p>Transaction ID: 27056890</p> <p>Amount of Each Receipt this Period 500.00</p>
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SUBTOTAL of Receipts This Page (optional)	1165.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Scott Warren Bennion

Mailing Address 26542 235Th Se

City State Zip Code
Maple Valley WA 98038

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2008

Transaction ID: 27091907

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr William E Sterling, Jr

Mailing Address 1540 Ariana Blvd.

City State Zip Code
Auburndale FL 33823-2001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2008

Transaction ID: 27100931

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Peter A Remillard

Mailing Address 15 River View Court

City State Zip Code
Cheshire CT 06410-1245

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2008

Transaction ID: 27100935

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Randall Keith Corey	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 8404 N W Hawkins Blvd	Transaction ID: 27100936
	City State Zip Code Portland OR 97229-8494	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr Evan A Lowry	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 1101 Acorn Drive	Transaction ID: 27100941
	City State Zip Code Greensburg PA 15601-5323	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr George L Adams, III	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 400 Dickman Road	Transaction ID: 27100947
	City State Zip Code San Antonio TX 78234-2604	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Deanna Swafford Alexander	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 4127 Cedargate Dr	Transaction ID: 27100948
	City State Zip Code Fort Collins CO 80526	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Jay V Gallinger	Date of Receipt MM / DD / YYYY 01 / 08 / 2008
	Mailing Address 150 Allen Road	Transaction ID: 27100949
	City State Zip Code Onalaska WA 98570	Amount of Each Receipt this Period 366.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	

C.	Full Name (Last, First, Middle Initial) Dr Jeffrey Paul Hilovsky	Date of Receipt MM / DD / YYYY 01 / 09 / 2008
	Mailing Address 445 Woodside Rd	Transaction ID: 27102036
	City State Zip Code Millsboro DE 19966	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	866.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Melvyn S Mazer	Date of Receipt MM / DD / YYYY 01 / 09 / 2008
	Mailing Address 20 Dell Circle	Transaction ID: 27102039
	City State Zip Code Trumbull CT 06611	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Philip Thomas Williams	Date of Receipt MM / DD / YYYY 01 / 09 / 2008
	Mailing Address 21811 42Nd Drive Ne	Transaction ID: 27102042
	City State Zip Code Arlington WA 98223-7278	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Mark James Cinalli	Date of Receipt MM / DD / YYYY 01 / 09 / 2008
	Mailing Address 229 Plantation Drive	Transaction ID: 27102045
	City State Zip Code Mineral Wells WV 26150-9638	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr David Wayne Harshberger	Date of Receipt MM / DD / YYYY 01 / 09 / 2008
	Mailing Address 652 N Main Street	Transaction ID: 27102046
	City State Zip Code N Martinsville WV 26155	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Dr Steven D Koch	Date of Receipt MM / DD / YYYY 01 / 09 / 2008
	Mailing Address 1204 Madison	Transaction ID: 27102049
	City State Zip Code Wenatchee WA 98801-1937	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr Monty Douglas Smick	Date of Receipt MM / DD / YYYY 01 / 09 / 2008
	Mailing Address 3817 S Custer	Transaction ID: 27102053
	City State Zip Code Spokane WA 99223	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Peter Charles Everett

Mailing Address P O Box 268

City State Zip Code
Rumford ME 04276-0268

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27102056

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Linda T Cameron

Mailing Address 269 South Rumford Road

City State Zip Code
Rumford ME 04276-3012

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27102057

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Teresa F Theobald

Mailing Address 4230 Ugstad Road

City State Zip Code
Hermantown MN 55811-3649

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27102061

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr David Leslie Evans

Mailing Address 112 Foxcrest Cove

City State Zip Code
Jacksonville AR 72076-2681

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27102063

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Eric Orava

Mailing Address 641 - 41St St

City State Zip Code
Brooklyn NY 11232-3138

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27108776

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr William D Marks

Mailing Address 15638 Indianhead Lane

City State Zip Code
Strongsville OH 44136

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27108783

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert A Turcios, Jr

Mailing Address 367 Marti Marie Dr

City State Zip Code
Martinez CA 94553

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 8

Transaction ID: 27108784

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Timothy P Kenkel

Mailing Address 6063 Countrymeadow

City State Zip Code
Cincinnati OH 45233-1787

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 8

Transaction ID: 27108795

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Francis J Barnhart

Mailing Address 1394 East Monterey Dr

City State Zip Code
Boise ID 83706-5077

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 9 / 2 0 0 8

Transaction ID: 27108805

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) ▶

1115.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Thomas Eugene Smith

Mailing Address 3806 East 150 N

City State Zip Code
Seymour IN 47274

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27108806

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Dirk Schrottenboer

Mailing Address 10729 Deer Ridge Court

City State Zip Code
Zeeland MI 49464

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27108810

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Thomas Edward Griffith

Mailing Address 70 Riverbend Blvd.

