07/16/2008 12:53

Image# 28932259205

FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

_		For O	other Than An	Authoriz	ed Commi	ittee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		FEC MAILING LAB (PE OR PRINT)	_	Example:If typi over the lines	ng, type				
L	American Optometric Assoc	iation Po	olitical Action Comn	nittee						
		1 1					1 1 1 1	1 1 1 1		
AD	DRESS (number and street)	150	05 Prince Street							
	Check if different	Suit	te 300							
L	than previously reported. (ACC)	Alex	xandria				L ∨A _	223	B14 	Ш
2.	FEC IDENTIFICATION NUI	MBER	~	CITY 🛦			STATE	Z	IPCODE A	
	C00024968		3	3. IS THIS REPOF		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b)) Monthly Report Due On:	Feb 20 (M	12)	May 20 (M5)	A	ug 20 (M8)	Nov 20 (Non-Ele Year on	ly)
	(a) Quarterly Reports:			Mar 20 (M	13)	Jun 20 (M6)	S	ep 20 (M9)	Dec 20 (Non-Ele Year On	(M12) ection ly)
	April 15			Apr 20 (M	(X)	Jul 20 (M7)	С	Oct 20 (M10)	Jan 31	(YE)
	Quarterly Report(C	Q1)	(c) 12-Day		Primary (1	2P)	Gener	al (12G)	Runoff	(12R)
	Quarterly Report(0	,	PRE-Election Report for the		Convention	n (12C)	Specia	al (12G)		
	Quarterly Report(0 January 31 Quarterly Report()		E	Election on					n the State of	
	July 31 Mid-Year Report(Non-electic Year Only) (MY)	on	(d) 30-Day Post -Electi Report for th		General (3	0G)	Runof	f (30R)	Special	(30S)
	Termination Report (TER)	rt	·	Election on					n the State of	
5.	Covering Period 0	6	01 2008	3	through	0 6	3 0	2008		
	ertify that I have examined this be or Print Name of Treasurer	•	and to the best of morothy Hitchmoth, C		ge and belief it	is true, correct	and comple	te.		
. 16	of the traine of the abundance		-							
Sig	nature of Treasurer Electro	onically F	Filed by Dorothy	Hitchmoth,	O.D.		Date 0	7 16	2008	
NO	OTE : Submission of false, erro	oneous, d	or incomplete inforr	nation may	subject the pe	erson signing th	is Report to	the penalties c	f 2 U.S.C 437g	
	Office Use								FORM 3X 12/2004)	

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 " D 0.6 0 1 2008 0.6 3 0 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 557789.12 Begining of Reporting Period 56545.43 530842.44 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 614334.55 1026227.66 6(a) and 6(c) for Column B) 122278.59 534171.70 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 492055.96 492055.96 (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 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^D0 м м 0 6 2008 м м 0 6 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 300667.13 36561.87 (i) Itemized (use Schedule A) 19950.53 222504.41 (ii) Unitemized (iii) TOTAL (add 56512.40 523171.54 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 56512.40 523171.54 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 6500.00 Political Committees 17. Other Federal Receipts 33.03 1170.90 (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), 56545.43 530842.44 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 56545.43 530842.44 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal	I	
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1278.59	13785.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1278.59	13785.70
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees Independent Expenditure	0.00	518986.00
(use Schedule E)		
(use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made B. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	1400.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1400.00
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	122278.59	534171.70
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	122278.59	534171.70

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)	56512.40	523171.54
34.	Total Contribution Refunds (from Line 28(d))	0.00	1400.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	56512.40	521771.54
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1278.59	13785.70
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1278.59	13785.70

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 / 81 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any persithe name and address 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 Shannon L Steinhauser Mailing Address 501 W Port Royale	Ln	Date of Receipt
City Phoenix FEC ID number of contributing	State Zip Code AZ 85023-5272	Transaction ID: 27971725 Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	500.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Candace D Hamel	750.00	Date of Receipt
Mailing Address Po Box 358 405 Ne Main St City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Estacada FEC ID number of contributing federal political committee.	OR 97023-0358	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr Thomas A Wilson Mailing Address 850 Newgate Ct		Date of Receipt
City Monument FEC ID number of contributing	State Zip Code CO 80132-2832	Transaction ID: 27988046 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupation Doctor of Optometry	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	2000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 81 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr John Andrew Walters		Date of Receipt
Mailing Address 101 Benson Blvd		06 03 7 2008
City	State Zip Code	Transaction ID: 27988406
Madison	AL 35758	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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00]
Full Name (Last, First, Middle Initial) Dr Garey E Ware		Date of Receipt
Mailing Address 1622 Gladney Dr		06 03 7 9 9 9
City	State Zip Code	Transaction ID: 27988409
<u>Bastrop</u>	LA 71220-2200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Norman L Smith	_	Date of Receipt
Mailing Address 7034 Chiswick 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: 27988415
Corpus Christi	TX 78413	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	
CURTOTAL of Possints This Page (antiquel)	675.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma ne 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	
۷.	Full Name (Last, First, Middle Initial) Dr Amy M Postma			Date of Receipt
	Mailing Address 8806 53Rd Street Co	urt W		06 03 7 2008
	City University Plc	State WA	Zip Code 98467	Transaction ID: 27988418 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30407	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 Gordon Stanley Johnson Mailing Address 506 Riello Dr			Date of Receipt
	City	State	Zip Code	0 6 0 3 2 0 0 8 Transaction ID: 27988420
	Greer	SC	29650	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	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Randolph E Brooks			Date of Receipt
-	Mailing Address 3 Schindler 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: 27988423
	Succasunna FEC ID number of contributing federal political committee.	C	07876	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
Ι,	TOTAL This Period (last page this line numbe	er only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
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 personante name and address of any political committee to control olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr William Thomas Revnolds. Jr		Date of Receipt
Mailing Address 200 Larosa		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: 27988424
Richmond	KY 40475-7855	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 Carol L Bertke		Date of Receipt
Mailing Address 3123 Hergott 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: 27988425
Edgewood	KY 41017-3380	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 Kim Ashbrook Baxter		Date of Receipt
Mailing Address 1211 Custer Court		0 6 0 3 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: 27988479
North Platte	NE 69101-6313	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
		1265.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 81 (check only one) X
(Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly 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	
Α.	Full Name (Last, First, Middle Initial) Dr Bradley J Blumenstock			Date of Receipt
	Mailing Address 3319 S 30Th Street	Ctata	Zip Code	06 03 2008
	City Lincoln	State NE	68502-5130	Transaction ID: 27988481 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	400.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Dr Tim Malcolm Burrows Mailing Address 23 Wedgewood			Date of Receipt
	walling Address 25 Wedgewood			06 03 2008
	City	State	Zip Code	Transaction ID: 27988485
	Mc Cook	NE	69001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		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 Cheryl M Chapman	I		Date of Receipt
	Mailing Address 3631 S 116Th Avenu	e		06 03 7 2008
	City <u>O</u> maha	State NE	Zip Code 68144-4640	Transaction ID: 27988486
	FEC ID number of contributing federal political committee.	C	08144-4040	Amount of Each Receipt this Period 400.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)			1200.00
	TOTAL This Period (last page this line number		<u> </u>	

