02/12/2008 13:43

Image# 28930584081

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously Alexandria ٧A 22314 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00024968 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2008 0 1 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dorothy Hitchmoth, O.D. Type or Print Name of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. 02 12 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Optometric Association Political Action Committee [®] D " D 0 1 0 1 2008 0 1 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 495385.22 2008 January 1 (b) Cash on Hand at 495385.22 Begining of Reporting Period 159573.66 159573.66 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 654958.88 654958.88 6(a) and 6(c) for Column B) 125067.86 125067.86 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 529891.02 529891.02 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

-ederal Election Commission 999 E street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

0 1 3^D1 м N 0 1 2008 м м 0 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 87290.00 87290.00 (i) Itemized (use Schedule A) 72254.81 72254.81 (ii) Unitemized (iii) TOTAL (add 159544.81 159544.81 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 159544.81 159544.81 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 28.85 28.85 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 159573.66 159573.66 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 159573.66 159573.66 (subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 1567.86 1567.86 Expenditures..... (c) Total Operating Expenditures 1567.86 1567.86 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 123500.00 123500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 125067.86 125067.86 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)

125067.86

125067.86

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	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

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any peng the name and address of any political committeen Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping Mailing Address 1801 Creekside C City Friendswood	State Zip Code TX 77546	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr Mitchell H Albers Mailing Address 1321 Prestwick P City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Mahtomedi FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date	Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Raymond W Cobb, Jr Mailing Address 3040 Co Hwy 42	500.00	Date of Receipt 0 1 0 2 2 0 0 8
City Hamilton FEC ID number of contributing federal political committee.	State Zip Code AL 35570	Transaction ID: 27042189 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Poli	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Brandy E Hicks			Date of Receipt
	Mailing Address 600 Fisher Creek Rd			01 02 7 2008
	City <u>S</u> ylva	State NC	Zip Code 28779-7707	Transaction ID: 27046767 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20173 1707	500.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr Daniel R Appleton, Jr Mailing Address 54 Country Club Way	1		Date of Receipt
		Ctata	7:- Oada	01 02 2008
	City Ipswich	State MA	Zip Code 01938-3003	Transaction ID: 27046770 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Dr Lynn Wittman			Date of Receipt
	Mailing Address 115 Aletha Road			01 02 7 7 7 7 7
	City Needham	State MA	Zip Code 02492-3931	Transaction ID: 27046771
	FEC ID number of contributing federal political committee.	C	02492-0931	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
t	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1000.00

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) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) Dr Jeffrey E Schultz Mailing Address 150 Jackson Drive		Date of Receipt
		01 04 2008
City Chagrin Falls	State Zip Code OH 44022-1500	Transaction ID: 27053485
Chagrin Falls FEC ID number of contributing federal political committee.	OH 44022-1500	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Anne Britton		Date of Receipt
Mailing Address 3333 Kerry Drive		01 03 2008
City	State Zip Code	Transaction ID: 27056887
Rapid City	SD 57702-9126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Michael W Schwartz	1	Date of Receipt
Mailing Address 5060 Williams Highwa	ay	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27056890
Grants Pass	OR 97527-8749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1165.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
•	Full Name (Last, First, Middle Initial) Dr Scott Warren Bennion			Date of Receipt
	Mailing Address 26542 235Th Se			01 07 4 4 9 9
	City	State	Zip Code	Transaction ID: 27091907
	Maple Valley	WA	98038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Dr William E Sterling, Jr	1		Date of Receipt
	Mailing Address 1540 Ariana Blvd.			01 08 7 2008
	City	State	Zip Code	Transaction ID: 27100931
	Auburndale	FL	33823-2001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	^{on} f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr Peter A Remillard			Date of Receipt
	Mailing Address 15 River View Court			01 08 7 2008
	City	State	Zip Code	Transaction ID: 27100935
	Cheshire	CT	06410-1245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1050.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 90 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action	Committee	
۷. ۲.	Full Name (Last, First, Middle Initial) Dr Randall Keith Corey			Date of Receipt
	Mailing Address 8404 N W Hawkins B	lvd		01 08 7 2008
	City Portland	State OR	Zip Code 97229-8494	Transaction ID: 27100936
	FEC ID number of contributing federal political committee.	C	37225-0434	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
– В.	Full Name (Last, First, Middle Initial) Dr Evan A Lowry Mailing Address 1101 Acorn Drive			Date of Receipt
	Mailing Address 1101 Acorn Drive			01 08 2008
	City	State	Zip Code	Transaction ID: 27100941
	Greensburg FEC ID number of contributing federal political committee.	PA C	15601-5323	Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
_ C.	Full Name (Last, First, Middle Initial) Dr George L Adams, III	1		Date of Receipt
	Mailing Address 400 Dickman Road			M M / D D / Y Y Y Y Y Y O N N N N N N N N N N N N N
	City	State	Zip Code	Transaction ID: 27100947
	San Antonio FEC ID number of contributing federal political committee.	C	78234-2604	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	1	1	1800.00
t	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 90 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Deanna Swafford Alexander Mailing Address 4127 Cedargate Dr City	State Zip Code	Date of Receipt 0 1 0 8 2 0 0 8 Transaction ID: 27100948
FEC ID number of contributing federal political committee.	CO 80526	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Dr Jay V Gallinger Mailing Address 150 Allen Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Onalaska FEC ID number of contributing federal political committee.	State Zip Code WA 98570	Transaction ID: 27100949 Amount of Each Receipt this Period 366.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date	
Primary General Other (specify) ▼	366.00]
Full Name (Last, First, Middle Initial) Dr Jeffrey Paul Hilovsky Mailing Address 445 Woodside Rd	'	Date of Receipt 0 1 0 9 2 0 0 8
City Millsboro	State Zip Code DE 19966	Transaction ID: 27102036 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation Doctor of Optometry	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	866.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 90 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Melvyn S Mazer Mailing Address 20 Dell Circle City Trumbull FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CT 06611 C Occupation Doctor of Optometry	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Philip Thomas Williams Mailing Address 21811 42Nd Drive City	Ne State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Arlington FEC ID number of contributing federal political committee.	WA 98223-7278 C	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Mark James Cinalli Mailing Address 229 Plantation Driv	ve	Date of Receipt 0 1 0 9 2 0 0 8
City Mineral Wells	State Zip Code WV 26150-9638	Transaction ID: 27102045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any person g the name and address of any political committee to a Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr David Wayne Harshberger		Date of Receipt
Mailing Address 652 N Main Street		01 09 2008
City	State Zip Code	Transaction ID: 27102046
N Martinsville	WV 26155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr Steven D Koch	I	Date of Receipt
Mailing Address 1204 Madison		01 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27102049
Wenatchee	WA 98801-1937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Monty Douglas Smick		Date of Receipt
Mailing Address 3817 S Custer		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27102053
Spokane	WA 99223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1350.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 14 / 90 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be so the name and address of a	old or used by any personny political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action Committ	tee	
Full Name (Last, First, Middle Initial) Dr Peter Charles Everett			Date of Receipt
Mailing Address P O Box 268			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip (Code	Transaction ID: 27102056
Rumford	ME 042	76-0268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of Optomo	etrv	
Receipt For:	Aggregate Year-to-D		7
Primary General Other (specify) ▼	Aggregate real to 2	250.00	
Full Name (Last, First, Middle Initial) Dr Linda T Cameron			Date of Receipt
Mailing Address 269 South Rumford	Road		01 09 2008
City	State Zip (Code	Transaction ID: 27102057
Rumford	ME 042	76-3012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of Optomo	etry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Teresa F Theobald			Date of Receipt
Mailing Address 4230 Ugstad Road			01 09 2008
City	State Zip (Code	Transaction ID: 27102061
Hermantown	MN 558	11-3649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of Optomo	etry	7
Receipt For:	Aggregate Year-to-D	Date ▼	
Primary General Other (specify) ▼	0 0 0	365.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any pers the name and address of any political committee t	
Full Name (Last, First, Middle Initial) Dr David Leslie Evans Mailing Address 112 Foxcrest Cove City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AR 72076-2681 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) Dr Eric Orava Mailing Address 641 - 41St St City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11232-3138 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1
Full Name (Last, First, Middle Initial) Dr William D Marks Mailing Address 15638 Indianhead L City Strongsville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44136 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M M O D D O D O D O D O D O D O D O D
SUBTOTAL of Receipts This Page (optional	l)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
	nd Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Robert A Turcios, Jr		Date of Receipt
Mailing Address 367 Marti Marie Dr		01 09 7 9 2008
City	State Zip Code	Transaction ID: 27108784
<u>Martinez</u>	CA 94553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Timothy P Kenkel	'	Date of Receipt
Mailing Address 6063 Countrymeac	dow	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27108795
Cincinnati	OH 45233-1787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Francis J Barnhart		Date of Receipt
Mailing Address 1394 East Montere	ey Dr	01 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27108805
Boise	ID 83706-5077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (option:		1115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 90 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Thomas Eugene Smith		Date of Receipt
Mailing Address 3806 East 150 N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27108806
Seymour	IN 47274	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Dirk Schrotenboer	I	Date of Receipt
Mailing Address 10729 Deer Ridge	Court	M M / D D / Y Y Y Y Y O S O S O S
City	State Zip Code	Transaction ID: 27108810
Zeeland	MI 49464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Thomas Edward Griffith	I	Date of Receipt
Mailing Address 70 Riverbend Blvd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St. Albans	State Zip Code WV 25177	Transaction ID: 27108818 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	al)	1115.00

SCHEDULE A (FEC Form 3X)