City State Zip Code
St. Albans WV 25177

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27108818

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 18 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Richard A Frio

Mailing Address 7646 Windsor Dr No

City State Zip Code
No Syracuse NY 13212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27113682

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr James O Davis

Mailing Address 812 Eagle Mountain Blvd

City State Zip Code
Batesville AR 72501-4214

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27113688

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas F Determan

Mailing Address 728 E Country Club Drive

City State Zip Code
Yuma AZ 85365

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27113700

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr J. Rick Davis

Mailing Address 2721 Charleston Ct

City State Zip Code
Claremont NC 28610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27113701

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Teresa A Erickson

Mailing Address P O Box 1930

City State Zip Code
Milton WA 98354-1930

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27113712

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr Gary D Crowell

Mailing Address 1291 N Highway Hwy 99W

City State Zip Code
McMinnville OR 97128-2720

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2008

Transaction ID: 27116048

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis	Date of Receipt MM / DD / YYYY 01 / 09 / 2008
	Mailing Address 40 Pin Oak Drive	Transaction ID: 27116049
	City State Zip Code Littleton CO 80127-4327	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr Paul Anton Hodge	Date of Receipt MM / DD / YYYY 01 / 10 / 2008
	Mailing Address 3042 118Th Ave	Transaction ID: 27120073
	City State Zip Code Allegan MI 49010-9555	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Joseph J Grant	Date of Receipt MM / DD / YYYY 01 / 10 / 2008
	Mailing Address 13 Nixon Avenue	Transaction ID: 27120076
	City State Zip Code Plymouth MA 02360	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Charles R Pruden, Jr

Mailing Address 2007 Hermitage Rd

City State Zip Code
Wilson NC 27893

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2008

Transaction ID: 27120079

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Robin Rinearson

Mailing Address 6223 Edgewater Dr

City State Zip Code
Falls Church VA 22041-1403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2008

Transaction ID: 27120080

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr John Christophe Jaeger

Mailing Address 1814 Parker Lane

City State Zip Code
Henderson NC 27536

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2008

Transaction ID: 27120081

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Wendy S Rothman

Mailing Address 5 Monterra Court

City State Zip Code
Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 27120082

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr William Ken McCarty

Mailing Address 3510 Edgewood

City State Zip Code
Amarillo TX 79109-4036

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 27120083

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Joseph E Pavano, III

Mailing Address 440 Deercliff Road

City State Zip Code
Avon CT 06001-2858

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 27120094

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial) Dr James A Boucher		Date of Receipt MM / DD / YYYY 01 / 10 / 2008
Mailing Address 1050 Granito Drive P O Box 927		Transaction ID: 27120097
City Laramie	State WY	Zip Code 82070-0927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr Richard B Stender		Date of Receipt MM / DD / YYYY 01 / 10 / 2008
Mailing Address Rt 2 Box 427		Transaction ID: 27120099
City New Martinsville	State WV	Zip Code 26155-9453
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr Ronald M Cline		Date of Receipt MM / DD / YYYY 01 / 10 / 2008
Mailing Address 66 Indian Woods Way		Transaction ID: 27120104
City Canton	State MA	Zip Code 02021-3581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Bethany Gipson Harrington

Mailing Address 147 East Seneca Rd

City State Zip Code
Lumberton MS 39455

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2008

Transaction ID: 27120107

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Chad Dalton Lusk

Mailing Address 64514 Mountain Glenn Rd
P O Box 487

City State Zip Code
La Grand OR 97850-5171

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2008

Transaction ID: 27120108

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr David E Alexander

Mailing Address 606 Collett Street

City State Zip Code
Morganton NC 28655-3743

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2008

Transaction ID: 27120109

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 25 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Lynn D Stromness

Mailing Address 13127 So Charing Way

City State Zip Code
Riverton UT 84065-2202

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2008

Transaction ID: 27120115

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr Thomas F Determan

Mailing Address 728 E Country Club Drive

City State Zip Code
Yuma AZ 85365

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2008

Transaction ID: 27120116

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr Shannon L Steinhauser

Mailing Address 501 W Port Royale Ln

City State Zip Code
Phoenix AZ 85023-5272

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2008

Transaction ID: 27124547

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 26 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr James D Sargent, Jr
Mailing Address 7489 Marylboune Rd
City State Zip Code
West Jordan UT 84084
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 11 / 2008
Transaction ID: 27124685
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Stephen Brent Clark
Mailing Address 10 Trenton Street
City State Zip Code
Chattanooga TN 37415
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 11 / 2008
Transaction ID: 27125666
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr James Andrew Fitch
Mailing Address 18101 W Costley Road
City State Zip Code
Amarillo TX 79119-7826
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 11 / 2008
Transaction ID: 27125670
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Gerald D Furnari

Mailing Address 948 North Krome Avenue

City State Zip Code
Homestead FL 33030-4409

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2008

Transaction ID: 27126615

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Dr David Samuel Davis

Mailing Address 4762 Marnell Drive

City State Zip Code
Las Vegas NV 89121-6940

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2008

Transaction ID: 27126619

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr Melvin M Gehrig, Jr

Mailing Address 3208 Cyprien Lane

City State Zip Code
Lake Charles LA 70605-2253

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2008

Transaction ID: 27126623

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1065.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 28 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr James C C Bigham

Mailing Address 1202 W Buena Vista Ste 107

City State Zip Code
Evansville IN 47710-5185

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 8

Transaction ID: 27126626

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Travis L Kinderknecht

Mailing Address P O Box 143
125 Garfield St

City State Zip Code
Quinter KS 67752-0143

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 8

Transaction ID: 27126637

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Mark Joseph Roy, III

Mailing Address 2198 Highway 20

City State Zip Code
Vacherie LA 70090-5473

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 8

Transaction ID: 27126639

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **980.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr James A Stephens

Mailing Address 1404 Rachel Lane

City State Zip Code
Tallahassee FL 32308-7723

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

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

Transaction ID: 27126644

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Dr Scott M Walters

Mailing Address 1025 Nw Regent Drive

City State Zip Code
Grants Pass OR 97526-0075

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt

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

Transaction ID: 27126646

Amount of Each Receipt this Period

475.00

C.