ľ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 81 (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	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr John W Crotty Mailing Address 725 16Th Street City Auburn FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Zip Code 68305-2204 on of Optometry e Year-to-Date ▼	Date of Receipt 0 6 0 3 2 0 0 8 Transaction ID: 27988488 Amount of Each Receipt this Period 288.00
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Nancy A Dob Mailing Address 2111 Road M City Benedict FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General		Zip Code 68316	Date of Receipt M M M D D D 2008 Transaction ID: 27988493 Amount of Each Receipt this Period 400.00
	Other (specify) Full Name (Last, First, Middle Initial) Dr Donald J Ediger Mailing Address 7415 So Hampton Ro City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) General	State NE C Occupation Doctor o	Zip Code 68506 on of Optometry e Year-to-Date 400.00	Date of Receipt M M M / D D / Y Y Y Y Y O 6
	SUBTOTAL of Receipts This Page (optional)			1088.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/81 (check only one) X 11a
Any information copied from such Reports a 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 o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association			
Full Name (Last, First, Middle Initial) Dr Steven J Gradowski			Date of Receipt
Mailing Address 6214 South 118Th	M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O		
City Omaha	State NE	Zip Code	Transaction ID: 27988530
FEC ID number of contributing federal political committee.	C	68137	Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Carl Scott Gutshall			Date of Receipt
Mailing Address 530 North 10th Str	reet		0 6 0 3 2 0 0 8
City	State NE	Zip Code	Transaction ID: 27988534
Oneill FEC ID number of contributing federal political committee.	C	68763-1214	Amount of Each Receipt this Period 290.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey S Klein			Date of Receipt
Mailing Address 909 Park Wya			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Norfolk	State NE	Zip Code 68701	Transaction ID: 27988539
FEC ID number of contributing federal political committee.	C	00701	Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)		1090.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate sc for each category Detailed Summa	of the
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used the name and address of any political	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) Cherie S Lodl		Date of Receipt
Mailing Address 22577 Capehart Rd		06 03 2008
City	State Zip Code	Transaction ID: 27988556
Gretna	NE 68028-4821	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 Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate real-to-bate V	400.00
Full Name (Last, First, Middle Initial) Dr John Todd Mahoney	1	Date of Receipt
Mailing Address 1969 Elizabeth Driv	е	0 6 0 3 2 0 0 8
City	State Zip Code	Transaction ID: 27988558
Mitchell	NE 69357	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 Steven Gerald Miller		Date of Receipt
Mailing Address 1302 Eldorado Roa	d	06 03 2008
City	State Zip Code	Transaction ID: 27988568
Norfolk	NE 68701-1276	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	288.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		288.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 81 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Brett Alan Monson		Date of Receipt
Mailing Address 1011 Michael 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: 27988569
<u>Omaha</u>	NE 68128	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 Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	7
Full Name (Last, First, Middle Initial) Dr Jeffrey Thomas O'Connor Mailing Address 2120 William		Date of Receipt
C:t	State Zin Code	06 03 2008
City <u>North Platte</u>	State Zip Code NE 69101-5404	Transaction ID: 27988581
FEC ID number of contributing federal political committee.	C 09101-3404	Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey Wade Pape		Date of Receipt
Mailing Address 84643 Buckskin Dr		06 03 7 2008
City	State Zip Code	Transaction ID: 27988583
Norfolk	NE 68701	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 Optometry	
Receipt For: Primary General	Aggregate Year-to-Date ▼	7
Other (specify) ▼	400.00	
		1200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 81 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persoldress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Douglas C Rienks			Date of Receipt
Mailing Address 7239 South 41St			06 03 7 2008
City	State	Zip Code	Transaction ID: 27988589
Lincoln	NE	68516-3065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		288.00
Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
Receipt For:		Year-to-Date ▼	_
Primary General Other (specify) ▼	1,53, 534.0	288.00	
Full Name (Last, First, Middle Initial) Dr Rebecca L Robinson	1		Date of Receipt
Mailing Address 4222 S 147 Plz #204	4		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: 27988590
Omaha	NE	68137	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	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr Jerry A Vaughan			Date of Receipt
Mailing Address 80238 Airport 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: 27988604
Broken Bow	NE	68822-5506	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	n f Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		400.00	
SUBTOTAL of Receipts This Page (optional))		1088.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 81 (check only one) X
	d Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Pe	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Steven S Wolfe		Date of Receipt
Mailing Address 14023 Sahler St		06 03 7 2008
City	State Zip Code	Transaction ID: 27988625
<u>Omaha</u>	NE 68164	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 Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr Daniel J Gordon		Date of Receipt
Mailing Address 19 Sunset Terr		06 05 2008
City	State Zip Code	Transaction ID: 27989128
<u>Tenafly</u>	NJ 07670-1456	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 Robert E Botts	l	Date of Receipt
Mailing Address PO Drawer BB		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: 27989131
Big Stone Gap	VA 24219-0660	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	
CUPTOTAL of Descints This Desc (entional)		1150.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 81 (check only one) X
\leftarrow	information copied from such Reports and sor commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	
1 N	NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr. Nathaniel Roland			Date of Receipt
_	Mailing Address 10001 Admiral Emers		7'- Cada	06 07 2008
	City Albuquerque	State NM	Zip Code 87111-1339	Transaction ID: 27992785
F	FEC ID number of contributing ederal political committee.	C	6/111-1339	Amount of Each Receipt this Period 100.00
1	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
F	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz			Date of Receipt
N	Mailing Address 3537 New Castle Dr S	Se	06 09 7 2008	
(City	State	Zip Code	Transaction ID: 27992838
<u> </u>	Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		200.00
1	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1200.00	
	Full Name (Last, First, Middle Initial) Dr Mitchell D Peterson			Date of Receipt
N	Mailing Address 365 E 400 S			06 09 2008
	City	State	Zip Code	Transaction ID: 27995292
1	Monroe	UT	84754-4497	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		250.00
-	Name of Employer Self Employed	, '	f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional) .			550.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 81 (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 usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any per- g the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Bronte D Baker Mailing Address 179 Redbird Ridge City Beeville FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code TX 78102-8465 C Occupation Doctor of Optometry	Date of Receipt M M J D D D Z D O S Transaction ID: 27995560 Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III Mailing Address 1229 Highland La City	kes Trail State Zip Code	Date of Receipt 0 6 1 0 2 0 0 8 Transaction ID: 27995562
Birmingham FEC ID number of contributing federal political committee. Name of Employer	AL 35242-6886 C Occupation	Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Donald W Furman Mailing Address 855 11Th St Place) ()	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Garner	State Zip Code IA 50438-1847	Transaction ID: 27995564 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (option	nal)	145.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 81 (check only one) X
4	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e 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.
	American Optometric Association Pol	litical Action	Committee	
ب 4.	Full Name (Last, First, Middle Initial) Dr Markus I Barth			Date of Receipt
	Mailing Address 1346 Heller Drive			06 10 / 2008
	City	State PA	Zip Code	Transaction ID: 27995566
	Yardley FEC ID number of contributing federal political committee.	C	19067-2714	Amount of Each Receipt this Period 66.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.02	
_ 3.	Full Name (Last, First, Middle Initial) Dr Michael T Cron			Date of Receipt
	Mailing Address 9217 Elmwood Court			06 10 2008
	City	State	Zip Code	Transaction ID: 27995569
	Stanwood FEC ID number of contributing federal political committee.	C	49346-9305	Amount of Each Receipt this Period 41.66
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 249.96	
_).	Full Name (Last, First, Middle Initial) Dr G. Chad Green			Date of Receipt
	Mailing Address 5960 Co Rd 19			06 10 7 9 9 9
	City Linden	State AL	Zip Code 36748	Transaction ID: 27995571
	FEC ID number of contributing federal political committee.	C	30740	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional) .	1		208.33