[7	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	Any information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Dr Richard A Frio Mailing Address 7646 Windsor Dr No			Date of Receipt
	City No Syracuse	State NY	Zip Code 13212	Transaction ID: 27113682 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed Receipt For: Primary Other (specify) ▼		f Optometry e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr James O Davis Mailing Address 812 Eagle Mountain E	Blvd		Date of Receipt 0 1 0 9 2 0 0 8
	City	State	Zip Code	Transaction ID: 27113688
	Batesville FEC ID number of contributing federal political committee.	AR	72501-4214	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General		f Optometry e Year-to-Date ▼	
_	Other (specify) ▼	0 0	250.00	_
; .	Full Name (Last, First, Middle Initial) Dr Thomas F Determan Mailing Address 728 E Country Club E	Orive		Date of Receipt 0 1 0 9 2 0 0 8
	City	State	Zip Code	Transaction ID: 27113700
	Yuma FEC ID number of contributing federal political committee.	C	85365	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
[;	SUBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate scheduler for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr J. Rick Davis Mailing Address 2721 Charleston Ct		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Claremont FEC ID number of contributing	State Zip Code NC 28610	Transaction ID: 27113701 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) General	Occupation Doctor of Optometry Aggregate Year-to-Date 250.0	00
Full Name (Last, First, Middle Initial) Dr Teresa A Erickson Mailing Address P O Box 1930		Date of Receipt M
City Milton	State Zip Code WA 98354-1930	Transaction ID: 27113712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.0	00
Full Name (Last, First, Middle Initial) Dr Gary D Crowell		Date of Receipt
Mailing Address 1291 N Highway Hv	vy 99W	01 09 7 7 7 7
City McMinnville	State Zip Code OR 97128-2720	Transaction ID: 27116048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00
SUBTOTAL of Receipts This Page (optional	n	1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 90 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any personne name and address of any political committee to solitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Steven Arthur Loomis		Date of Receipt
Mailing Address 40 Pin Oak Drive		01 09 2008
City	State Zip Code	Transaction ID: 27116049
Littleton	CO 80127-4327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Paul Anton Hodge		Date of Receipt
Mailing Address 3042 118Th Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27120073
Allegan	MI 49010-9555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Joseph J Grant		Date of Receipt
Mailing Address 13 Nixon Avenue		0 1 1 0 2 0 0 8
City Plymouth	State Zip Code MA 02360	Transaction ID: 27120076 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/90 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Charles R Pruden, Jr			Date of Receipt
Mailing Address 2007 Hermitage Rd			M M / D D / Y Y Y Y Y O D D / 2008
City Wilson	State NC	Zip Code 27893	Transaction ID: 27120079
FEC ID number of contributing federal political committee.	C	27093	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Robin Rinearson			Date of Receipt
Mailing Address 6223 Edgewater Dr			0 1 1 0 2 0 0 8
City	State	Zip Code	Transaction ID: 27120080
Falls Church FEC ID number of contributing federal political committee.	C	22041-1403	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupatio	n f Optometry	7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr John Christophe Jaeger			Date of Receipt
Mailing Address 1814 Parker Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Henderson	State NC	Zip Code 27536	Transaction ID: 27120081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27300	250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		750.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 90 (check only one) X 11a
or for comme	ion copied from such Reports and sercial purposes, other than using the F COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
America	an Optometric Association Pol	litical Action (Committee	
	e (Last, First, Middle Initial) S Rothman			Date of Receipt
Mailing A	ddress 5 Monterra Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 27120082
Rockvill	e	MD	20850	Amount of Each Receipt this Period
	umber of contributing olitical committee.	C		250.00
Name of I Self Emp	Employer loyed	Occupation Doctor of	n f Optometry	
Receipt F		Aggregate	Year-to-Date ▼	
	nary General er (specify) ▼		250.00	
	e (Last, First, Middle Initial)			Date of Receipt
	ddress 3510 Edgewood			0 1 1 0 2 0 0 8
City		State	Zip Code	Transaction ID: 27120083
<u>Amarillo</u>)	TX	79109-4036	Amount of Each Receipt this Period
	umber of contributing olitical committee.	C		250.00
Name of I Self Emp	Employer loyed	Occupation Doctor of	n f Optometry	
	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	e (Last, First, Middle Initial) E Pavano, III			Date of Receipt
Mailing A	ddress 440 Deercliff Road			01 10 YYYYY 2008
City		State	Zip Code	Transaction ID: 27120094
<u>Avon</u>		СТ	06001-2858	Amount of Each Receipt this Period
	umber of contributing plitical committee.	C		365.00
Name of I Self Emp	Employer loyed	Occupation Doctor of	n f Optometry	
Receipt F		Aggregate	Year-to-Date ▼	
	nary General er (specify) ▼		365.00	
				865.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 90 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			13 14 15 16 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
American Optometric Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr James A Boucher			Date of Receipt
Mailing Address 1050 Granito Drive P O Box 927			01 10 7 9 9 9
City	State	Zip Code	Transaction ID: 27120097
<u>Laramie</u>	WY	82070-0927	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	7 iggi ogaic	250.00	
Full Name (Last, First, Middle Initial) Dr Richard B Stender			Date of Receipt
Mailing Address Rt 2 Box 427			01 10 2008
City	State	Zip Code	Transaction ID: 27120099
New Martinsville	WV	26155-9453	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Ronald M Cline			Date of Receipt
Mailing Address 66 Indian Woods Wa	ıy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27120104
Canton	MA	02021-3581	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	35 5	1000.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 90 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Bethany Gipson Harrington		Date of Receipt
Mailing Address 147 East Seneca F	Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27120107
<u>Lumberton</u>	MS 39455	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Chad Dalton Lusk		Date of Receipt
Mailing Address 64514 Mountain G	01 10 2008	
City	State Zip Code	Transaction ID: 27120108
La Grand	OR 97850-5171	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr David E Alexander		Date of Receipt
Mailing Address 606 Collett Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27120109
Morganton	NC 28655-3743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	al)	1115.00

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) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full)			
American Optometric Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Lynn D Stromness			Date of Receipt
Mailing Address 13127 So Charing Way	/		0 1 1 0 2 0 0 8
City	State	Zip Code	Transaction ID: 27120115
Riverton	UT	84065-2202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation	n f Optometry	
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate	300.00	
Full Name (Last, First, Middle Initial)			Date of Descript
Dr Thomas F Determan Mailing Address 728 E Country Club Dri	ivo		Date of Receipt
			01 10 2008
City	State	Zip Code	Transaction ID: 27120116
Yuma	AZ	85365	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr Shannon L Steinhauser			Date of Receipt
Mailing Address 501 W Port Royale Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27124547
Phoenix	AZ	85023-5272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	• •		1550.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16				
Any information copied from such Repor or for commercial purposes, other than to	rts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) American Optometric Associati	on Political Action Committee					
Full Name (Last, First, Middle Initial) Dr James D Sargent, Jr		Date of Receipt				
Mailing Address 7489 Marylbour						
City	State Zip Code	Transaction ID: 27124685				
West Jordan	UT 84084	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr Stephen Brent Clark		Date of Receipt				
	Mailing Address 10 Trenton Street					
City	State Zip Code	0 1 1 1 2 0 0 8 Transaction ID: 27125666				
Chattanooga	TN 37415	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr James Andrew Fitch	I	Date of Receipt				
Mailing Address 18101 W Costle	ey Road	0 1 1 1 2 0 0 8				
City	State Zip Code	Transaction ID: 27125670				
<u>Amarillo</u>	TX 79119-7826	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	500.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (op	tional)	1000.00				

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 90 (check only one) X 11a
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane name and ad	ly not be sold or used by any pers ldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Gerald D Furnari			Date of Receipt
	Mailing Address 948 North Krome Ave	enue		01 11 2008
	City	State	Zip Code	Transaction ID: 27126615
	Homestead	FL	33030-4409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
— В.	Full Name (Last, First, Middle Initial) Dr David Samuel Davis			Date of Receipt
	Mailing Address 4762 Marnell Drive			01 11 2008
	City	State	Zip Code	Transaction ID: 27126619
	Las Vegas	NV	89121-6940	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
_ С.	Full Name (Last, First, Middle Initial) Dr Melvin M Gehrig, Jr			Date of Receipt
	Mailing Address 3208 Cyprien Lane			M M / D D / Y Y Y Y Y Y Y Y 1 1 1 2 0 0 8
	City	State	Zip Code	Transaction ID: 27126623
	Lake Charles	LA	70605-2253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
	SUBTOTAL of Receipts This Page (optional)		I	1065.00
	TOTAL This Period (last page this line number		<u> </u>	

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Pol	litical Action	Committee	
Full Name (Last, First, Middle Initial) Dr James C C Bigham			Date of Receipt
Mailing Address 1202 W Buena Vista	Ste 107		01 11 2008
City	State	Zip Code	Transaction ID: 27126626
<u>Evansville</u>	IN	47710-5185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00]
Full Name (Last, First, Middle Initial) Dr Travis L Kinderknecht			Date of Receipt
Mailing Address P O Box 143 125 Garfield St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27126637
Quinter FEC ID number of contributing federal political committee.	C	67752-0143	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr Mark Joseph Roy, III			Date of Receipt
Mailing Address 2198 Highway 20			01 11 2008
City Vacherie	State LA	Zip Code 70090-5473	Transaction ID: 27126639 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional) .			980.00

SCHEDULE A (FEC Form 3X)

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any pers e name and address of any political committee to litical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr James A Stephens Mailing Address 1404 Rachel Lane City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code FL 32308-7723 C Occupation Doctor of Optometry Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 27126644 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Dr Scott M Walters Mailing Address 1025 Nw Regent Driv City Grants Pass FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	e State Zip Code OR 97526-0075 C Occupation Doctor of Optometry Aggregate Year-to-Date 475.00	Date of Receipt M M D D 2008 Transaction ID: 27126646 Amount of Each Receipt this Period 475.00
Full Name (Last, First, Middle Initial) Dr Peter Charles Dubin Mailing Address 3397 Charleston High City Walterboro FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code SC 29488 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1340.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 90 (check only one) X
NAME OF COMM				on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Debarah Ann W	First, Middle Initial) allace 3397 Charleston Highwa	av		Date of Receipt
City Walterboro		State SC	Zip Code 29488	Transaction ID: 27126993 Amount of Each Receipt this Period
FEC ID number o		C	20100	250.00
Name of Employed Self Employed Receipt For: Primary Other (spec	General		Optometry Year-to-Date 250.00	
Full Name (Last, I Dr James Monroe Mailing Address				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 27127013
Conway FEC ID number o federal political co		SC	29526-3624	Amount of Each Receipt this Period 500.00
Name of Employed Self Employed	,	Occupation	n Optometry	
Receipt For: Primary Other (spec	General (fy) ▼	٠	Year-to-Date ▼ 500.00	
Full Name (Last, I Dr James D Sande	•			Date of Receipt
	219 Blue Bush Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oakdale		State LA	Zip Code 71463-4911	Transaction ID: 27127015
FEC ID number o federal political co		C	71403-4911	Amount of Each Receipt this Period 365.00
Name of Employed Self Employed	ſ	Occupation Doctor of	n Optometry	
Receipt For: Primary Other (spec	General (fy) ▼		Year-to-Date ▼ 365.00	
SUBTOTAL of Rec	eipts This Page (optional)			1115.00

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) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Political	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Gail J Bass Mailing Address 10800 F Cactus Rd #6	0.5		Date of Receipt
Mailing Address 10800 E Cactus Rd #6	05		01 11 2008
City	State	Zip Code	Transaction ID: 27127022
Scottsdale	AZ	85259-2507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Richard Cornett	ļ		Date of Receipt
Mailing Address Ohio Optometric Assn. 250 E Wilson-Bridge R			0 1 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: 27128567
Worthington	OH	43085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ohio Optometric Associati- on, Inc.	Occupation State Ex		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr J. D Miller, Jr			Date of Receipt
Mailing Address P O Box 1293			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27135216
Eunice	LA	70535	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Ty J Miller		Date of Receipt
Mailing Address 225 Ertle Avenue N	le	01 15 2008
City	State Zip Code	Transaction ID: 27135224
Massillon	OH 44646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Travis P LaFayette		Date of Receipt
Mailing Address 28273 Se Highway	224	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27135228
Eagle Creek	OR 97022-9721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr John Michael Burke	l	Date of Receipt
Mailing Address 253 Orchard Park I	Or	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27135230
Advance	NC 27006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
		865.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Warren Stephen Johnson Mailing Address 4586 Barfield Rd			Date of Receipt
City Memphis FEC ID number of contributing	State TN	Zip Code 38117-2414	Transaction ID: 27135231 Amount of Each Receipt this Period
Name of Employer Self Employed		f Optometry	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr William P Beeaker Mailing Address 461 Upper St			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27135237
Turner	ME	04282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer Self Employed		f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Fred H Mothershed	'		Date of Receipt
Mailing Address 3019 Bentwood			0 1 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: 27141493
Tupelo	MS	38804-9780	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed		f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional))		1400.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summary	of the
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold or used the name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Randy E Waddell		Date of Receipt
Mailing Address P O Box 725		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27141496
Greybull	WY 82426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		365.00
Full Name (Last, First, Middle Initial) Dr Brian J Ballard	I	Date of Receipt
Mailing Address 4445 Country Club	Ct	0 1 1 5 2 0 0 8
City	State Zip Code	Transaction ID: 27141498
Riverton	WY 82501-1430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Dr Glenn Morgan Cochran		Date of Receipt
Mailing Address 103 Patton Place P O Box 690		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27141499
Quitman	MS 39355-2649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2	250.00
		865.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Politics	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Mary Rita Sheehy			Date of Receipt
Mailing Address 2 Cleveland Drive			M M / D D / Y Y Y Y Y Y Y 15 2008
City	State	Zip Code	Transaction ID: 27141510
Poughkeepsie	NY	12601-6002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	1
Receipt For:	. '	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Dr Pierre J Anctil	1		Date of Receipt
Mailing Address 1021 N Hancock Avenu	ue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27141526
Colorado Spgs	CO	80903-2757	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Todd G Slusser			Date of Receipt
Mailing Address 31 W 500 S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27141536
Rupert	ID	83350-8607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			1030.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any perso e name and address of any political committee to litical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Matthew R Waner Mailing Address 1651 New Bern Stree City Newport FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NC 28570 C Occupation Doctor of Optometry Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr David S Mora Mailing Address 1818 Fremont City Laredo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 78043 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Desiree Tyer Hopping Mailing Address 1801 Creekside Dr City Friendswood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 77546 C Occupation Doctor of Optometry Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		1865.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 90 (check only one) X
or 1	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
۱.	Full Name (Last, First, Middle Initial) Dr Ronald Ray Foreman Mailing Address - 700 Cur Main Blad St	- 101		Date of Receipt
	Mailing Address 763 Sw Main Blvd, St			01 18 2008
	City Lake City	State FL	Zip Code 32025-5794	Transaction ID: 27169224 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Jerry L Mc Combs Mailing Address 800 Magnolia Street			Date of Receipt
				01 18 2008
	City Teague	State TX	Zip Code 75860	Transaction ID: 27169227 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10000	250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Paul Alan Seibert			Date of Receipt
	Mailing Address 295 200Th Ave			0 1 1 8 2 0 0 8
	City	State	Zip Code	Transaction ID: 27169234
	<u>Fairmont</u>	MN	56031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional) .			1000.00