Full Name (Last, First, Middle Initial)
Dr Peter Charles Dubin

Mailing Address 3397 Charleston Highway

City State Zip Code
Walterboro SC 29488

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 27126992

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1340.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Debarah Ann Wallace

Mailing Address 3397 Charleston Highway

City State Zip Code
Walterboro SC 29488

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2008

Transaction ID: 27126993

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr James Monroe Vaught

Mailing Address 1305 Collins Street

City State Zip Code
Conway SC 29526-3624

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2008

Transaction ID: 27127013

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr James D Sandefur

Mailing Address 219 Blue Bush Road

City State Zip Code
Oakdale LA 71463-4911

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2008

Transaction ID: 27127015

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Gail J Bass

Mailing Address 10800 E Cactus Rd #65

City State Zip Code
Scottsdale AZ 85259-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 11 / 2008
Transaction ID: 27127022
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr Richard Cornett

Mailing Address Ohio Optometric Assn, Inc
250 E Wilson-Bridge Rd #240

City State Zip Code
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Optometric Association, Inc. Occupation State Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 15 / 2008
Transaction ID: 27128567
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr J. D Miller, Jr

Mailing Address P O Box 1293

City State Zip Code
Eunice LA 70535

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 15 / 2008
Transaction ID: 27135216
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Ty J Miller

Mailing Address 225 Ertle Avenue Ne

City State Zip Code
Massillon OH 44646

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27135224

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Travis P LaFayette

Mailing Address 28273 Se Highway 224

City State Zip Code
Eagle Creek OR 97022-9721

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27135228

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr John Michael Burke

Mailing Address 253 Orchard Park Dr

City State Zip Code
Advance NC 27006

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27135230

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Warren Stephen Johnson

Mailing Address 4586 Barfield Rd

City State Zip Code
Memphis TN 38117-2414

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27135231

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr William P Beeaker

Mailing Address 461 Upper St

City State Zip Code
Turner ME 04282

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27135237

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Dr Fred H Mothershed

Mailing Address 3019 Bentwood

City State Zip Code
Tupelo MS 38804-9780

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27141493

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Randy E Waddell		Date of Receipt
	Mailing Address P O Box 725		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Greybull	WY	82426
	FEC ID number of contributing federal political committee. C		Transaction ID: 27141496
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	<input type="text"/> 365.00

B.	Full Name (Last, First, Middle Initial) Dr Brian J Ballard		Date of Receipt
	Mailing Address 4445 Country Club Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Riverton	WY	82501-1430
	FEC ID number of contributing federal political committee. C		Transaction ID: 27141498
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr Glenn Morgan Cochran		Date of Receipt
	Mailing Address 103 Patton Place P O Box 690		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Quitman	MS	39355-2649
	FEC ID number of contributing federal political committee. C		Transaction ID: 27141499
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 865.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Mary Rita Sheehy

Mailing Address 2 Cleveland Drive

City State Zip Code
Poughkeepsie NY 12601-6002

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27141510

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Dr Pierre J Anctil

Mailing Address 1021 N Hancock Avenue

City State Zip Code
Colorado Spgs CO 80903-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27141526

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr Todd G Slusser

Mailing Address 31 W 500 S

City State Zip Code
Rupert ID 83350-8607

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27141536

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1030.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Matthew R Waner

Mailing Address 1651 New Bern Street

City State Zip Code
Newport NC 28570

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27141540

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr David S Mora

Mailing Address 1818 Fremont

City State Zip Code
Laredo TX 78043

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2008

Transaction ID: 27143033

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Desiree Tyer Hopping

Mailing Address 1801 Creekside Dr

City State Zip Code
Friendswood TX 77546

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2008

Transaction ID: 27155732

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

TOTAL This Period (last page this line number 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 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Ronald Ray Foreman

Mailing Address 763 Sw Main Blvd, Ste 101

City State Zip Code
Lake City FL 32025-5794

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 27169224

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Jerry L Mc Combs

Mailing Address 800 Magnolia Street

City State Zip Code
Teague TX 75860

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 27169227

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Paul Alan Seibert

Mailing Address 295 200Th Ave

City State Zip Code
Fairmont MN 56031

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 27169234

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number 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 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Eric Halperin

Mailing Address 1910 Alder Cove Rd W

City Tillamook State OR Zip Code 97141-9356

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27171603
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Richard E Dowdell

Mailing Address 2965 Heath Road

City Macon State GA Zip Code 31206-5268

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27171604
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Dr Frederick E Bodenhamer

Mailing Address 409 Virginia Trail

City Jefferson City State MO Zip Code 65109-6840

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27171606
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Kyle Edward Brost

Mailing Address 3508 Pheasant Cove

City State Zip Code
Cape Girardeau MO 63701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

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

Transaction ID: 27171608

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)
Dr Lawrence Lefland

Mailing Address 260 Millbrook Road

City State Zip Code
North Haven CT 06473-4336

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 27172735

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Edward Melman

Mailing Address 425 Barby Lane

City State Zip Code
Cherry Hill NJ 08003

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: 27172739

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Larry C Wallis

Mailing Address 20 Kentshire Court

City Greenville State DE Zip Code 19807-2583

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27172740
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr Chris H Cooper