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 81 (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 Maryjane Healey			Date of Receipt
Mailing Address 6710 124Th Place S	Se		0 6 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Snohomish	State WA	Zip Code 98296-8649	Transaction ID: 27995572 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Timothy G Koop			Date of Receipt
Mailing Address 4912 Bluff Run Driv	re		0 6 1 0 0 1 0 2 0 0 8
Crannelhava	State	Zip Code	Transaction ID: 27995573
Greensboro FEC ID number of contributing federal political committee.	NC C	27455-2200	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	·	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski			Date of Receipt
Mailing Address 305 Kensington Ave	e S		0 6 1 0 2 0 0 8
City Kent	State WA	Zip Code 98030-7004	Transaction ID: 27995574 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
			150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 81 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may he name and add	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 Po	olitical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Gary W Lasken			Date of Receipt
	Mailing Address 10215 N North Fores	st Irail		06 10 2008
	City	State	Zip Code	Transaction ID: 27995575
	<u>Peoria</u>	<u>IL</u>	61615-1378	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		249.96	
_	Full Name (Last, First, Middle Initial) Dr Ronald J Meyer			Date of Receipt
	Mailing Address 9802 US 41			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: 27995578
	<u>Champion</u> MI		49814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett			Date of Receipt
	Mailing Address 9940 S Ashleigh Wa	ıy		0 6 1 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: 27995579
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify)		500.00	
Γ				191.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 81 (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.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle	е		Date of Receipt
	City Kingsport	State TN	Zip Code 37660-2392	Transaction ID: 27995581 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer Self Employed Receipt For: Primary Other (specify) ▼		on f Optometry e Year-to-Date ▼ 499.98	
3.	Full Name (Last, First, Middle Initial) Dr Jack L Schaeffer Mailing Address 3801 River View Cr			Date of Receipt 0 6 1 0 2 0 0 8
	City	State	Zip Code	Transaction ID: 27995582
	Birmingham FEC ID number of contributing federal political committee.	C	35243	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- :.	Full Name (Last, First, Middle Initial) Dr Jason K Dickerson			Date of Receipt
	Mailing Address 2581 Bridlewood Driv	e		06 10 2008
	City	State	Zip Code	Transaction ID: 27995589
	Helena FEC ID number of contributing federal political committee.	C	35080-3916	Amount of Each Receipt this Period 42.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 252.00	
	SUBTOTAL of Receipts This Page (optional) .			175.33
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 81 (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	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Ron W Roelfs Mailing Address 600 3Rd St Se City Waverly FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	 '	f Optometry	Date of Receipt M M M / D D M 2 0 0 8 Transaction ID: 27995590 Amount of Each Receipt this Period 35.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 210.00	
Dr Thomas J Landry Mailing Address 3 Taylor Street City Painted Post FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	_ '	Zip Code 14870-9381 In f Optometry e 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 Paul Philippe Cote Mailing Address 18 Little Androscoggi City Auburn FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State ME C Occupatio Doctor o	Zip Code 04210-8884 on f Optometry e Year-to-Date ▼	Date of Receipt M M J D D J 2008 Transaction ID: 27995595 Amount of Each Receipt this Period 41.67
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			126.67