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)			
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) American Optometric Association F		•	COLOR CONTRIBUTION CONTRIBUTION			
Full Name (Last, First, Middle Initial) Dr Eric Halperin			Date of Receipt			
· · · · · · · · · · · · · · · · · · ·	·					
City Tillamook	State OR	Zip Code 97141-9356	Transaction ID: 27171603 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	500.00			
Name of Employer Self Employed	Occupation Doctor of	n f Optometry				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr Richard E Dowdell			Date of Receipt			
Mailing Address 2965 Heath Road			01 23 YYYYY			
City	State GA	Zip Code	Transaction ID: 27171604			
Macon FEC ID number of contributing federal political committee.	C	31206-5268	Amount of Each Receipt this Period 365.00			
Name of Employer Self Employed	Occupation Doctor of	n f Optometry				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00				
Full Name (Last, First, Middle Initial) Dr Frederick E Bodenhamer			Date of Receipt			
Mailing Address 409 Virginia Trail	01 23 2008					
City	State	Zip Code	Transaction ID: 27171606			
Jefferson City FEC ID number of contributing federal political committee.	MO C	65109-6840	Amount of Each Receipt this Period 500.00			
Name of Employer Self Employed	Occupation Doctor of	n f Optometry				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00				
SUBTOTAL of Receipts This Page (optional			1365.00			

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) X 11a 11b 11c 12 13 14 15 16			
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association Po	d Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Dr Kyle Edward Brost		Date of Receipt			
Mailing Address 3508 Pheasant Cove	9	01 23 7 2008			
City	State Zip Code	Transaction ID: 27171608			
Cape Girardeau FEC ID number of contributing federal political committee.	MO 63701	Amount of Each Receipt this Period 365.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00				
Full Name (Last, First, Middle Initial) Dr Lawrence Lefland		Date of Receipt			
Mailing Address 260 Millbrook Road	M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	City State Zip Code				
North Haven	CT 06473-4336	Transaction ID: 27172735 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr Edward Melman	- I	Date of Receipt			
Mailing Address 425 Barby Lane	01 23 2008				
City	State Zip Code	Transaction ID: 27172739			
Cherry Hill	NJ 08003	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	350.00			
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00				
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	965.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Larry C Wallis Mailing Address 20 Kentshire Court		Date of Receipt
City	State Zip Code	7 Transaction ID: 27172740
Greenville FEC ID number of contributing federal political committee.	DE 19807-2583	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Chris H Cooper	500.00	Date of Receipt
Mailing Address West Tennessee Ey 2070 Whitney Aven City	State Zip Code	0 1 2 3 2 0 0 8 Transaction ID: 27172744
Memphis FEC ID number of contributing federal political committee.	TN 38127-9014	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr David K Talley		Date of Receipt
Mailing Address 1698 Brookside Dri	ve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Germantown</u>	State Zip Code TN 38138-2531	Transaction ID: 27172745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	1)	1115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	nd Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr Tad Robert Kosanovich Mailing Address 322 Sunset Road City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y		
Osprey FEC ID number of contributing federal political committee.	FL 34229-9207	Amount of Each Receipt this Period 365.00		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 365.00			
Full Name (Last, First, Middle Initial) Dr Steven R Landreth Mailing Address 1655 Mc Farland B				
City	0 1 2 3 2 0 0 8 Transaction ID: 27172747			
Tuscaloosa	AL 35406-2212	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr Fred E Goldberg		Date of Receipt		
Mailing Address 6924 Butternut Ct	Mailing Address 6924 Butternut Ct			
City	State Zip Code VA 22101-1506	Transaction ID: 27172749		
McLean FEC ID number of contributing federal political committee.	VA 22101-1506	Amount of Each Receipt this Period 500.00		
Name of Employer Self Employed	Occupation Doctor of Optometry			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional	1	1115.00		

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any person name and address of any political committee to slitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Brian E Linde Mailing Address 4518 Hilline City Billings FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MT 59106 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M M 23 23 2008 Transaction ID: 27172752 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr Jeanette Jezick Mailing Address 4 Lynch Rd City Lebanon FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CT 06249-2712 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 3 2 0 0 8 Transaction ID: 27172820 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr David B Gaudreau Mailing Address 71 R I Line Road City Putnam FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CT 06260 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1000.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 90 (check only one) X
NA	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Optometric Association Poli			on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr_	Il Name (Last, First, Middle Initial) Robert W Anderson, Jr illing Address 1004 Brentwood Dr	State	Zip Code	Date of Receipt 0 1 2 3 2 0 0 8 Transaction ID: 27172828
FE	fkin C ID number of contributing leral political committee.	C	75901	Amount of Each Receipt this Period 365.00
	me of Employer If Employed ceipt For: Primary General Other (specify)		n f Optometry e Year-to-Date ▼ 365.00	
<u>Dr</u>	Il Name (Last, First, Middle Initial) Mark E Snyder illing Address 116 Wheeler Road			Date of Receipt 0 1 2 3 2 0 0 8
Cit	y arstons Mills	State MA	Zip Code 02648	Transaction ID: 27172829
FE	C ID number of contributing leral political committee.	C	02040	Amount of Each Receipt this Period 250.00
Na Se	me of Employer If Employed	Occupation Doctor of	n f Optometry	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
. Dr	ll Name (Last, First, Middle Initial) James L Boccuzzi	1		Date of Receipt
	iling Address 689 Mansfield City Rd	01 23 7 2008		
Cit <u>;</u>	y orrs Mansfield	State CT	Zip Code 06268-2728	Transaction ID: 27172833 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C		1000.00
Na Se	me of Employer If Employed	Occupation Doctor of	n f Optometry	
Re	ceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUB	FOTAL of Receipts This Page (optional)	1		1615.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 90 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Karin E Meng			Date of Receipt
	Mailing Address 12555 La Cresta Dr	01 23 2008		
	City	State	Zip Code	Transaction ID: 27172840
	Los Altos Hills	CA	94022-2510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr Jeffrey Mark Palmer	1		Date of Receipt
	Mailing Address 70 Viola Drive	01 23 7 2008		
	City	State	Zip Code	Transaction ID: 27172841
	East Hampton	<u>CT</u>	06424-1686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		300.00	
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Dr Jeffery James Dutch	Date of Receipt		
	Mailing Address 16 Cottage St	01 23 7 2008		
	City	State	Zip Code	Transaction ID: 27172849
	Belfast	<u>ME</u>	04915-6747	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)			1300.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 90 (check only one) X 11a
A	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr Daniel Dawson Coyle Mailing Address 106 Dacs Lane City Summerville FEC ID number of contributing federal political committee. Name of Employer	State SC	Zip Code 29483-4000	Date of Receipt O 1
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor o	f Optometry e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Avery Thomas Jones Mailing Address 1386 S 38Th Street			Date of Receipt 0 1 2 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 27176072
	Grand Forks FEC ID number of contributing federal political committee.	C	58201-3708	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
 :.	Full Name (Last, First, Middle Initial) Dr James Morse			Date of Receipt
•	Mailing Address Po Box 106			0 1 2 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 27176077
	Middle Granville	NY	12849-0106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
\[\frac{1}{2}\]	SUBTOTAL of Receipts This Page (optional) .			865.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma ne name and ad	ly not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Daniel D Bishop			Date of Receipt
	Mailing Address 4125 Rivercrest Drive	e No		01 23 7 2008
	City Keizer	State OR	Zip Code 97303-5910	Transaction ID: 27176081
	FEC ID number of contributing federal political committee.	C	97303-3910	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr Charles George Beier Mailing Address 4816 Sw West Hills D)r		Date of Receipt
		01 23 2008		
	City Topeka	State KS	Zip Code 66606	Transaction ID: 27176083 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	365.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ C.	Full Name (Last, First, Middle Initial) Dr Larry J Lewis			Date of Receipt
	Mailing Address 1249 Hidden Valley L	.n		01 23 2008
	City	State OK	Zip Code	Transaction ID: 27176084
	Choctaw FEC ID number of contributing federal political committee.	C	73020-7131	Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
				1165.00

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) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pole			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert Lee Lofton Mailing Address 1560 Nw 19 St City Homestead FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 33030 Optometry Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Clay Owen Reber Mailing Address 1010 West Kiowa City Hobbs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	- · ·	Zip Code 88240-1146 Optometry Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 3 2 0 0 8 Transaction ID: 27176093 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr Michele A Donovan Mailing Address 1440 Harbor Mist Cou City Charleston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State SC C Occupation Doctor of	Zip Code 29492 Optometry Year-to-Date ▼ 500.00	Date of Receipt M M M 23 23 2008 Transaction ID: 27176105 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) .			1300.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 90 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may he name and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Po	olitical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Henry B Ford			Date of Receipt
Mailing Address 110 Stanley Drive			01 23 7 2008
City	State	Zip Code	Transaction ID: 27176106
Galax	VA	24333-2215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	7
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr Joseph W Myers	- 1		Date of Receipt
Mailing Address 511 5Th St			01 23 2008
City	State	Zip Code	Transaction ID: 27176115
Moundsville	WV	26041-1901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr Marilyn Myers			Date of Receipt
Mailing Address 801 Wheeling Avenu	ie		01 23 7 9 9 9
City	State	Zip Code	Transaction ID: 27176116
Glen Dale	WV	26038-1644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page and Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 49 / 90 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	ing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Donald J Higgins Mailing Address 5 Belgravia Terra		Date of Receipt
		01 28 2008
City	State Zip Code CT 06032-1550	Transaction ID: 27199322
Farmington FEC ID number of contributing federal political committee.	CT 06032-1550	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr William C Coffee		Date of Receipt
Mailing Address 1801 Sammy Cir	cle	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27201251
Hope FEC ID number of contributing federal political committee.	AR 71801	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Barbara C Manion		Date of Receipt
Mailing Address 11 Briar Oak Driv	/e	01 24 2008
City Weston	State Zip Code CT 06883-2707	Transaction ID: 27201252 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	onal)	1000.00