Mailing Address West Tennessee Eye
2070 Whitney Avenue

City Memphis State TN Zip Code 38127-9014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27172744
Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Dr David K Talley

Mailing Address 1698 Brookside Drive

City Germantown State TN Zip Code 38138-2531

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2008
Transaction ID: 27172745
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 41 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Tad Robert Kosanovich

Mailing Address 322 Sunset Road

City State Zip Code
Osprey FL 34229-9207

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 3 / 2 0 0 8

Transaction ID: 27172746

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Steven R Landreth

Mailing Address 1655 Mc Farland Blvd N #127

City State Zip Code
Tuscaloosa AL 35406-2212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 3 / 2 0 0 8

Transaction ID: 27172747

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Fred E Goldberg

Mailing Address 6924 Butternut Ct

City State Zip Code
McLean VA 22101-1506

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 3 / 2 0 0 8

Transaction ID: 27172749

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 42 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Brian E Linde
Mailing Address 4518 Hiline
City Billings State MT Zip Code 59106
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 23 / 2008
Transaction ID: 27172752
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Jeanette Jezick
Mailing Address 4 Lynch Rd
City Lebanon State CT Zip Code 06249-2712
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 23 / 2008
Transaction ID: 27172820
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr David B Gaudreau
Mailing Address 71 R I Line Road
City Putnam State CT Zip Code 06260
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 23 / 2008
Transaction ID: 27172822
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert W Anderson, Jr

Mailing Address 1004 Brentwood Dr

City Lufkin State TX Zip Code 75901

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 01 / 23 / 2008
Transaction ID: 27172828
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Dr Mark E Snyder

Mailing Address 116 Wheeler Road

City Marstons Mills State MA Zip Code 02648

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 23 / 2008
Transaction ID: 27172829
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr James L Boccuzzi

Mailing Address 689 Mansfield City Rd

City Storrs Mansfield State CT Zip Code 06268-2728

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 23 / 2008
Transaction ID: 27172833
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Karin E Meng

Mailing Address 12555 La Cresta Dr

City State Zip Code
Los Altos Hills CA 94022-2510

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27172840

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Jeffrey Mark Palmer

Mailing Address 70 Viola Drive

City State Zip Code
East Hampton CT 06424-1686

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27172841

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr Jeffery James Dutch

Mailing Address 16 Cottage St

City State Zip Code
Belfast ME 04915-6747

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27172849

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle		Date of Receipt
	Mailing Address 106 Dacs Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Summerville	SC	29483-4000
	FEC ID number of contributing federal political committee. C		Transaction ID: 27176071
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Avery Thomas Jones		Date of Receipt
	Mailing Address 1386 S 38Th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Grand Forks	ND	58201-3708
	FEC ID number of contributing federal political committee. C		Transaction ID: 27176072
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Dr James Morse		Date of Receipt
	Mailing Address Po Box 106		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Middle Granville	NY	12849-0106
	FEC ID number of contributing federal political committee. C		Transaction ID: 27176077
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
		<input type="text"/> 365.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 865.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Daniel D Bishop

Mailing Address 4125 Rivercrest Drive No

City State Zip Code
Keizer OR 97303-5910

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27176081

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Charles George Beier

Mailing Address 4816 Sw West Hills Dr

City State Zip Code
Topeka KS 66606

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27176083

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr Larry J Lewis

Mailing Address 1249 Hidden Valley Ln

City State Zip Code
Choctaw OK 73020-7131

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27176084

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1165.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 47 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert Lee Lofton

Mailing Address 1560 Nw 19 St

City State Zip Code
Homestead FL 33030

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27176086

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr Clay Owen Reber

Mailing Address 1010 West Kiowa

City State Zip Code
Hobbs NM 88240-1146

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27176093

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Michele A Donovan

Mailing Address 1440 Harbor Mist Court

City State Zip Code
Charleston SC 29492

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2008

Transaction ID: 27176105

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 48 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Henry B Ford

Mailing Address 110 Stanley Drive

City State Zip Code
Galax VA 24333-2215

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27176106

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Joseph W Myers

Mailing Address 511 5Th St

City State Zip Code
Moundsville WV 26041-1901

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27176115

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Marilyn Myers

Mailing Address 801 Wheeling Avenue

City State Zip Code
Glen Dale WV 26038-1644

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 8

Transaction ID: 27176116

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Donald J Higgins

Mailing Address 5 Belgravia Terrace

City Farmington State CT Zip Code 06032-1550

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 28 / 2008
Transaction ID: 27199322
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr William C Coffee

Mailing Address 1801 Sammy Circle

City Hope State AR Zip Code 71801

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 24 / 2008
Transaction ID: 27201251
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr Barbara C Manion

Mailing Address 11 Briar Oak Drive

City Weston State CT Zip Code 06883-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 24 / 2008
Transaction ID: 27201252
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr George A Lever