or for commercial purposes, ot NAME OF COMMITTEE (I	her than using the name and act in Full) Association Political Action dle Initial) eiland Lane State MN	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middon Dr Gregory W Kraupa Mailing Address 4280 R City Shoreview FEC ID number of contribut	Association Political Action dle Initial) eiland Lane State MN	Zip Code	M M / D D / Y Y Y Y
Mailing Address 4280 R City Shoreview FEC ID number of contribu	eiland Lane State MN	·	M M / D D / Y Y Y Y
City Shoreview FEC ID number of contribu	State MN	·	06 10 2008
Shoreview FEC ID number of contribu	MN	·	07005500
FEC ID number of contribu	ting		Transaction ID: 27995596 Amount of Each Receipt this Period
			84.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Ger Other (specify) ▼	Aggregat	e Year-to-Date ▼ 504.00	
Full Name (Last, First, Midd Dr Lee Ann Barrett Mailing Address 1199 E	dle Initial) Morgan		Date of Receipt
			06 10 2008
City Boonville	State MO	Zip Code 65233-1336	Transaction ID: 27995598 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.		1 1 1 1 1 1	50.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Ger Other (specify) ▼	Aggregat	e Year-to-Date 300.00	
Full Name (Last, First, Midd Dr Paul D Batson	dle Initial)		Date of Receipt
Mailing Address 5323 W	hisper Wood Drive		06 10 7 9 9 9
City Birmingham	State AL	Zip Code 35226-1092	Transaction ID: 27995604
FEC ID number of contributed rederal political committee.		33220-1092	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupati Doctor o	on of Optometry	
Receipt For: Primary Ger Other (specify) ▼	Aggregat	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This	Page (optional)		184.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 81 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis Mailing Address 179 Wood Trace City Benton	State KY	Zip Code 42025-9400	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	C	n	166.67
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of	f Optometry e Year-to-Date ▼ 1000.02	
Full Name (Last, First, Middle Initial) Dr Michael E Bennett Mailing Address 4940 Victoria Place	e		Date of Receipt 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: 27995607
Guthrie	OK	73044-8668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		142.86
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1428.58	
Full Name (Last, First, Middle Initial) Dr Jan L Cooper			Date of Receipt
Mailing Address 101 Chandler Wes	t		06 10 2008
City	State	Zip Code	Transaction ID: 27995608
Highland FEC ID number of contributing federal political committee.	CA	92346-5482	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (options	al)		409.53