[7	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	District the second	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Politics American Optometric Association	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr George A Lever Mailing Address 501 North Ohio Street			Date of Receipt O 1 D 2 4 O 2 8
	City	State	Zip Code	Transaction ID: 27201258
	Salem FEC ID number of contributing federal political committee.	C	62881	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		f Optometry e Year-to-Date ▼ 500.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr James P Busche Mailing Address 2 W Wilmert Lake Dr			Date of Receipt 0 1 2 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27201262
	<u>Fairmont</u>	MN	56031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	, ·	f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Andrew G Cook, Jr Mailing Address P O Box 304			Date of Receipt O 1
	City	State	Zip Code	Transaction ID: 27201263
	Garner FEC ID number of contributing federal political committee.	NC C	27529-0304	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 51 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	g the name and address of any political committee to a Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr John D Edwards Mailing Address P O Box 1397		Date of Receipt 0 1 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 27201266
Elk City	OK 73648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr H. Frank Storey		Date of Receipt
Mailing Address P O Box 372		01 24 2008
City	State Zip Code	Transaction ID: 27201273
Stayton	OR 97383	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Michelle L Spittler		Date of Receipt
Mailing Address 4125 Shorebrook [Or	0 1 2 5 Y Y Y Y Y
City <u>Columbia</u>	State Zip Code SC 29206-2127	Transaction ID: 27201293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	al)	1250.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Erik D Christianson			Date of Receipt
Mailing Address 364 Edmond St			01 25 2008
City	State	Zip Code	Transaction ID: 27201295
Ketchikan FEC ID number of contributing federal political committee.	C	99901	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	7
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Alan Kyle Bugg			Date of Receipt
Mailing Address 1022 S Miles Avenue	е		01 25 2008
City Union City	State TN	Zip Code	Transaction ID: 27201322
FEC ID number of contributing federal political committee.	C	38261-5432	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For: Primary General Other (specify) ▼	·	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Christopher Barry			Date of Receipt
Mailing Address 910 N 32Nd Street			01 29 2008
City Renton	State WA	Zip Code 98056-2131	Transaction ID: 27205925 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30030-2131	2000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	'	e Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)			2750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 90 (check only one) X 11a
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Dr Robert Neal Williams, Jr Mailing Address 1109 Links Road		Date of Receipt
City	State Zip Code	01 29 2008
Myrtle Beach	SC 29575-5808	Transaction ID: 27218886 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Jack Sol Mermelstein		Date of Receipt
Mailing Address 38-63 D'Auria Drive	3	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27218887
Fair Lawn	NJ 07410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Michael Brian Watters		Date of Receipt
Mailing Address 5 Oakridge Drive		01 29 2008
City	State Zip Code	Transaction ID: 27218914
Shawnee	OK 74804-3309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 90 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> \ .	Full Name (Last, First, Middle Initial) Dr Arthur R Dampier Mailing Address 300 Holly Hills Rd #1	152		Date of Receipt 0 1
	City	State	Zip Code	Transaction ID: 27218920
	Columbus FEC ID number of contributing	MS	39705-1221	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr Sheilah S Titus	- C+		Date of Receipt
	Mailing Address 2520 Greens Landing) Cī		01 29 2008
	City	State	Zip Code	Transaction ID: 27218922
	Cameron Park FEC ID number of contributing federal political committee.	CA	95682-8639	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr Genevieve K Corrigan			Date of Receipt
	Mailing Address 2351 4Th Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27218923
	Sacramento FEC ID number of contributing	CA	95818-3111	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Samantha K Caggiano			Date of Receipt
Mailing Address 28273 SE Hwy 224			01 29 2008
City	State	Zip Code	Transaction ID: 27218924
Eagle Creek	OR	97022-9721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	. '	Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr Paul B Snowden	<u> </u>		Date of Receipt
Mailing Address 9313 Sw 28Th			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27218925
Oklahoma City	OK	73128-3235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Maria Inez Diaz	l		Date of Receipt
Mailing Address 92 Edward St			01 29 7 2008
City	State	Zip Code	Transaction ID: 27218927
East Haven	СТ	06512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56/90 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F		•	
Full Name (Last, First, Middle Initial) Dr Scott M Buckingham			Date of Receipt
Mailing Address 2627 Odyssey Lane)		M M / D D / Y Y Y Y Y O N O N O N O N O N O N O N O
City Midland	State MI	Zip Code 48642-3789	Transaction ID: 27218931
FEC ID number of contributing federal political committee.	C	40042-3709	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Robert F Brooks			Date of Receipt
Mailing Address 452 Bluebird Dr			01 29 2008
City Russell	State KY	Zip Code 41169-1570	Transaction ID: 27218933
FEC ID number of contributing federal political committee.	C	41109-1370	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
Receipt For: Primary General Other (specify) ▼	_ , '	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Reginald H Jones			Date of Receipt
Mailing Address 71 Cottage Circle			01 29 2008
City	State	Zip Code	Transaction ID: 27218935
West Leranon FEC ID number of contributing federal political committee.	C	03784	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	l		980.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 90 (check only one) X
Any information copied from such Reports are for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Optometric Association I		
Full Name (Last, First, Middle Initial) Dr Denise E Smith		Date of Receipt
Mailing Address 1430 Red Bud Trai	Unit 8	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27218937
Austin	TX 78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Steven Allen Degroff		Date of Receipt
Mailing Address 7592 N 300 E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27218938
<u>Decatur</u>	IN 46733-9448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Neil W Kemp		Date of Receipt
Mailing Address 20 N Pond Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27218946
Cheshire	CT 06410-1246	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
		865.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 90 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Stephen Mark Wilkes		Date of Receipt
Mailing Address 2002 Merrimac Ti	rail	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27218947
Garland	TX 75043-1235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Steven E Eriksen		Date of Receipt
Mailing Address 4518 164Th Cour	t Ne	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27218951
Redmond	WA 98052-5454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Ann Marie Hoscheit	I	Date of Receipt
Mailing Address 600 Spanish Oak	Court	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27218952
Gastonia	NC 28054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	nal)	1115.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P	d Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert Keith Caudelle		Date of Receipt
Mailing Address 396 Grooms Road		01 29 2008
City	State Zip Code	Transaction ID: 27218953
<u>Fayetteville</u>	GA 30215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Gregory L Garner		Date of Receipt
Mailing Address 2550 E 400 S		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27218956
<u>Wabash</u>	IN 46992	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Willard E Marionneaux, Jr		Date of Receipt
Mailing Address 3002 Holly Street		01 29 7 2008
City Winnsboro	State Zip Code LA 71295	Transaction ID: 27218957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional) >	865.00

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 90 (check only one) X 11a
Any information copied for for commercial purpo	from such Reports and Statements ses, other than using the name and	may not be sold or used by any persol address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMIT American Optom	TEE (In Full) etric Association Political Action	on Committee	
Full Name (Last, Firs	st, Middle Initial)		Data of Pagaint
Dr Bruce R Wojciecho Mailing Address 1	7974 Ridge Lake Drive		Date of Receipt 0 1 2 9 2 0 0 8
City	State	zip Code	Transaction ID: 27218962
Lake Oswego	OR	97034	Amount of Each Receipt this Period
FEC ID number of co federal political comm	5		365.00
Name of Employer Self Employed	Occup Docto	ation r of Optometry	
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 365.00	
Full Name (Last, Firs			Date of Receipt
Mailing Address E			01 29 2008
City	State	Zip Code	Transaction ID: 27218964
<u>Spokane</u>	WA	99223	Amount of Each Receipt this Period
FEC ID number of co federal political comm			250.00
Name of Employer Self Employed	Occup Docto	ation r of Optometry	
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 250.00	
Full Name (Last, First Dr Mark A Michael	st, Middle Initial)		Date of Receipt
Mailing Address 63	304 W Richardson		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pasco	State WA	Zip Code 99301-1911	Transaction ID: 27218965 Amount of Each Receipt this Period
FEC ID number of co federal political comm			500.00
Name of Employer Self Employed	Occup Docto	ation r of Optometry	7
Receipt For: Primary Other (specify)	General Aggre	gate Year-to-Date ▼ 500.00	
SUBTOTAL of Receip	ts This Page (optional)		1115.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Polir Full Name (Last, First, Middle Initial)	name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		_
Dr Marc A Hudson Mailing Address 460 Silver Oaks Dr		Date of Receipt
City	State Zip Code	0 1 2 9 2 0 0 8 Transaction ID: 27218967
Harrisonburg	VA 22801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Lisa S Howard		Date of Receipt
Mailing Address 147 Glenstone Circle		0 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27218969
<u>Harrogate</u>	TN 37752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Thomas Gerard Cunningham		Date of Receipt
Mailing Address 2 Ray'S Drive		01 29 2008
City	State Zip Code	Transaction ID: 27218971
Onsted	MI 49265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr William Donner Mizelle		Date of Receipt
Mailing Address 102 N Lemans City	State Zip Code	0 1 2 9 2 0 0 8 Transaction ID: 27218972
Lafayette	LA 70503-4028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Joseph C Beattie		Date of Receipt
Mailing Address 12433 Sw Orchard H		01 29 7 2008
City	State Zip Code	Transaction ID: 27219151
Lake Oswego	OR 97035-1143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr James Mathew Hutchins		Date of Receipt
Mailing Address 101 S Shore Drive		01 29 7 2008
City	State Zip Code	Transaction ID: 27219160
Sleepy Eye FEC ID number of contributing federal political committee.	MN 56085-1327	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	365.00	
SUBTOTAL of Receipts This Page (optional)	_	1095.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 90 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association I		•	
Full Name (Last, First, Middle Initial) Dr Jonathan J Schorn			Date of Receipt
Mailing Address 10766 Amherst Wa	ay		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Inver Grove Height	State MN	Zip Code 55077-5477	Transaction ID: 27219169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Mark Richard Wolmer	I		Date of Receipt
Mailing Address 25 Falls Rd			01 29 YYYYY
City	State CT	Zip Code	Transaction ID: 27219181
Roxbury FEC ID number of contributing federal political committee.	C	06783	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr William Thomas Doty			Date of Receipt
Mailing Address 85 Main St			01 29 2008
City	State	Zip Code	Transaction ID: 27219182
Ridgefield	CT	06877-4900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		199.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 349.00	
SUBTOTAL of Receipts This Page (optional			1064.00

[7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	any information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Dr Gerald P Lubert			Date of Receipt
	Mailing Address 10620 Kincer Farms	Dr		01 29 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Knoxville	State TN	Zip Code 37922	Transaction ID: 27219186 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0,022	250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr Barry A Winston Mailing Address 586 Arrowhead Trail			Date of Receipt 0 1 2 9 2 0 0 8
	City	State	Zip Code	Transaction ID: 27219188
	Knoxville FEC ID number of contributing federal political committee.	C	37919	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr Jerry M Winston Mailing Address 8417 Highlark Lane			Date of Receipt 0 1 2 9 2 0 0 8
	City	State	Zip Code	Transaction ID: 27219189
	Knoxville FEC ID number of contributing federal political committee.	C	37923-6746	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any person dress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Thomas William Dawson			Date of Receipt
Mailing Address 528 Sw 1St Court			01 29 2008
City	State	Zip Code	Transaction ID: 27219193
Crystal River	FL	34429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	, '	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00]
Full Name (Last, First, Middle Initial) Dr Denise Quinton Shepard	<u> </u>		Date of Receipt
Mailing Address 331 Mason Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27219194
Ringgold	GA	30736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Mark E German	1		Date of Receipt
Mailing Address 5804 W Lake Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27219254
West Bend	WI	53095-8448	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			800.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 90 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Optometric Associatio	and Statements may not be sold or used by any persing the name and address of any political committee to Political Action Committee	oon for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert Edward Edge Mailing Address 124 Vine Ave City Jackson FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code AL 36545-3020 C Occupation Doctor of Optometry Aggregate Year-to-Date	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Donna Buraczewski Mailing Address 901 Main Street	250.00	Date of Receipt
City Simpson FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code PA 18407-1911 C Occupation Doctor of Optometry Aggregate Year-to-Date	Transaction ID: 27219261 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Michael Caplan Mailing Address 11469 Bronzedal	250.00	Date of Receipt 0 1
City Oakton FEC ID number of contributing federal political committee.	State Zip Code VA 22124	Transaction ID: 27219265 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	750.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 90 (check only one) X 11a
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) American Optometric Association	rts and Statements may not be sold or used by any pusing the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Anne F Meccariello Mailing Address 9415 Onion Pa	tch Drive	Date of Receipt
City Burke	State Zip Code VA 22015	0 1 2 9 2 0 0 8 Transaction ID: 27219266 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Ally Stoeger Mailing Address 5413 Mt Green	wich Court	Date of Receipt 0 1 2 9 2 0 0 8
City	State Zip Code	Transaction ID: 27219267
Burke FEC ID number of contributing federal political committee.	VA 22015-2148	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Sean R Claflin		Date of Receipt
Mailing Address 613 Floral Ave		0 1 2 9 2 0 0 8
City	State Zip Code	Transaction ID: 27219268
Canon City FEC ID number of contributing federal political committee.	CO 81212-5025	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (o	otional)	1000.00