Mailing Address 501 North Ohio Street

City Salem State IL Zip Code 62881

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2008

Transaction ID: 27201258

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr James P Busche

Mailing Address 2 W Wilmert Lake Dr

City Fairmont State MN Zip Code 56031

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 24 / 2008

Transaction ID: 27201262

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Andrew G Cook, Jr

Mailing Address P O Box 304

City Garner State NC Zip Code 27529-0304

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2008

Transaction ID: 27201263

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr John D Edwards		Date of Receipt
	Mailing Address P O Box 1397		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elk City	OK	73648
	FEC ID number of contributing federal political committee. C		Transaction ID: 27201266
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Dr H. Frank Storey		Date of Receipt
	Mailing Address P O Box 372		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Stayton	OR	97383
	FEC ID number of contributing federal political committee. C		Transaction ID: 27201273
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Dr Michelle L Spittler		Date of Receipt
	Mailing Address 4125 Shorebrook Dr		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbia	SC	29206-2127
	FEC ID number of contributing federal political committee. C		Transaction ID: 27201293
Name of Employer Self Employed		Occupation Doctor of Optometry	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 52 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Erik D Christianson

Mailing Address 364 Edmond St

City State Zip Code
Ketchikan AK 99901

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27201295

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Alan Kyle Bugg

Mailing Address 1022 S Miles Avenue

City State Zip Code
Union City TN 38261-5432

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 8

Transaction ID: 27201322

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Christopher Barry

Mailing Address 910 N 32Nd Street

City State Zip Code
Renton WA 98056-2131

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27205925

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 53 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert Neal Williams, Jr
Mailing Address 1109 Links Road
City Myrtle Beach State SC Zip Code 29575-5808
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 29 / 2008
Transaction ID: 27218886
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Jack Sol Mermelstein
Mailing Address 38-63 D'Auria Drive
City Fair Lawn State NJ Zip Code 07410
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 29 / 2008
Transaction ID: 27218887
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Michael Brian Watters
Mailing Address 5 Oakridge Drive
City Shawnee State OK Zip Code 74804-3309
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 29 / 2008
Transaction ID: 27218914
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Arthur R Dampier

Mailing Address 300 Holly Hills Rd #152

City Columbus State MS Zip Code 39705-1221

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2008

Transaction ID: 27218920

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Sheilah S Titus

Mailing Address 2520 Greens Landing Ct

City Cameron Park State CA Zip Code 95682-8639

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008

Transaction ID: 27218922

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr Genevieve K Corrigan

Mailing Address 2351 4Th Ave

City Sacramento State CA Zip Code 95818-3111

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2008

Transaction ID: 27218923

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Samantha K Caggiano	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 28273 SE Hwy 224	Transaction ID: 27218924
	City State Zip Code Eagle Creek OR 97022-9721	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr Paul B Snowden	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 9313 Sw 28Th	Transaction ID: 27218925
	City State Zip Code Oklahoma City OK 73128-3235	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Maria Inez Diaz	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 92 Edward St	Transaction ID: 27218927
	City State Zip Code East Haven CT 06512	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Scott M Buckingham

Mailing Address 2627 Odyssey Lane

City State Zip Code
Midland MI 48642-3789

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27218931

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert F Brooks

Mailing Address 452 Bluebird Dr

City State Zip Code
Russell KY 41169-1570

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27218933

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Reginald H Jones

Mailing Address 71 Cottage Circle

City State Zip Code
West Leranon NH 03784

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27218935

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 90

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Denise E Smith

Mailing Address 1430 Red Bud Trail Unit 8

City State Zip Code
Austin TX 78746

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27218937

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr Steven Allen Degroff

Mailing Address 7592 N 300 E

City State Zip Code
Decatur IN 46733-9448

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27218938

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr Neil W Kemp

Mailing Address 20 N Pond Road

City State Zip Code
Cheshire CT 06410-1246

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 8

Transaction ID: 27218946

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Stephen Mark Wilkes
Mailing Address 2002 Merrimac Trail

City State Zip Code
Garland TX 75043-1235

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27218947
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr Steven E Eriksen
Mailing Address 4518 164Th Court Ne

City State Zip Code
Redmond WA 98052-5454

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27218951
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Ann Marie Hoscheit
Mailing Address 600 Spanish Oak Court

City State Zip Code
Gastonia NC 28054

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27218952
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 59 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert Keith Caudelle

Mailing Address 396 Grooms Road

City Fayetteville State GA Zip Code 30215

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2008

Transaction ID: 27218953

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr Gregory L Garner

Mailing Address 2550 E 400 S

City Wabash State IN Zip Code 46992

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 29 / 2008

Transaction ID: 27218956

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr Willard E Marionneaux, Jr

Mailing Address 3002 Holly Street

City Winnsboro State LA Zip Code 71295

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 29 / 2008

Transaction ID: 27218957

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Bruce R Wojciechowski	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 17974 Ridge Lake Drive	Transaction ID: 27218962
	City State Zip Code Lake Oswego OR 97034	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Dr Matthew Allan Jones	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address E 2320 39Th	Transaction ID: 27218964
	City State Zip Code Spokane WA 99223	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Mark A Michael	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 6304 W Richardson	Transaction ID: 27218965
	City State Zip Code Pasco WA 99301-1911	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1115.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Marc A Hudson		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address 460 Silver Oaks Dr		Transaction ID: 27218967		
	City Harrisonburg	State VA	Zip Code 22801	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr Lisa S Howard		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address 147 Glenstone Circle		Transaction ID: 27218969		
	City Harrogate	State TN	Zip Code 37752	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr Thomas Gerard Cunningham		Date of Receipt MM / DD / YYYY 01 / 29 / 2008		
	Mailing Address 2 Ray'S Drive		Transaction ID: 27218971		
	City Onsted	State MI	Zip Code 49265	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr William Donner Mizelle