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr David K. Masihdas		Date of Receipt
Mailing Address 6695 South Old Mill	Circle	06 09 2008
City	State Zip Code	Transaction ID: 27995627
Salt Lake City	UT 84121-6919	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 D Sargent, Jr		Date of Receipt
Mailing Address 7489 Marylboune Ro	d	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: 27995630
West Jordan	UT 84084	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 ▼ 615.00	
Full Name (Last, First, Middle Initial) Dr Lynn R Purcell		Date of Receipt
Mailing Address 790 N 350 East		06 09 2008
City	State Zip Code	Transaction ID: 27996181
Tremonton	UT 84337	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)	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 27 / 81 (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	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 o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Dale F Hardy Mailing Address 10573 S Weeping	Willow Dr	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sandy	State Zip Code UT 84070-4241	Transaction ID: 27996190 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	115.00
Receipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Gilbert G Wong Mailing Address 7810 W Maui Lane)	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28001187
<u>Peoria</u>	AZ 85381-3414	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 Mitchell Todd Munson Mailing Address 9940 S Ashleigh W	Vay	Date of Receipt 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: 28012461
Highlands Ranch FEC ID number of contributing federal political committee.	CO 80126-4244	Amount of Each Receipt this Period 166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 766.68	
SUBTOTAL of Receipts This Page (options	al)	781.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 81 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd 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 oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Kevin L Alexander			Date of Receipt
Mailing Address 8830 Walnut Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sylvania	State OH	Zip Code 43560-8990	Transaction ID: 28012462
FEC ID number of contributing federal political committee.	С	43300-8990	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr John Bonsett-Veal			Date of Receipt
Mailing Address 357 N Main 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: 28012463
Oregon FEC ID number of contributing federal political committee.	C	53575	Amount of Each Receipt this Period 92.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- + ·	Year-to-Date ▼ 334.00	
Full Name (Last, First, Middle Initial) Dr Rodney D Fair			Date of Receipt
Mailing Address 1169 Coneflower W	/ay		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brighton	State CO	Zip Code 80601-6785	Transaction ID: 28012464
FEC ID number of contributing federal political committee.	C	0001-0703	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
	L		192.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Optometric Association	s and Statements may not be sold or used by any personing the name and address of any political committee to on Political Action Committee	on for the purpose of soliciting contributions oscilicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Mario Joseph Contaldi Mailing Address 1029 Anson Driv City Keller FEC ID number of contributing	State Zip Code TX 76248-8904	Date of Receipt M M M O 9
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth Mailing Address Po Box 302 106 Davis Hill Recity New London FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	Oad State Zip Code NH 03257-0302 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M M O 6 O 9 O 9 2 0 0 8 Transaction ID: 28018720 Amount of Each Receipt this Period 166.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Michael Douglas Jones Mailing Address 565 Autumn Blu City Ellisville	## State Zip Code MO 63021	Date of Receipt M M M D D D 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 500.00	500.00
SUBTOTAL of Receipts This Page (opti	onal)	791.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 81 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	ly not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Randall Christiansen			Date of Receipt
Mailing Address 725 Darrell 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: 28018723
<u>Fairbanks</u>	AK	99709-6751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	, agrogate	300.00	
Full Name (Last, First, Middle Initial) Dr W. Joseph Garvin			Date of Receipt
Mailing Address 3630 Vista Dela Cal	nada		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: 28018725
Escondido	CA	92029	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	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Anita Susan Keene			Date of Receipt
Mailing Address 70 Cove Hills Lane			06 09 2008
City	State	Zip Code	Transaction ID: 28018726
Wytheville	VA	24382-4461	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	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
			1200.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 81 (check only one) X 11a
2	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne 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	
٨.	Full Name (Last, First, Middle Initial) Dr Anthony S Diecidue			Date of Receipt
	Mailing Address 300 Mcmichaels Drive		7: 0.1	06 09 2008
	City Stroudsburg	State PA	Zip Code 18360	Transaction ID: 28018727
	FEC ID number of contributing federal political committee.	C	18300	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Joseph Lebovic Mailing Address 28 Lakeview Hollow	I		Date of Receipt
	Mailing Address Zo Lakeview Hollow			06 09 2008
	City	State	Zip Code	Transaction ID: 28018728
	Cherry Hill	NJ	08003-1129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
 }.	Full Name (Last, First, Middle Initial) Dr Kathleen E Powell			Date of Receipt
	Mailing Address 6911 Burlwood Drive			06 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28022087
	Anchorage	AK	99507-2422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 396.00	
	SUBTOTAL of Receipts This Page (optional)	•		184.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer		Date of Receipt
Mailing Address 1345 West 9Th Ave		06 12 2008
City <u>Anchorage</u>	State Zip Code AK 99501-3219	Transaction ID: 28022089
FEC ID number of contributing federal political committee.	C 99301-3219	Amount of Each Receipt this Period 84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 336.00	
Full Name (Last, First, Middle Initial) Dr Patrick N Reber		Date of Receipt
Mailing Address 9650 Etolin Circle		06 12 2008
City	State Zip Code	Transaction ID: 28022091
Eagle River	AK 99577-8787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	336.00	
Full Name (Last, First, Middle Initial) Dr Dennis A Swarner		Date of Receipt
Mailing Address Box 1669		06 12 7 9 9 9
City	State Zip Code	Transaction ID: 28022092
Kenai	AK 99611-1669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	336.00	
SUBTOTAL of Receipts This Page (optional		252.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 81 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Jeff Seeholzer		Date of Receipt
Mailing Address 996 Sunset Ridge		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: 28025602
Logan	UT 84321-3432	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 Julie Metzger Aubuchon		Date of Receipt
Mailing Address 72 Belmont Ct		06 12 7 9 9
City	State Zip Code	Transaction ID: 28026058
Florence	KY 41042	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) ▼	515.00	
Full Name (Last, First, Middle Initial) Dr Robert J Blumthal		Date of Receipt
Mailing Address 119 Exmore 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: 28026510
Springfield	IL 62704-3137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.35
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.05	
		1073.35