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) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Dennis E Mathews			Date of Receipt
Mailing Address 1320 Carr Avenue			01 29 2008
City Memphis	State TN	Zip Code 38104-4500	Transaction ID: 27219278 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30104-4300	365.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Wayne M Hudson			Date of Receipt
Mailing Address 124 N 4Th Street			01 29 2008
City Douglas	State WY	Zip Code 82633-2402	Transaction ID: 27219283
FEC ID number of contributing federal political committee.	C	02033-2402	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For: Primary General Other (specify) ▼	<u>'</u>	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Sarah A Vandermark			Date of Receipt
Mailing Address 7135 Royal Oakland	d Drive		01 31 2008
City Indianapolis	State IN	Zip Code 46236-9151	Transaction ID: 27231109
FEC ID number of contributing federal political committee.	C	40230-9131	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona			980.00

				_
,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 90
	TEMIZED RECEIPTS	for each category of the		(check only one)
	I EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_			, ,	13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Christopher L Agro			Date of Receipt
	Mailing Address 6 Cartier Rd			01 31 2008
	City	State	Zip Code	Transaction ID: 27231110
	Enfield	CT	06082-2506	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:		e Year-to-Date ▼	_
	Primary General	riggrogate		1
	Other (specify) ▼	0 0	2000.00	
- В.	Full Name (Last, First, Middle Initial) Dr Rod L Rallo			Date of Receipt
	Mailing Address 1483 Sable Wing Circle)		01 31 7 2008
	City	State	Zip Code	Transaction ID: 27231111
	Louisville	KY	40223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1.55.15		1
	Other (specify) ▼	0 0	500.00	
с. С.	Full Name (Last, First, Middle Initial) Dr George B Symonds			Date of Receipt
	Mailing Address 162 View Ridge Drive			0 1 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27231114
	Port Angeles	WA	98362-9579	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			2750.00
L				-

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 90 (check only one) X 11a
NAME OF (n copied from such Reports and S ial purposes, other than using the COMMITTEE (In Full) Optometric Association Poli			on for the purpose of soliciting contributions a solicit contributions from such committee.
Mailing Add City Woodbrid FEC ID nun	ge hber of contributing ical committee.	State CT C		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For Prima Other	: ry General (specify) ▼		f Optometry • Year-to-Date ▼ 500.00]
Dr Jay Carte	Last, First, Middle Initial) r Johnston, II ress 1709 Chickasha Circle	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Edmond FEC ID nun federal politi	nber of contributing ical committee.	ОК	73013-7700	Amount of Each Receipt this Period 500.00
Name of En Self Employ Receipt For Prima Other			n f Optometry e Year-to-Date ▼ 500.00	
Dr Donald B	Last, First, Middle Initial) Bogue ress 217 Trailwood Circle			Date of Receipt 0 1
	nber of contributing	State TX	Zip Code 75904-4372	Transaction ID: 27231146 Amount of Each Receipt this Period 365.00
Name of En Self Employ	nployer red	Occupatio	n f Optometry	
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL o	of Receipts This Page (optional)			1365.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Dwight L Avery		Date of Receipt
Mailing Address 138 Pine Trail		01 31 2008
City	State Zip Code	Transaction ID: 27231148
London	KY 40744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Jerry Samuel Hardison		Date of Receipt
Mailing Address 6 Scarsdale Road		0 1 3 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27231281
West Hartford	CT 06107-3338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Jerry L Leopold		Date of Receipt
Mailing Address 1009 Heatherwood	d Place	01 DD / YYYY 2008
City Mcpherson	State Zip Code KS 67460	Transaction ID: 27231283 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1250.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 90 (check only one) X
or for commercial purp	oses, other than using the name a	and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Find Dr James L Boccuzz Mailing Address City Storrs Mansfield	89 Mansfield City Rd	ate Zip Code T 06268-2728	Date of Receipt M M
FEC ID number of dederal political com	mittee. Occ	upation ctor of Optometry	1000.00
Receipt For: Primary Other (specify	General) ▼	gregate Year-to-Date ▼ 2000.00]
Full Name (Last, Find Dr Harald Vaher Mailing Address	st, Middle Initial) 148 Huntsmoor Dr		Date of Receipt 0 1 3 0 2 0 0 8
City Gastonia FEC ID number of offederal political com	notributing No	ate Zip Code C 28054-7205	Transaction ID: 27231289 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary Other (specify	Doc Agg General	cupation ctor of Optometry gregate Year-to-Date ▼ 500.00	
Full Name (Last, Fi	st, Middle Initial)		Date of Receipt 0 1
City Odessa FEC ID number of of federal political com	contributing T	ate Zip Code K 79762-6964	Transaction ID: 27231291 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occ	upation ctor of Optometry	
Receipt For: Primary Other (specify	General	gregate Year-to-Date ▼ 250.00	
SUBTOTAL of Recei	ots This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X)

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 90 (check only one) X
or for	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Optometric Association Po	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
M. <u>Di</u>	ull Name (Last, First, Middle Initial) r David R Holliday ailing Address 21 Sand Piper Place	0.1		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity eckley	State WV	Zip Code 25801	Transaction ID: 27231294
FE	EC ID number of contributing deral political committee.	C	23001	Amount of Each Receipt this Period 500.00
	ame of Employer elf Employed eceipt For: Primary General Other (specify)		f Optometry e Year-to-Date ▼ 500.00	
B. <u>D</u>	ull Name (Last, First, Middle Initial) r Dallas C Wilkinson lailing Address P O Box 144			Date of Receipt 0 1 3 0 2 0 0 8
Ci	ity	State	Zip Code	Transaction ID: 27231295
<u>P</u>	ringle	SD	57773-0144	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		365.00
Na Se	ame of Employer elf Employed	Occupation Doctor o	n f Optometry	
Re	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
	ull Name (Last, First, Middle Initial) r Ronald R Ferrucci			Date of Receipt
M	ailing Address 5 Leah Lane			0 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity	State	Zip Code	Transaction ID: 27231297
_	<u>lilford</u>	MA	01757	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na Se	ame of Employer elf Employed	Occupation Doctor o	n f Optometry	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUB	BTOTAL of Receipts This Page (optional)			1365.00

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 90 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action	Committee	
, <u>, </u>	Full Name (Last, First, Middle Initial) Dr Nathaniel D Robinson			Date of Receipt
	Mailing Address Rr 1 Box 1276			01 30 2008
	City	State	Zip Code	Transaction ID: 27231299
	Huntington	TX	75949-9717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
_	Full Name (Last, First, Middle Initial) Dr Paul A Henriksen			Date of Receipt
	Mailing Address 907 5Th Ave Se			01 30 7 2008
	City	State	Zip Code	Transaction ID: 27231301
	Pipestone	MN	56164-1715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	365.00	
	Full Name (Last, First, Middle Initial) Dr Stephen Harold Spencer			Date of Receipt
	Mailing Address 1998 W 12Th Ln			0 1 3 0 Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27231304
	Yuma	AZ	85364	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		365.00	
	SUBTOTAL of Receipts This Page (optional)	1		1095.00

ments may not be sold or used by any personne and address of any political committee to sal Action Committee State Zip Code SC 29625-5861 C Occupation Doctor of Optometry Aggregate Year-to-Date 365.00	Date of Receipt Date of Receipt Date of Rec
SC 29625-5861 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Transaction ID: 27231307 Amount of Each Receipt this Period 365.00
Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
	Date of Receipt
State Zip Code SC 29307	Transaction ID: 27231308 Amount of Each Receipt this Period 365.00
Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	
State Zip Code SC 29307	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	365.00
	SC 29307 C C Coccupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00 State Zip Code SC 29307 C C Coccupation Doctor of Optometry Aggregate Year-to-Date ▼

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 90 (check only one) X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol			on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr Larry M Scheele Mailing Address 290 Idle Lake Ct			Date of Receipt 0 1 3 0 2 0 0 8
	City Sumter	State SC	Zip Code 29150	Transaction ID: 27231311
	FEC ID number of contributing federal political committee.	C	29130	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n f Optometry e Year-to-Date ▼	
_ 3.	Full Name (Last, First, Middle Initial) Dr Fred Wallace Mailing Address 208 Eastwood Drive			Date of Receipt
	City	State	Zip Code	0 1 3 0 2 0 0 8 Transaction ID: 27231312
	<u>Homewood</u>	AL	35209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Dr Stacie R Nichols			Date of Receipt
	Mailing Address P O Box 372			0 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27231314
	Davenport FEC ID number of contributing federal political committee.	C	99122	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1	\	1115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 90 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Rosemary F Detmer-Stone		Date of Receipt
Mailing Address 216 Ne 17Th Ave		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27231319
Hillsboro	OR 97124-3409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00]
Full Name (Last, First, Middle Initial) Dr Margaret Placen Johnston		Date of Receipt
Mailing Address 7405 Old Dominion	n Dr	01 30 7 9 9 9
City	State Zip Code	Transaction ID: 27231321
Mc Lean	VA 22101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	600.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) Dr B. Faye Andrews	I	Date of Receipt
Mailing Address 201 Holt Cir		01 30 7 7 7 7 7
City	State Zip Code	Transaction ID: 27231324
<u>Hayden</u>	AL 35079-5736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options		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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any persone name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr William Lee Whitaker Mailing Address 1000 Honeysuckle Receipt For: Primary Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Robert L Moore Mailing Address 3619 Shamley Drive City Tuscaloosa FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AL 35406 C Occupation Doctor of Optometry Aggregate Year-to-Date 360.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Henry Azrikan Mailing Address 1150 East 21St Stree City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11210 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1110.00 87290.00

TOTAL This Period (last page this line number only)

В.

C.