Mailing Address 102 N Lemans

City State Zip Code
Lafayette LA 70503-4028

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27218972

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Dr Joseph C Beattie

Mailing Address 12433 Sw Orchard Hill Rd

City State Zip Code
Lake Oswego OR 97035-1143

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219151

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr James Mathew Hutchins

Mailing Address 101 S Shore Drive

City State Zip Code
Sleepy Eye MN 56085-1327

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219160

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1095.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Jonathan J Schorn

Mailing Address 10766 Amherst Way

City State Zip Code
Inver Grove Height MN 55077-5477

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219169

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Mark Richard Wolmer

Mailing Address 25 Falls Rd

City State Zip Code
Roxbury CT 06783

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219181

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr William Thomas Doty

Mailing Address 85 Main St

City State Zip Code
Ridgefield CT 06877-4900

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 349.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219182

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ► **1064.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Gerald P Lubert

Mailing Address 10620 Kincer Farms Dr

City State Zip Code
Knoxville TN 37922

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219186

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Barry A Winston

Mailing Address 586 Arrowhead Trail

City State Zip Code
Knoxville TN 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219188

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Jerry M Winston

Mailing Address 8417 Highlark Lane

City State Zip Code
Knoxville TN 37923-6746

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219189

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Thomas William Dawson

Mailing Address 528 Sw 1St Court

City State Zip Code
Crystal River FL 34429

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219193

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr Denise Quinton Shepard

Mailing Address 331 Mason Drive

City State Zip Code
Ringgold GA 30736

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219194

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Mark E German

Mailing Address 5804 W Lake Dr

City State Zip Code
West Bend WI 53095-8448

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219254

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 66 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert Edward Edge

Mailing Address 124 Vine Ave

City State Zip Code
Jackson AL 36545-3020

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219260

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Donna Buraczewski

Mailing Address 901 Main Street

City State Zip Code
Simpson PA 18407-1911

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219261

Amount of Each Receipt this Period
250.00

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

Mailing Address 11469 Bronzedale Drive

City State Zip Code
Oakton VA 22124

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219265

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Anne F Meccariello	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 9415 Onion Patch Drive	Transaction ID: 27219266
	City State Zip Code Burke VA 22015	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Ally Stoeger	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 5413 Mt Greenwich Court	Transaction ID: 27219267
	City State Zip Code Burke VA 22015-2148	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Sean R Claffin	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 613 Floral Ave	Transaction ID: 27219268
	City State Zip Code Canon City CO 81212-5025	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Dennis E Mathews

Mailing Address 1320 Carr Avenue

City State Zip Code
Memphis TN 38104-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219278

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Dr Wayne M Hudson

Mailing Address 124 N 4Th Street

City State Zip Code
Douglas WY 82633-2402

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2008

Transaction ID: 27219283

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr Sarah A Vandermark

Mailing Address 7135 Royal Oakland Drive

City State Zip Code
Indianapolis IN 46236-9151

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 27231109

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **980.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 90
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Christopher L Agro

Mailing Address 6 Cartier Rd

City Enfield State CT Zip Code 06082-2506

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 01 / 31 / 2008
Transaction ID: 27231110
 Amount of Each Receipt this Period 2000.00

B.

Full Name (Last, First, Middle Initial)
Dr Rod L Rallo

Mailing Address 1483 Sable Wing Circle

City Louisville State KY Zip Code 40223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2008
Transaction ID: 27231111
 Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr George B Symonds

Mailing Address 162 View Ridge Drive

City Port Angeles State WA Zip Code 98362-9579

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2008
Transaction ID: 27231114
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 70 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Henry B Samson

Mailing Address 38 Peck Hill Road

City State Zip Code
Woodbridge CT 06525

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 27231121

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Jay Carter Johnston, II

Mailing Address 1709 Chickasha Circle

City State Zip Code
Edmond OK 73013-7700

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 27231128

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Donald B Bogue

Mailing Address 217 Trailwood Circle

City State Zip Code
Lufkin TX 75904-4372

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 27231146

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 71 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Dwight L Avery

Mailing Address 138 Pine Trail

City State Zip Code
London KY 40744

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2008

Transaction ID: 27231148

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Jerry Samuel Hardison

Mailing Address 6 Scarsdale Road

City State Zip Code
West Hartford CT 06107-3338

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231281

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Jerry L Leopold

Mailing Address 1009 Heatherwood Place

City State Zip Code
Mcperson KS 67460

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231283

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr James L Bocuzzi

Mailing Address 689 Mansfield City Rd

City State Zip Code
Storrs Mansfield CT 06268-2728

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 27231284

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr Harald Vaher

Mailing Address 1148 Huntsmoor Dr

City State Zip Code
Gastonia NC 28054-7205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 27231289

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Donald L Hembree

Mailing Address 3216 Blossom Ln.