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 81 (check only one) X
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 per the name and address of any political committee Political Action Committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer Mailing Address 1602 Wildwood St	Sw	Date of Receipt
City Cullman	State Zip Code AL 35055-4555	Transaction ID: 28026511 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill Mailing Address 126 Treymoor Drive	9	Date of Receipt 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: 28026512
Alabaster	AL 35007-3150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Sarah C Gordon		Date of Receipt
Mailing Address 5398 Harvest Ridge	e Ln	06 13 2008
City	State Zip Code	Transaction ID: 28026513
Birmingham FEC ID number of contributing federal political committee.	AL 35242-3145	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional		150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	the (check only only)
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by a the name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr David J Shippee		Date of Receipt
Mailing Address Box 307		06 13 7 2008
City	State Zip Code	Transaction ID: 28026515
Sherman Oaks	ME 04777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		0.96
Full Name (Last, First, Middle Initial) Dr Lars A Gentry		Date of Receipt
Mailing Address 101 Greenbriar 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: 28046955
<u>Carmi</u>	IL 62821-1510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Dr Paul W Bohac		Date of Receipt
Mailing Address 5775 Wyncliff Drive		0 6 1 4 Y Y Y Y Y
City	State Zip Code	Transaction ID: 28046960
N Charleston	SC 29418-5220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		0.00
		291.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 81 (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	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. Karen Riccio Mailing Address 2683 Berwick Blvd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus	State Zip Code OH 43209-2917	Transaction ID: 28046967 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	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Steven M Berry Mailing Address PO Box 1275		Date of Receipt
City	State Zip Code	0 6 1 5 2 0 0 8 Transaction ID: 28046968
Cedar Crest	NM 87008-1275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Naeem Z Abdulla		Date of Receipt
Mailing Address 442 Gregg Ave #20		06 15 2008
City	State Zip Code NM 87501-1667	Transaction ID: 28046969
Santa Fe FEC ID number of contributing federal political committee.	NM 87501-1667	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options		350.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports are	nd Statements may no	Use separate schedule(s) for each category of the Detailed Summary Page of be sold or used by any personal street of the sold or used by any personal street of the sold or used by any personal street of the sold or used by any personal street of the sold or used by any personal street of the sold or used by any personal street of the sold or used by any personal street or the sold or used by any personal stre	FOR LINE NUMBER: PAGE 37 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F			solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Michael G Blake Mailing Address P O Box 2859			Date of Receipt
City	State	Zip Code	06 15 2008
City Gallup	NM	87305-2859	Transaction ID: 28046970 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of O Aggregate Ye	ear-to-Date ▼	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Arlene T. H. Sokola		600.00	Date of Receipt
Mailing Address 213 Summer Winds			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: 28046972
Rio Rancho FEC ID number of contributing federal political committee.	C	87124	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of O	ptometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Raymond P Herrera			Date of Receipt
Mailing Address #23 Road 5198			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Bloomfield</u>	State NM	Zip Code 87413-9713	Transaction ID: 28046973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of O	ptometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	al)		200.00

TOTAL This Period (last page this line number only)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 81 (check only one) X 11a 11b 11c 12 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee	
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr D. C. Dean Mailing Address 532 Queens Court No.		Date of Receipt
Mailing Address 532 Queens Court No	9	06 15 2008
City	State Zip Code	Transaction ID: 28046975
Albuquerque	NM 87109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Dr Michael L English	<u> </u>	Date of Receipt
Mailing Address 4924 Chaqar Ct		0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28046976
Las Cruces	NM 88007-5464	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff	<u> </u>	Date of Receipt
Mailing Address 3537 Newcastle Dr S	е	0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28046977
Rio Rancho	NM 87124-3672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)	l	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 81 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action C	Committee	
	tioai 7 totion c	, committee	
Full Name (Last, First, Middle Initial) Dr Alice Sterling			Date of Receipt
Mailing Address 5727 Canton Cove #11	11		06 16 2008
City	State	Zip Code	Transaction ID: 28046991
Winter Springs	FL	32708-5033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer Self Employed	Occupation	Optometry	
Receipt For:	. '	Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	270.00	
Full Name (Last, First, Middle Initial) Dr R. W. Anderson	l		Date of Receipt
Mailing Address 2928 Monad 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: 28060671
Billings	MT	59102	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 Terry F Hawks			Date of Receipt
Mailing Address 12539 Flint			0 6 1 6 2 0 0 8
City	State	Zip Code	Transaction ID: 28060672
Overland Park	KS	66213	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) ▼	. '	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			775.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 40 / 81 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be the name and address of	sold or used by any person fany political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action Comm	ittee	
Α.	Full Name (Last, First, Middle Initial) Dr Robert P Wooldridge			Date of Receipt
	Mailing Address 2840 E Swiss Oaks [n Codo	06 16 2008
	City Sandy		p Code 4093	Transaction ID: 28060675 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1	365.00
	Name of Employer Self Employed	Occupation Doctor of Opto	metry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 365.00	
_ В.	Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr Mailing Address 3421 Kachemak Circ	le		Date of Receipt
	0''	0	0.1	06 18 2008
	City Anchorage		p Code 9515-2380	Transaction ID: 28069685
	FEC ID number of contributing federal political committee.	C	3313-2300	Amount of Each Receipt this Period 84.00
	Name of Employer Self Employed	Occupation Doctor of Opto	metry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	504.00	
).	Full Name (Last, First, Middle Initial) Dr Denise Lynn Thanepohn			Date of Receipt
	Mailing Address 130 Beaufort Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	·	p Code	Transaction ID: 28069686
	Anchorage	AK 99	9515-3706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of Opto		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)	•		549.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 81 (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 perso g 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 Brian D Cin Mailing Address 11912 Town Park	Circle	Date of Receipt 0 6 1 8 2 0 0 8
City Eagle River	State Zip Code AK 99577-7788	Transaction ID: 28069687 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 510.00	
Full Name (Last, First, Middle Initial) Dr Pamela E Theriot Mailing Address 12200 Academy R	d Ne Apt 1332	Date of Receipt 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: 28079055
Albuquerque	NM 87111-7257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Mamie Cassandra Chan	1	Date of Receipt
Mailing Address 6109 Rio Hondo N	Ne	06 19 2008
City	State Zip Code	Transaction ID: 28079056
Albuquerque FEC ID number of contributing federal political committee.	NM 87109-3832	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	al)	185.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Robert F Brooks			Date of Receipt
	Mailing Address 452 Bluebird Dr	Ctata	7:s Code	06 19 2008
	City Russell	State KY	Zip Code 41169-1570	Transaction ID: 28079059 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 465.00	
- s.	Full Name (Last, First, Middle Initial) Dr Robert M Theaker			Date of Receipt
	Mailing Address 12 Wyndemere Vale			06 20 2008
	City	State	Zip Code	Transaction ID: 28087528
	Monterey	CA	93940-5811	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	e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr Thomas William Dawson			Date of Receipt
	Mailing Address 528 Sw 1St 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: 28093099
	Crystal River FEC ID number of contributing federal political committee.	C	34429	Amount of Each Receipt this Period 200.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 500.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 81 (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 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 Mark E Swan Mailing Address 474 Shaw Estates Dr City Rockford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code MI 49341-9795 C Occupation Doctor of Optometry Aggregate Year-to-Date 480.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr James A Molde Mailing Address 613 Irving Beach Dr S City Bemidji FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code MN 56601-3486 C Occupation Doctor of Optometry Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr John L Walters Mailing Address 47 Mast Hill Road City Saco FEC ID number of contributing federal political committee. Name of Employer Salf Employed	State Zip Code ME 04072-9338 C	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Self Employed ' Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Doctor of Optometry Aggregate Year-to-Date ▼ 238.34	615.00