SCHEDULE B (FEC Form 3X)		LEODLINE	NUMBER. DAGE 70 / 00
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee		
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: 27239555 Date of Disbursement
Mailing Address PO Box 790251			0 1 D D Z Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	MO 63179	-	668.88
Bank of America Fee 01/02/2008 Candidate Name		001 Category/ Type	
Senate President	ment For: Primary General Other (specify)		Bank of America Fee 01/02- /2008
State: District: Full Name (Last, First, Middle Initial)			
Bank of America			Transaction ID: 27239556 Date of Disbursement
Mailing Address PO Box 790251			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix}$
City St. Louis	State Zip Code MO 63179		Amount of Each Disbursement this Period
Purpose of Disbursement Bank of America Fee 01/02/2008		001	0.01
Candidate Name		001 Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		Bank of America Fee 01/02- /2008
State: District:			
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: 27243921 Date of Disbursement
Mailing Address PO Box 790251			$\begin{bmatrix}\begin{smallmatrix}M&1&M\\0&1&\end{smallmatrix}\end{bmatrix} \ \begin{bmatrix}\begin{smallmatrix}D&0&D\\0&2&\end{smallmatrix}\end{bmatrix} \ \begin{bmatrix}\begin{smallmatrix}Y&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&$
City St. Louis	State Zip Code MO 63179		Amount of Each Disbursement this Period
Purpose of Disbursement Discover Service Fee 01/02/2008		001	15.80
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	71: -	Discover Service Fee 01/0- 2/2008
State: District:	· · · · · · ·		
SURTOTAL of Dishursements This Page (ontional)			684.69

TOTAL This Period (last page this line number only)

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)					UMBE	R:			PA	GE	80 / 9	90
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page		X	21b 27		one) 22 28a		23 28b	ш	24 28c	П	25 29	26
Any Information copied from such Reports and Stateme					y perso		the pu		e of s	oliciti	ng co		utions	
or for commercial purposes, other than using the name	and addres	ss of any political	com	nmi	ittee to	solic	it contr	ibuti	ons fr	om s	uch c	omn	nittee	
NAME OF COMMITTEE (In Full)	A													
American Optometric Association Political	Action Co	mmittee												
Full Name (Last, First, Middle Initial) Bank of America							Trans Date of					60		
Mailing Address PO Box 790251							0 ^M 1	М	DC	7	/ Y	ž	οŏε	3 Y
,	State MO	Zip Code 63179					Amou	nt of	Each	Disk	ourse	ment	this F	Period
Purpose of Disbursement American Express Fee 01/07/2008			Г	00)1		L.					1	159.9	3
Candidate Name			Ca		gory/									
Office Sought: House Disburser Senate President	nent For: Primary Other (spe	General cify) ▼					Ameri 7/200	can 8	Ехрі	ress	Fee	01/	0-	
State: District:														
Full Name (Last, First, Middle Initial) Wachovia Federal							Trans Date of	of Di	-	emer			* \/ *	V
Mailing Address 1650 Tyson Blvd.							0 ^M 1	М	1	0	/ L	ž	ο ὁ ε	3 1
•	State VA	Zip Code 22102					Amou	nt of	Each	Disk	ourse			-
Purpose of Disbursement Wachovia Fed Bank Fee 1/10/08				00	01				-	•	-	. 6	85.8	5
Candidate Name				ate Ty	gory/ pe									
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spe	General cify) ▼					Wach 0/08	ovia	a Fed	l Bar	nk Fo	ee 1,	/1-	
Full Name (Last, First, Middle Initial) Bank of America							Trans Date of					10		
Mailing Address PO Box 790251							0 ^M 1	М	□ 1	6	/ Y	ž	οŏε	3 Y
	State MO	Zip Code 63179					Amou	nt of	Each	Disk	ourse	ment		-
Purpose of Disbursement Bank of America Fee 01/16/2008				00	_		L.		•		•		37.3	9
Candidate Name					gory/ pe									
Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spe	General cify) ▼					Bank /2008		meri	ca F	ee C	1/16	6-	
SUBTOTAL of Disbursements This Page (optional)					•			•	•	•	•	8	83.1	7
TOTAL This Period (last page this line number only).						•		-			•	-	67.8	

3 (HEDULE	B (FEC Form	3X)	Use sep	arate schedule(s)			INE NUMBER: PAGE 81 / 90
ITE	EMIZED DI	SBURSEMEN	ITS	for each	category of the Summary Page		21k	only one) 22
								on for the purpose of soliciting contributions o solicit contributions from such committee
\	NAME OF COM	·						
	, .	First, Middle Initial) Re-Elect Artur Da	vis To Cor	ngress				Transaction ID: 27098368 Date of Disbursement
	Mailing Address	PO Box 1845						011 09 7 2008
	City Birmingham			State AL	Zip Code 35201			Amount of Each Disbursement this Peri
	Purpose of Disbu Candidate Contri	bution					011	1500.00
	Candidate Name Rep. Artur Dav	/is				ı	ategory/ Type	
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (sp	2008 General ecify) ▼			Candidate Contribution
	•	District: 07 First, Middle Initial) Re-Elect Artur Da	vis To Cor	ngress				Transaction ID: 27098405 Date of Disbursement
	Mailing Address	PO Box 1845						01 09 7 2008
	 City Birmingham			State AL	Zip Code 35201			Amount of Each Disbursement this Peri
	Purpose of Disbu			· · <u>-</u>			011	3500.00
	Candidate Name Rep. Artur Dav		Category Type					
	Office Sought: State: AL	X House Senate President District: 07	Disburse	ment For: Primary Other (sp	2008 X General ecify) \blacktriangledown			Candidate Contribution
		First, Middle Initial) Congress	_					Transaction ID: 27134735 Date of Disbursement
	Mailing Address	1395C Main St	reet					01
	City Crete			State IL	Zip Code 60417			Amount of Each Disbursement this Peri
	Purpose of Disbu Candidate Contri						011	5000.00
	Candidate Name Deborah Halvo	orson				ı	ategory/ Type	
	Office Sought:	χ House		ment For: Primary	2008 General			Candidate Contribution
		Senate President		Other (sp				

Detailed Summary Page	SCHEDULE B (FEC FO	· US	e separate schedule(each category of the	S) (check	NE NUMBER: PAGE 82 / 90 only one)
r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee Mailing Address 607 14th Street N.W. Suite 800 City State Zip Code Washington DC 20005 Purpose of Disbursement Candidate Name Rep. John D. Dingell District: 15 Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 7905 Mallcolm Road Suite 102 City State Zip Code Candidate Name Rep. Disbursement For: 2008 Mailing Address 7905 Mallcolm Road Suite 102 City State Zip Code Disbursement Candidate Contribution Candidate Name Rep. Disbursement For: 2008 MD 20735 Purpose of Disbursement Candidate Contribution Transaction ID: 27141417 Date of Disbursement MD 27141417 Date of Disbursement Candidate Contribution Transaction ID: 27141417 Date of Disbursement Disbursement For: 2008 Amount of Each Disbursement Tible President State: MD District: 05 Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code Middle Contribution Mailing Address 5915 Eastman Ave. Suite 100 Candidate Contribution Candidate Co		De	tailed Summary Page	21b 27	28a 28b 28c 29
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee Mailing Address 607 14th Street N.W. Suite 800 City					
John D. Dingell For Congress Committee Mailing Address 607 14th Street N.W. Suite 800 City State Zip Code DC 20005 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Name Rep. John D. Dingell Office Sought: X House Senate President State: MI District: 15 Full Name (Last, First, Middle Initial) Hoyer For Congress 7905 Malcolm Road Suite 102 City State Zip Code MD 20735 Full Name (Last, First, Middle Initial) Purpose of Disbursement Candidate Contribution Candidate Name Rep. Steny H. Hoyer Office Sought: X House Senate President State: MD District: 05 Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code MI Ageneral Candidate Contribution Candidate Contribution Candidate Contribution Candidate Same Rep. Disbursement For: 2008 X Primary General Candidate Contribution Candidate Contribution Candidate Contribution Candidate Same President State: MD District: 05 Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code MI 48640 MI 48640 Category/ Type Candidate Contribution Candidat	NAME OF COMMITTEE (In Full)			
Mailing Address Suite 800	•	*			
Washington Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Name Rep. John D. Dingell Office Sought: Verifice Sught: Verifice Sught: Verifice Sought: Verifice Sought: Verifice Sught: Verifice Sought: Verification State Sought State State State Sought State Stat		Street N.W.			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Candidate Contribution Candidate Name Rep. John D. Dingell Office Sought:					Amount of Each Disbursement this Peri
Cardidate Name Rep. John D. Dingell Office Sought: X House				011	1000.00
Senate President State: MI District: 15 Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 7905 Malcolm Road Suite 102 City State Zip Code (Clinton MD 20735 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Name Rep. Steny H. Hoyer Office Sought: X House President State X Primary General Disbursement City State Zip Code (Clinton MD 20735 Amount of Each Disbursement this P (Candidate Contribution Type) Candidate Name Rep. Steny H. Hoyer Office Sought: X House President State: MD District: 05 Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code MI 48640 Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Disbursement For: 2008 City State Zip Code MI 48640 Purpose of Disbursement Candidate Contribution				Category/	
Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 7905 Malcolm Road Suite 102 City State Zip Code MD 20735 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Steny H. Hoyer Office Sought: X House Senate President Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code (Seneral Other (specify)) ▼ Transaction ID: 27141417 Date of Disbursement ID: 27141417 Date of Disbursement ID: 27142653 Date of Disbursement Candidate Contribution Transaction ID: 27142653 Date of Disbursement Office Sought: X House State Zip Code Mill 48640 Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Senate President Disbursement For: 2008 Senate President Disbursement Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Name Rep. David Lee Camp Other (specify) ▼ Candidate Contribution Candidate	Senate President	X Prim	nary Genera	I	Candidate Contribution
Hoyer For Congress Mailing Address 7905 Malcolm Road Suite 102 City State Zip Code Clinton MD 20735 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Steny H. Hoyer Office Sought: X House President President Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code MD 20735 Amount of Each Disbursement this P Candidate Contribution Candidate Name Rep. Steny H. Hoyer Other (specify) ▼ Transaction ID: 27142653 Date of Disbursement MI 2 2 0 0 8 Amount of Each Disbursement this P Candidate Contribution Candidate Contribution Transaction ID: 27142653 Date of Disbursement MI 2 0 0 1 1		±:-1)			
City State Zip Code MID 20735 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Steny H. Hoyer Office Sought: X House Senate President President State: MD District: 05 Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code MI 48640 Purpose of Disbursement Candidate Name Rep. Disbursement Candidate Contribution City State Zip Code MI 48640 Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Senate President Primary General Category/ Type Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Senate President Primary General Candidate Contribution Candidate Name Rep. David Lee Camp Other (specify) ▼ Candidate Contribution Candidate Contribution Candidate Name Rep. David Lee Camp Other (specify) ▼ Candidate Contribution Candidate Contribution Candidate Name Rep. David Lee Camp Other (specify) ▼ Candidate Contribution Candidate Contribution	•	tiai)			
Clinton MD 20735 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Steny H. Hoyer Office Sought: X House Senate President State: MD District: 05 Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code Midland MI 48640 Purpose of Disbursement Candidate Contribution Candidate Contribution Transaction ID: 27142653 Date of Disbursement 0 1 1 2 2 0 0 8 Amount of Each Disbursement this P 1000.00 Amount of Each Disbursement this P 1000.00 Category/ Type Office Sought: X House Senate President Office Sought: X House Senate President Other (specify) ▼ Candidate Contribution	Mailing Address 7905 Malo	colm Road Suite 102	2		0117772008
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Steny H. Hoyer Office Sought:					Amount of Each Disbursement this Peri
Candidate Name Rep. Steny H. Hoyer Office Sought: X House Senate President State: MD District: 05 Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code Midland MI 48640 Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Disbursement For: 2008 Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Disbursement For: 2008 X Primary General Candidate Contribution Candidate Contribution Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Disbursement For: 2008 X Primary General Candidate Contribution	Purpose of Disbursement			011	1000.00
Senate President Other (specify) ▼ State: MD District: 05 Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code Midland MI 48640 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Senate President X Primary General Candidate Contribution				Category/	
Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008 Mailing Address 5915 Eastman Ave. Suite 100 City State Zip Code Midland MI 48640 Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Senate President Disbursement For: 2008 Senate Primary General Other (specify) Candidate Name General Other (specify)	Senate President	X Prim	nary Genera	1	Candidate Contribution
City State Zip Code Midland MI 48640 Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Senate President President State Zip Code MI 48640 1000.00 Category/ Type Category/ Type Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution	Full Name (Last, First, Middle Ini				
Midland Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify) Type Candidate Contribution	Mailing Address 5915 East	man Ave. Suite 10	0		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Candidate Contribution Candidate Name Rep. David Lee Camp Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) Category/ Type Candidate Contribution Candidate Contribution					Amount of Each Disbursement this Peri
Rep. David Lee Camp Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify)	Candidate Contribution			011	1000.00
Senate					
State: MI District: 04	Senate	X Prim	nary Genera	. I	Candidate Contribution
	State: MI District: 04				