City State Zip Code
Odessa TX 79762-6964

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 27231291

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr David R Holliday

Mailing Address 21 Sand Piper Place

City State Zip Code
Beckley WV 25801

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231294

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr Dallas C Wilkinson

Mailing Address P O Box 144

City State Zip Code
Pringle SD 57773-0144

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231295

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr Ronald R Ferrucci

Mailing Address 5 Leah Lane

City State Zip Code
Milford MA 01757

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231297

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1365.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 74 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Nathaniel D Robinson

Mailing Address Rr 1 Box 1276

City State Zip Code
Huntington TX 75949-9717

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231299

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Paul A Henriksen

Mailing Address 907 5Th Ave Se

City State Zip Code
Pipestone MN 56164-1715

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231301

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Stephen Harold Spencer

Mailing Address 1998 W 12Th Ln

City State Zip Code
Yuma AZ 85364

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231304

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1095.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 75 / 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Kurt W Blaettler

Mailing Address 1512 Nature'S Tr

City Anderson State SC Zip Code 29625-5861

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 30 / 2008
Transaction ID: 27231307
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Dr Louis L Martin, IV

Mailing Address 139 Shelton Drive

City Spartanburg State SC Zip Code 29307

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 30 / 2008
Transaction ID: 27231308
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Dr Lara Janell Martin

Mailing Address 139 Shelton Drive

City Spartanburg State SC Zip Code 29307

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 30 / 2008
Transaction ID: 27231309
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1095.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Larry M Scheele	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address 290 Idle Lake Ct	Transaction ID: 27231311
	City State Zip Code Sumter SC 29150	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr Fred Wallace	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address 208 Eastwood Drive	Transaction ID: 27231312
	City State Zip Code Homewood AL 35209	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Dr Stacie R Nichols	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address P O Box 372	Transaction ID: 27231314
	City State Zip Code Davenport WA 99122	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr Rosemary F Detmer-Stone	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address 216 Ne 17Th Ave	Transaction ID: 27231319
	City Hillsboro State OR Zip Code 97124-3409	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Dr Margaret Placen Johnston	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address 7405 Old Dominion Dr	Transaction ID: 27231321
	City Mc Lean State VA Zip Code 22101	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Dr B. Faye Andrews	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address 201 Holt Cir	Transaction ID: 27231324
	City Hayden State AL Zip Code 35079-5736	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1465.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 90
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr William Lee Whitaker

Mailing Address 1000 Honeysuckle Rd

City State Zip Code
Dublin GA 31021-2624

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231337

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Robert L Moore

Mailing Address 3619 Shamley Drive

City State Zip Code
Tuscaloosa AL 35406

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231339

Amount of Each Receipt this Period
360.00

C.

Full Name (Last, First, Middle Initial)
Dr Henry Azrikan

Mailing Address 1150 East 21St Street

City State Zip Code
Brooklyn NY 11210

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2008

Transaction ID: 27231343

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1110.00
TOTAL This Period (last page this line number only)	87290.00

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

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Bank of America Fee 01/02/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27239555</p> <p>Date of Disbursement 01 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 668.88</p> <p>001 Category/ Type</p> <p>Bank of America Fee 01/02- /2008</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Bank of America Fee 01/02/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27239556</p> <p>Date of Disbursement 01 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 0.01</p> <p>001 Category/ Type</p> <p>Bank of America Fee 01/02- /2008</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 790251</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Discover Service Fee 01/02/2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27243921</p> <p>Date of Disbursement 01 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 15.80</p> <p>001 Category/ Type</p> <p>Discover Service Fee 01/0- 2/2008</p>

SUBTOTAL of Disbursements This Page (optional) ▶

684.69

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 80 / 90

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251 City St. Louis State MO Zip Code 63179 Purpose of Disbursement American Express Fee 01/07/2008 Candidate Name 001 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 27239560 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">159.93</div> American Express Fee 01/0-7/2008	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	7		2	0	0	8													
B.	Full Name (Last, First, Middle Initial) Wachovia Federal Mailing Address 1650 Tyson Blvd. City McLean State VA Zip Code 22102 Purpose of Disbursement Wachovia Fed Bank Fee 1/10/08 Candidate Name 001 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 27231397 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">685.85</div> Wachovia Fed Bank Fee 1/1-0/08	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	0		2	0	0	8													
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251 City St. Louis State MO Zip Code 63179 Purpose of Disbursement Bank of America Fee 01/16/2008 Candidate Name 001 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 27239610 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: center; padding: 5px;">37.39</div> Bank of America Fee 01/16-/2008	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	6		2	0	0	8													

SUBTOTAL of Disbursements This Page (optional) ►

883.17

TOTAL This Period (last page this line number only) ►

1567.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Committee To Re-Elect Artur Davis To Congress</p> <p>Mailing Address PO Box 1845</p> <p>City Birmingham State AL Zip Code 35201</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Artur Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27098368</p> <p>Date of Disbursement 01 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Committee To Re-Elect Artur Davis To Congress</p> <p>Mailing Address PO Box 1845</p> <p>City Birmingham State AL Zip Code 35201</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Artur Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27098405</p> <p>Date of Disbursement 01 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Halvorson for Congress</p> <p>Mailing Address 1395C Main Street</p> <p>City Crete State IL Zip Code 60417</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Deborah Halvorson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27134735</p> <p>Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee</p> <p>Mailing Address 607 14th Street N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27141584 Date of Disbursement 01 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 7905 Malcolm Road Suite 102</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27141417 Date of Disbursement 01 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008</p> <p>Mailing Address 5915 Eastman Ave. Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27142653 Date of Disbursement 01 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 27141614
Date of Disbursement

01 / 17 / 2008

Amount of Each Disbursement this Period

15000.00

Committee Contribution

B. Full Name (Last, First, Middle Initial)
Kirk For Congress

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Mark Steven Kirk

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District: 10

Transaction ID: 27141603
Date of Disbursement

01 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 First Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 27141822
Date of Disbursement