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTE			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Dr Stephen A Feltus Mailing Address 77 City Lyndonville FEC ID number of confederal political commit	Old Coach Dr State VT	Zip Code 05851	Date of Receipt M M M / D D M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary Other (specify)	Occupa Doctor Aggreg	ation r of Optometry pate Year-to-Date ▼ 500.00	
Full Name (Last, First, Dr Robert P Nyre Mailing Address 250	<u>, </u>		Date of Receipt 0 6 2 2 2 2 0 0 8
City Minot FEC ID number of confederal political commit		Zip Code 58703-1754	Transaction ID: 28096845 Amount of Each Receipt this Period 50.00
Name of Employer Self Employed Receipt For: Primary Other (specify)	General Aggreg	ation r of Optometry gate Year-to-Date ▼ 300.00	
Full Name (Last, First, Dr Scott M Burks Mailing Address P C	Middle Initial) Discrete the second of the		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Buffalo FEC ID number of confederal political commit		Zip Code 65622-1351	Transaction ID: 28096850 Amount of Each Receipt this Period 85.00
Name of Employer Self Employed	Occupa	ation r of Optometry	
Receipt For: Primary Other (specify)	General	gate Year-to-Date ▼ 505.00	
SUBTOTAL of Receipts	This Page (optional))	635.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 81 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any perso g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Douglas J Mc Bride		Date of Receipt
Mailing Address 3103 Sycamore La		06 23 2008
City Billings	State Zip Code MT 59102-0523	Transaction ID: 28096906 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 39102-0323	50.00
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 Larry G Obie	I	Date of Receipt
Mailing Address 1330 12Th 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: 28096907
<u>Havre</u>	MT 59501-5401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer		Date of Receipt
Mailing Address 709 South 5Th St		06 23 2008
City Hamilton	State Zip Code MT 59840-2755	Transaction ID: 28096908 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options	al)	150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46/81 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd 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 M Brtva			Date of Receipt
Mailing Address 57 Pebblebrook Ct			0 6 2 4 2 0 0 8
City	State	Zip Code	Transaction ID: 28097511
Bloomington FEC ID number of contributing federal political committee.	C	61704-6300	Amount of Each Receipt this Period 85.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Dr Freddie M Mayes			Date of Receipt
Mailing Address 117 Magnolia Drive	;		0 6 2 4 2 0 0 8
City Central City	State KY	Zip Code 42330-1727	Transaction ID: 28097512
FEC ID number of contributing federal political committee.	C	42530-1727	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For: Primary General Other (specify)	'	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Thomas E Nye			Date of Receipt
Mailing Address 42 Tabor Lane			0 6 2 4 2 0 0 8
City Hamilton	State OH	Zip Code 45013-5118	Transaction ID: 28097513
FEC ID number of contributing federal political committee.	C	45015-5116	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	- ' '	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)		185.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an 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 persithe name and address of any political committee to control of the control of	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Philip Dunne Flynn Mailing Address 122 Palmetto Hall D	Drive	Date of Receipt 0 6 2 4 2 0 0 8
City Lexington FEC ID number of contributing	State Zip Code SC 29072-7894	Transaction ID: 28097514 Amount of Each Receipt this Period 125.00
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Gregory Willard Willard Hicks Mailing Address 419 Bogart Road Ea	ast	Date of Receipt 0 6 2 4 2 0 0 8
City Sandusky FEC ID number of contributing	State Zip Code OH 44870	Transaction ID: 28097515 Amount of Each Receipt this Period 166.67
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 500.01	100.07
Full Name (Last, First, Middle Initial) Jonathan F Hymes Mailing Address 1505 Prince Street		Date of Receipt
Suite 300 City Alexandria FEC ID number of contributing federal political committee.	State Zip Code VA 22314-2852	Transaction ID: 28097524 Amount of Each Receipt this Period 500.00
Name of Employer American Optometric Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director Washington Office Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	791.67