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:		PA	GE 8	33 / 9	0
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only		23	24		25	26
Any Information copied from such Reports and State	monto mou not be cold or used by	27	28a	28b	28c		29	30b
or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full)								
American Optometric Association Politica	I Action Committee							
Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Con	mmittee		Transaction Date of Dis	sburser	ment	14		
Mailing Address 430 S. Capitol Street, S	E.		01	^D 1	7 Y	ž o	8 0	Y
City Washington	State Zip Code DC 20003		Amount of	Each [Disburse	ment t	his P	eriod
Purpose of Disbursement						1500	0.00)
Committee Contribution Candidate Name		011 Category/						
Candidate Name		Type						
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		Committe	e Con	ntributio	n		
Full Name (Last, First, Middle Initial)			Transaction	on ID: 3	271416	03		
Kirk For Congress			Date of Dis	sburser	ment			
Mailing Address P.O. Box 8			01	1	7 / Y	ž o	8 0	Y
City Winnetka	State Zip Code IL 60093		Amount of	Each [Disburse			-
Purpose of Disbursement Candidate Contribution		011		•		100	00.00)
Candidate Name Rep. Mark Steven Kirk	C	Category/ Type						
	ement For: 2008 Primary General Other (specify)		Candidate	e Cont	ributior	1		
Full Name (Last, First, Middle Initial)			Transaction	on ID: 2	271418	22		
National Republican Congressional Comr	nittee		Date of Dis	sburser	ment			
Mailing Address 320 First Street, S.E			01	1	^D / Y	ž o	8 0	Y
City Washington	State Zip Code DC 20003		Amount of	Each [Disburse	ment t	his P	eriod
Purpose of Disbursement		• •				1500	0.00)
Committee Contribution Candidate Name		011 Category/ Type						
Office Sought: House Disburs	ement For: Primary General Other (specify)	71:-	Committe	e Con	ntributio	n		
oraro. District.								
SUBTOTAL of Disbursements This Page (optional)		······ <u>}</u>				3100	0.00)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)

		00110000	T0		arate schedule(s)		(c	heck or	lly one)							
IT	EMIZED DI	SBURSEMEN	115		category of the Summary Page		Ė	21b 27	22 28a	Х	23 28b	$\mathbf{\square}$	24 28c	_	25 29	
		ed from such Reports														
$\overline{}$	NAME OF COMI	<u> </u>														
\rangle	American Opto	ometric Associatio	n Political	Action Co	mmittee											
<u>′ </u>	•	First, Middle Initial)									ion ID		-	4		
	Friends Of Joe	PITTS							M	М	isburs	ement	I Y	Υ	Υ .	Υ
	Mailing Address	PO Box 775							0 1			7	L	2 0	8 Ó	_
	City Unionville			State PA	Zip Code 19375				Amo	unt c	f Each	Disbu	ursen	nent t	his Pe	erio
	Purpose of Disbu													100	0.00)
	Candidate Contri					C	01 ate	gory/								
	Rep. Joseph F		Levis		0000		Тур	ре	-							
	Office Sought:	X House Senate President		ment For: Primary Other (spe	2008 General				Cano	dida	te Cor	ntribu	ıtion			
	State: PA	District: 16														
	Wynn For Con	First, Middle Initial) gress							_		ion ID isburs			1		
	Mailing Address	P.O. Box 3913	9						0 ^M 1	М	/ D	7	Y	ž 0	8 0	Υ
	City Washington			State DC	Zip Code 20016				Amo	unt c	f Each	Disbu	ursen	nent t	his Pe	erio
	Purpose of Disbu Candidate Contri					Г	01	1						500	0.00	
	Candidate Name Rep. Albert Ru						_	gory/								
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2008 X General ecify) ▼				Cano	dida	te Coi	ntribu	ıtion			
	State: MD	District: 04 First, Middle Initial)							T		ID	071	4454			
	Tim Ryan For	. ,							Date	of D	ion ID isburs	ement				
	Mailing Address	1600 Roosevel Suite 804	t Avenue						0 ^M 1	М	/ D	7	Ľ	2 0	8 0	_
	City Niles			State OH	Zip Code 44446				Amo	unt c	f Each	Disbu	ursen	nent t	his Pe	erio
	Purpose of Disbu					Г	01	1		_				50	0.00	
	Candidate Name Rep. Timothy						_	gory/								
	Office Sought:	X House Senate President		ment For: Primary Other (spe	2008 General		٠ ٢١		Cano	dida	te Cor	ntribu	ıtion			
	State: OH	District: 17			•											
											-		-		0.00	-

SCHEDULE B (FEC Form 3X)

	CHEDOLE B (I LO I OHII 3X)	Use separate schedule(s)			R LINE I eck only				ı	1 AC	iE 85 /	30
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ì	21b 27	22 28a	X	23 28b	<u> </u>	24 28c	25 29	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Optometric Association Politica	e and address of any political										
V	American Optometric Association i ontica	Action Committee										
	Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Greater American Mailing Address 1341 G Street NW	ica				Trans Date o		sburse			8 200	8 ^Y
	Suite 200	01-1- 7 '- 0-1-				_	. ,		D: 1			<u> </u>
	City Washington	State Zip Code DC 20005				Amou	nt of	Each	Disbi	ursem	ent this	Period
	Purpose of Disbursement Committee Contribution Candidate Name		Ca	D11	ory/						2500.	00
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		уре	3	Comn	nitte	e Co	ntribı	ution		
	Full Name (Last, First, Middle Initial) BRIDGE PAC					Trans Date o		sburse		_	6 2 0 0	o Y
	Mailing Address 499 South Capitol St., SW Suite 114							<u></u>	1		200	0
	City Washington	State Zip Code DC 20003				Amou	nt of	Each	Disbu	ursem	ent this	
	Purpose of Disbursement Committee Contribution))11							5000.	00	
	Candidate Name Category/											
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)				Comn	nitte	e Co	ntribi	ution		
	Full Name (Last, First, Middle Initial) Arcuri For Congress					Trans Date	of Di	sburse	ement		3	
	Mailing Address P.O. Box 8508						M /	1	7 7	Y	žoŏ	8 ^Y
	City Utica	State Zip Code NY 13505				Amou	nt of	Each	Disbu	ırsem	ent this	Period
	Purpose of Disbursement Candidate Contribution	(011		Ц.	_	•			1204.	20	
	Candidate Name Rep. Michael A. Arcuri				ory/							
	Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)		уре		Candi	date	e Cor	ntribu	tion		
Г	2.55					_	-				8704.2	

	CHEDULE B (FEC Form 3X)		Use separate schedule(s)			FOR LINE NUMBER: PAGE 86 / 90 (check only one)								
		SBURSEMEN		Detailed	category of the Summary Page		21b 27	22 28a		2	24 28c	25 29		26 30
		ed from such Reports poses, other than usi												
`	NAME OF COMM American Opto	MITTEE (In Full) ometric Associatio	n Political	Action Co	mmittee									
	Full Name (Last, Arcuri For Con	First, Middle Initial) gress							nsaction IE	sement	-			
Ī	Mailing Address P.O. Box 8508						O	1 D	17	Y	200	8 [*]		
	City Utica			State NY	Zip Code 13505			Amo	ount of Eac	h Disbu	ursem	ent this	Perio	od
(Purpose of Disbu Candidate Contrib						011					295.8	80	
	Candidate Name Rep. Michael <i>A</i>	A. Arcuri					ategory/ Type							
	Office Sought: State: NY	X House Senate President District: 24	Disburse	ment For: Primary Other (spe	2008 X General ecify) ▼			Can	didate Co	ntribu	tion			
	Full Name (Last, Friends Of Phi	First, Middle Initial) I Hare	•					_	nsaction II e of Disburs	sement		4		
Ī	Mailing Address	313 17th Stree P.O. Box 4183	t					O	1 M / D	1 7 [/]	Y	žoŏ	8 ^Y	
	City Rock Island			State IL	Zip Code 61202			Amo	ount of Eac	h Disbu	ursem	ent this	Perio	bc
	Purpose of Disbu Candidate Contrib						011				0	1000.0	00	
	Candidate Name Cate					ategory/ Type								
	Office Sought: State: IL	X House Senate President District: 17		ment For: Primary Other (spe	2008 General			Can	didate Co	ntribu	tion			
	Full Name (Last, First, Middle Initial) Zack Space For Congress Committee					1	nsaction IE e of Disburs			4				
Ī	Mailing Address 123 West High Avenue						0	1 M / D	1 7 [/]	Y	žoŏ	8 ^Y		
	City New Philadelpl	nia		State OH	Zip Code 44663			Amo	ount of Eac	h Disbu	ursem	ent this	Perio	bc
	Purpose of Disbu Candidate Contrib						011					1000.0	00	
	Candidate Name Rep. Zachary Space						ategory/ Type							
	Office Sought: State: OH	X House Senate President District: 18		ment For: Primary Other (spe	2008 General			Can	didate Co	ntribu	tion			
su	BTOTAL of Disk	oursements This Page	e (optional) .				▶					2295.8	30	_
	TAL This Device	(last page this line n	umbor only)											

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			E NUMBER:		PAGE	87 / 9	90
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check or 21b 27			24 28c	25 29	26 30l
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam								
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NAME OF COMMITTEE (In Full)	e and address of any political	COIII	millee to s	Solicit Continbutio	115 110111 50	JCTT COTTIII	iiilee	
\rangle	American Optometric Association Political	Action Committee							
٩.	Full Name (Last, First, Middle Initial) Richardson For Congress				Transactio Date of Dis	bursemen			
	Mailing Address 1212 S Victory Blvd				01	17	Ž Ž	0 Ď 8	Y
	Burbank	State Zip Code CA 91502			Amount of	Each Disb			
	Purpose of Disbursement Candidate Contribution			011				0.000	0
	Candidate Name Laura Richardson			ategory/ Type					
	Senate X President	ement For: 2008 Primary General Other (specify)			Candidate	Contribu	ution		
	State: CA District: 37 Full Name (Last, First, Middle Initial)								
В.	Steve Austria For Congress				Transactio Date of Dis	bursemen	t	V .	V
	Mailing Address 2537 Obetz Dr				0 1 1	17	´	0 0 8	
	City Beavercreek	State Zip Code OH 45434			Amount of	Each Disb	ursemen	t this F	eriod
	Purpose of Disbursement Candidate Contribution			011			2	500.0	0
	Candidate Name Mr. Steve Austria			ategory/ Type					
	-	ement For: 2008 Primary General Other (specify)			Candidate	Contribu	ution		
 C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	ee			Transactio Date of Dis				
	Mailing Address 120 Maryland Avenu, N.I			01 /	23	/ Y 2	0 0 8	Y	
	City Washington	State Zip Code DC 20002			Amount of	Each Disb			-
	Purpose of Disbursement Committee Contribution			011			150	0.000	0
	Candidate Name			ategory/ Type					
	Senate President	ement For: Primary General Other (specify)			Committee	e Contrib	ution		
Г	State: District:						105	:00 0	<u> </u>
s	UBTOTAL of Disbursements This Page (optional)			···· <u></u>			185	00.00	J
т	OTAL This Period (last page this line number only)			▶					