01 / 17 / 2008

Amount of Each Disbursement this Period

15000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional) ►

31000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: 27142074 Date of Disbursement 01 / 17 / 2008
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 1000.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Joseph R. Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Wynn For Congress	Transaction ID: 27142531 Date of Disbursement 01 / 17 / 2008
	Mailing Address P.O. Box 39139	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Albert Russell Wynn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Tim Ryan For Congress	Transaction ID: 27141542 Date of Disbursement 01 / 17 / 2008
	Mailing Address 1600 Roosevelt Avenue Suite 804	Amount of Each Disbursement this Period 500.00
	City Niles State OH Zip Code 44446	
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Timothy J. Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 90

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater America	Transaction ID: 27142748 Date of Disbursement 01 / 17 / 2008
	Mailing Address 1341 G Street NW Suite 200	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Committee Contribution

B.	Full Name (Last, First, Middle Initial) BRIDGE PAC	Transaction ID: 27141466 Date of Disbursement 01 / 17 / 2008
	Mailing Address 499 South Capitol St., SW Suite 114	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Committee Contribution

C.	Full Name (Last, First, Middle Initial) Arcuri For Congress	Transaction ID: 27142813 Date of Disbursement 01 / 17 / 2008
	Mailing Address P.O. Box 8508	Amount of Each Disbursement this Period 1204.20
	City Utica State NY Zip Code 13505	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Rep. Michael A. Arcuri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)	8704.20
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Michael A. Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27142915 Date of Disbursement 01 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 295.80</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 313 17th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61202</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Mr. Philip Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27141604 Date of Disbursement 01 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 123 West High Avenue</p> <p>City New Philadelphia State OH Zip Code 44663</p> <p>Purpose of Disbursement Candidate Contribution</p> <p>Candidate Name Rep. Zachary Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27141484 Date of Disbursement 01 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Candidate Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2295.80

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Richardson For Congress	Transaction ID: 27141554 Date of Disbursement 01 / 17 / 2008
	Mailing Address 1212 S Victory Blvd	Amount of Each Disbursement this Period 1000.00
	City Burbank State CA Zip Code 91502	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Laura Richardson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 37	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Steve Austria For Congress	Transaction ID: 27141884 Date of Disbursement 01 / 17 / 2008
	Mailing Address 2537 Obetz Dr	Amount of Each Disbursement this Period 2500.00
	City Beavercreek State OH Zip Code 45434	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Mr. Steve Austria	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 07	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 27169155 Date of Disbursement 01 / 23 / 2008
	Mailing Address 120 Maryland Avenue, N.E.	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	Committee Contribution

SUBTOTAL of Disbursements This Page (optional)	▶	18500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 27169170 Date of Disbursement 01 / 23 / 2008
	Mailing Address 3161 Dixie Highway Suite F	Amount of Each Disbursement this Period 1000.00
	City Erlanger State KY Zip Code 41018	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Rep. Geoffrey Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District: 04	Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress	Transaction ID: 27174976 Date of Disbursement 01 / 24 / 2008
	Mailing Address 3161 Dixie Highway Suite F	Amount of Each Disbursement this Period 1500.00
	City Erlanger State KY Zip Code 41018	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Rep. Geoffrey Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District: 04	Candidate Contribution

C.	Full Name (Last, First, Middle Initial) Chet Edwards For Congress	Transaction ID: 27175967 Date of Disbursement 01 / 25 / 2008
	Mailing Address PO Box 23273	Amount of Each Disbursement this Period -1000.00
	City Waco State TX Zip Code 76702	
	Purpose of Disbursement Void - Chet Edwards For Congress	011 Category/ Type
	Candidate Name Rep. Chet Edwards	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TX District: 17	Void - Chet Edwards For Congress

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Chet Edwards For Congress	Transaction ID: 27175968 Date of Disbursement
	Mailing Address PO Box 23273	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Waco State TX Zip Code 76702	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Chet Edwards	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Candidate Contribution
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Rob Wittman For Congress	Transaction ID: 27219350 Date of Disbursement
	Mailing Address PO Box 999	<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Montross State VA Zip Code 22520	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution	<input type="text" value="2000.00"/>
	Candidate Name Mr. Robert Wittman	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 01	Candidate Contribution
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Blue Dog PAC	Transaction ID: 27221747 Date of Disbursement
	Mailing Address 227 Massachusetts Avenue, N.E. Suite 101	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="5000.00"/>
	Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Committee Contribution
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Clay Jr. For Congress	Transaction ID: 27221740 Date of Disbursement 01 / 31 / 2008
	Mailing Address P.O. Box 4544 Suite 300	Amount of Each Disbursement this Period 4000.00
	City St. Louis State MO Zip Code 63108	
	Purpose of Disbursement Candidate Contribution	011 Category/ Type
	Candidate Name Rep. William Lacy Clay, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Candidate Contribution

B.	Full Name (Last, First, Middle Initial) Republican National Committee	Transaction ID: 27221744 Date of Disbursement 01 / 31 / 2008
	Mailing Address 310 First Street, S.E.	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Committee Contribution

C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 27221746 Date of Disbursement 01 / 31 / 2008
	Mailing Address 425 2nd Street, NE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Committee Contribution

SUBTOTAL of Disbursements This Page (optional)	34000.00
TOTAL This Period (last page this line number only)	123500.00