Detailed Summary Page	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	(check on	<u> </u>
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code Erlanger KY 41018 Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address Olisbursement Candidate Contribution Cardidate Name Rep. Geoffrey Davis State: KY District: 04 Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code KY 41018 Transaction ID: 27174976 Date of Disbursement this Per Candidate Contribution Candidate State: KY District: 04 Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 70 Box 23273 City State Xip District: 04 Full Name (Last, First, Middle Initial) Caredidate Name Rep. Geoffrey Davis Office Sought: X House President State: KY District: 04 Full Name (Last, First, Middle Initial) Caredidate Contribution Candidate Name Rep. Geoffrey Davis Mailing Address PO Box 23273 City State Zip Code Type Transaction ID: 27175967 Date of Disbursement this Per Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Transaction ID: 27175967 Date of Disbursement this Per Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Transaction ID: 27175967 Date of Disbursement this Per Chet Edwards For Congress Mailing Address PO Box 23273 City State Zip Code Type			27	
Ammerican Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code Erlanger KY 41018 Purpose of Disbursement Candidate Name Rep. Geoffrey Davis Office Sought: X House President State: KY District: 04 Full Name (Last, First, Middle Initial) Candidate Contribution Office Sought: X House President State: KY District: 04 Full Name (Last, First, Middle Initial) Candidate Contribution Office Sought: X House President State: KY District: 04 Full Name (Last, First, Middle Initial) Candidate Contribution Office Sought: X House President State: KY District: 04 Full Name (Last, First, Middle Initial) Candidate Contribution Office Sought: X House Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Candidate Contribution Office Sought: X House President State: KY District: 04 Full Name (Last, First, Middle Initial) Candidate Name Rep. Geoffrey Davis Office Sought: X House President State: KY District: 04 Full Name (Last, First, Middle Initial) Chet Edwards For Congress Mailing Address PO Box 23273 City State Zip Code TX 76702 Purpose of Disbursement Candidate Contribution Office Sought: X House Senate President TX 76702 Purpose of Disbursement Category/ Type Office Sought: X House Senate President TX 76702 Purpose of Disbursement Category/ Type Office Sought: X House Senate President TX 76702 Purpose of Disbursement Category/ Type Office Sought: X House Senate President TX 76702 Purpose of Disbursement Void - Chet Edwards For Congress Office Sought: X House President Type Office Sought: X House Presiden				
Mailing Address 3161 Dixie Highway Suite F	` '	Action Committee		
City Suite F City State Zip Code KY 41018 Purpose of Disbursement Candidate Name Rep. Geoffrey Davis City State: KY District: 04 Full Name (Last, First, Middle Initial) Candidate Contribution Candidate Contribution City State: KY 41018 Transaction ID: 27174976 Date of Disbursement City State: KY 41018 City State Zip Code KY 41018 Furpose of Disbursement Candidate Contribution				Date of Disbursement
Erlanger KY 41018 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Office Sought:				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ D & O & 0 \end{smallmatrix} $
Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought:				Amount of Each Disbursement this Peri
Candidate Name Rep. Geoffrey Davis Office Sought:			011	1000.00
Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code Erlanger KY 41018 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House President Senate Name Rep. Geoffrey Davis City State Zip Code Reneral Other (specify) ▼ Candidate Contribution Candidate Name Rep. Geoffrey Davis City State Zip Code TX 76702 Purpose of Disbursement City State Zip Code TX 76702 Purpose of Disbursement City State Zip Code TX 76702 Purpose of Disbursement City State Zip Code TX 76702 Purpose of Disbursement Code TX 76702 Purpose of Disbursement Candidate Name Rep. Chet Edwards For Congress Condidate Name Rep. Chet Edwards Code TX 76702 Purpose of Disbursement Candidate Name Rep. Chet Edwards Code TX 76702 Purpose of Disbursement Candidate Name Rep. Chet Edwards For Congress Condidate Name Rep. Chet Edwards Code TX 76702 Purpose of Disbursement Calegory/ Type Code TX 76702 Purpose of Disbursement Calegory/ Type Code TX 76702 Purpose of Disbursement Code TX 76702 Purpose of Disbursement To: 2008 Code TX 76702 Purpose of Disbursement To: 2008 Code TX 76702 Purpose of Disbursement To: 2008 Code TX 76702 Code TX 76702 Purpose of Disbursement To: 2008 Code TX 76702 Code TX 7670	Candidate Name		Category/	
Full Name (Last, First, Middle Initial) Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City Erlanger Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Other (specify) Full Name (Last, First, Middle Initial) Chet Edwards For Congress City State Zip Code KY 41018 Amount of Each Disbursement this Per Candidate Name Rep. Chet Edwards For Congress City State Zip Code TX Primary General Other (specify) Transaction ID: 27174976 Date of Disbursement this Per Candidate Contribution Candidate Name Rep. Chet Edwards For Congress Candidate Contribution Transaction ID: 27175967 Date of Disbursement Mailing Address PO Box 23273 City Waco TX 76702 Purpose of Disbursement Void - Chet Edwards For Congress Candidate Name Rep. Chet Edwards Candidate Name Rep. Chet Edwards Candidate Name Rep. Chet Edwards Senate President Disbursement For: 2008 Senate President Category/ Type Void - Chet Edwards For Congress	Senate X President	Primary Genera	I	Candidate Contribution
Geoff Davis For Congress Mailing Address 3161 Dixie Highway Suite F City State Zip Code KY 41018 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate Waco Transaction ID: 27175967 Date of Disbursement this Per Code KY 41018 Transaction ID: 27175967 Date of Disbursement this Per Code KY 41018 Amount of Each Disbursement this Per Candidate Name Rep. Geoffrey Davis Candidate Name (Last, First, Middle Initial) Chet Edwards For Congress Mailing Address PO Box 23273 City State Zip Code Waco TX 76702 Purpose of Disbursement Void - Chet Edwards For Congress Candidate Name Rep. Chet Edwards Candidate Name Rep. Chet Edwards Condidate Name Rep. Chet Name Rep. Chet Name Rep. Che				
Suite F City	,			Date of Disbursement
Erlanger KY 41018 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Chet Edwards For Congress Mailing Address PO Box 23273 City State Zip Code TX 76702 Purpose of Disbursement Void - Chet Edwards For Congress Candidate Name Rep. Chet Edwards Office Sought: X House Senate President State Zip Code TX 76702 Purpose of Disbursement Void - Chet Edwards For Congress Office Sought: X House Senate President Office Sought: X House Senate President Office Sought: X House Senate President Other (specify) ▼ Candidate Contribution Transaction ID: 27175967 Date of Disbursement Mailing Address PO Box 23273 Amount of Each Disbursement this Per Category/ Type Void - Chet Edwards For Congress	Suite F			0 1 2 4 2 0 0 8
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Geoffrey Davis Office Sought:				Amount of Each Disbursement this Peri
Rep. Geoffrey Davis Office Sought: X House Senate President State: KY District: 04 Full Name (Last, First, Middle Initial) Chet Edwards For Congress Mailing Address PO Box 23273 City State Zip Code Waco TX 76702 Purpose of Disbursement Void - Chet Edwards For Congress Candidate Name Rep. Chet Edwards Office Sought: X House Senate President Disbursement For: 2008 Category/ Type Disbursement For: 2008 Category/ Type Other (specify) ▼ Candidate Contribution Candidate Contribution Transaction ID: 27175967 Date of Disbursement M 1	Purpose of Disbursement		011	1500.00
Office Sought:			, ,	
Chet Edwards For Congress Mailing Address PO Box 23273 City State Zip Code Waco TX 76702 Purpose of Disbursement Void - Chet Edwards For Congress Candidate Name Rep. Chet Edwards Office Sought: X House Senate President Date of Disbursement M M / D 2 D / Y 2 0 0 8 Y Amount of Each Disbursement this Per Category/ Type Void - Chet Edwards For Congress	Senate X President	Primary Genera		Candidate Contribution
City State Zip Code TX 76702 Purpose of Disbursement Void - Chet Edwards For Congress Candidate Name Rep. Chet Edwards Office Sought: X House Senate President State Zip Code TX 76702 Amount of Each Disbursement this Per Category/ Type Category/ Type Void - Chet Edwards For Congress Void - Chet Edwards For Congress Void - Chet Edwards For Congress				
Waco Purpose of Disbursement Void - Chet Edwards For Congress Candidate Name Rep. Chet Edwards Office Sought: X House Senate President Disbursement For: X Primary General Other (specify) Void - Chet Edwards For Congress Void - Chet Edwards For Congress	Mailing Address PO Box 23273			011 / 25 / Y 2008
Void - Chet Edwards For Congress Candidate Name Rep. Chet Edwards Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify) Other (specify) Void - Chet Edwards For Congress				Amount of Each Disbursement this Peri
Rep. Chet Edwards Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify) Other (specify)	Void - Chet Edwards For Congress			-1000.00
Senate President X Primary General Other (specify) ▼ Void - Chet Edwards For Congress				
	Senate X	Primary Genera	ı	
	State: TX District: 17			

SCHEDIII F B (FFC Form 3Y)

	PUEDOFE B (LEC LOUII 3Y)	Use separate schedule(s	(check on	E NUMBER: PAGE 89 / 90
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	/ Information copied from such Reports and S or commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: 27175968
	Chet Edwards For Congress Mailing Address PO Box 23273			Date of Disbursement 0 1 2 5 2 0 0 8
	City Waco	State Zip Code TX 76702		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	1000.00
	Candidate Name Rep. Chet Edwards		Category/ Type	
	Office Sought: X House Senate President State: TX District: 17	bursement For: 2008 X Primary General Other (specify)		Candidate Contribution
	Full Name (Last, First, Middle Initial)			Transaction ID: 27219350
	Rob Wittman For Congress			Date of Disbursement
	Mailing Address PO Box 999	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City Montross	State Zip Code VA 22520		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution		011	2000.00
	Candidate Name Mr. Robert Wittman	Category/ Type		
	Office Sought: X House Senate President State: VA District: 01	bursement For: 2008 X Primary General Other (specify)		Candidate Contribution
	Full Name (Last, First, Middle Initial) Blue Dog PAC			Transaction ID: 27221747 Date of Disbursement
	Mailing Address 227 Massachusetts Suite 101	Avenue, N.E.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
	Purpose of Disbursement Committee Contribution		011	5000.00
	Candidate Name		Category/ Type	
	Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	'	Committee Contribution

SCHEDULE B (FEC Form 3X)

SCHEDOLE B (I LC I OIIII 5X)	Use separate schedule(s	(check or	E NUMBER: PAGE 90 / 90			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	i	22 X 23 24 25 2 28a 28b 28c 29 3			
Any Information copied from such Reports and Stator for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full)						
American Optometric Association Politi	cal Action Committee					
Full Name (Last, First, Middle Initial) Clay Jr. For Congress			Transaction ID: 27221740 Date of Disbursement			
Mailing Address P.O. Box 4544			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Suite 300 City	State Zip Code		Amount of Each Disbursement this Period			
St. Louis	MO 63108	1	4000 00			
Purpose of Disbursement Candidate Contribution		011	4000.00			
Candidate Name Rep. William Lacy Clay, Jr.		Category/ Type				
Senate President	rrsement For: 2008 Primary X General Other (specify) ▼	•	Candidate Contribution			
State: MO District: 01 Full Name (Last, First, Middle Initial)						
Republican National Committee			Transaction ID: 27221744 Date of Disbursement			
Mailing Address 310 First Street, S.E.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period			
Purpose of Disbursement Committee Contribution		011	15000.00			
Candidate Name						
Office Sought: House Disbute Senate President State: District:	ursement For: Primary General Other (specify) ▼	Туре	Committee Contribution			
Full Name (Last, First, Middle Initial) National Republican Senatorial Commit	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee					
Mailing Address 425 2nd Street, NE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period			
Purpose of Disbursement Committee Contribution	011	15000.00				
Candidate Name						
Senate President	ursement For: Primary General Other (specify) ▼	Туре	Committee Contribution			
State: District:			24000.00			
SUBTOTAL of Disbursements This Page (option	al)	>	34000.00			
TOTAL This Period (last page this line number o	nly)	>	123500.00			