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or	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 t	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Andrea P Thau Mailing Address 170 East 83rd Street			Date of Receipt 0 6 25 2008
	City	State	Zip Code	Transaction ID: 28101913
	New York FEC ID number of contributing federal political committee.	C	10028-1920	Amount of Each Receipt this Period 166.67
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		on of Optometry e Year-to-Date 1000.02	
— В.	Full Name (Last, First, Middle Initial) Dr Albert S Licup Mailing Address 226 S Harvey Ave			Date of Receipt 0 6 2 6 2 0 0 8
	City	State	Zip Code	Transaction ID: 28107755
	Oak Park	IL	60302-3312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 208.35	
 C.	Full Name (Last, First, Middle Initial) Dr George W Hertneky Mailing Address 16862 County Road 2	28		Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28107756
	Brush FEC ID number of contributing federal political committee.	CO	80723-9424	Amount of Each Receipt this Period 42.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	_ ' '	e Year-to-Date ▼ 252.00	
				250.34

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Ctatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pole	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr Teresa M Seim Mailing Address 7328 Glade Trail City Kalamazoo FEC ID number of contributing federal political committee.	State MI	Zip Code 49009-5921	Date of Receipt M M M
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	- '	f Optometry e Year-to-Date ▼ 252.00	
В.	Full Name (Last, First, Middle Initial) Dr John H Labbe Mailing Address 14060 Tricou Blvd City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Hammond FEC ID number of contributing federal political committee.	LA	70403-7500	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	
– C.	Full Name (Last, First, Middle Initial) Dr Marcus D Yeager Mailing Address 300 Tupawek Drive			Date of Receipt 0 6 2 6 2 0 0 8
	City West Monroe	State LA	Zip Code 71291-7019	Transaction ID: 28114490 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		792.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 81 (check only one) X
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 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 Gary James Avallone Mailing Address 144 Fox Run St City West Monroe FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code LA 71291-8137 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Pete Wardell	500.00	Date of Receipt
Mailing Address 104 Chinquapin Cir City Natchitoches FEC ID number of contributing federal political committee.	State Zip Code LA 71457-6278 C Occupation	Transaction ID: 28118126 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Hunter Bond Mailing Address 8156 Harris Road City Denham Springs FEC ID number of contributing federal political committee.	State Zip Code LA 70726-6728	Date of Receipt M M Z Z Z D D Z Z D D Z Z D D Z Z D D Z Z D D Z D Z D D Z D D Z D D Z D
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	_
SUBTOTAL of Receipts This Page (optional		1500.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In			son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middl Dr Christopher W Wroten Mailing Address 7020 Hu City		Zip Code	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y
Denham Springs FEC ID number of contributing federal political committee.	LA	70726-5642	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	Aggrega	on of Optometry te Year-to-Date ▼ 500.00	
Full Name (Last, First, Middl Dr Devjani Lahiri-Munir Mailing Address 8008 Blu			Date of Receipt 0 6 2 4 2 0 0 8
City Baton Rouge FEC ID number of contributing	State LA	Zip Code 70810-7810	Transaction ID: 28118129 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupati		365.00
Receipt For: Primary Gene Other (specify) ▼	Aggrega	of Optometry te Year-to-Date ▼ 365.00	
Full Name (Last, First, Middl Dr Lacy Bordelon Shaw Mailing Address 1824 Bry			Date of Receipt 0 6 2 4 2 0 0 8
City	State	Zip Code	Transaction ID: 28118162
Alexandria FEC ID number of contribution federal political committee.	ng C	71301-4501	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupati Doctor	ion of Optometry	
Receipt For: Primary Gene Other (specify) ▼	Aggrega	te Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This R	Page (optional)		1365.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 81 (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)	Statements may e name and add	r not be sold or used by any person dress of any political committee to	
American Optometric Association Poli	itical Action (Committee	
Full Name (Last, First, Middle Initial) Dr William David Gordon			Date of Receipt
Mailing Address 3303 Lake Desiard Dri	ive		06 24 2008
City	State	Zip Code	Transaction ID: 28118167
Monroe	LA	71201-2035	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 Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1
Full Name (Last, First, Middle Initial) Dr George Charles Stumpf, Jr Mailing Address 5412 Toby Lane			Date of Receipt
			06 24 2008
City Kenner	State LA	Zip Code	Transaction ID: 28118168
FEC ID number of contributing federal political committee.	C	70065-2348	Amount of Each Receipt this Period 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 Shelly R Anastasio	1		Date of Receipt
Mailing Address 413 Turnwood 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: 28118169
Covington	LA	70433-5831	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)			1730.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any nusing the name and address of any political commitation Political Action Committee	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Dr Jeffrey M Anastasio Mailing Address 413 Turnwoo City Covington FEC ID number of contributing	,	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 Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 365.0	
Full Name (Last, First, Middle Initia Dr Gerald Gerdes Mailing Address 2541 Fawnwo	,	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marrero FEC ID number of contributing federal political committee.	State Zip Code LA 70072-5748 C	Transaction ID: 28118171 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.0	0
Full Name (Last, First, Middle Initia Dr Darby C Chiasson Mailing Address 231 E 26Th F	,	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 Cut Off FEC ID number of contributing federal political committee.	State Zip Code LA 70345-2261	Transaction ID: 28118172 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 ▼ 500.0	0
SUBTOTAL 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 54 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr William L Jones Mailing Address 1828 Conestoga Se City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code NM 87123-4252 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 ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Mark Joseph Page Mailing Address 3102 E Desert Brook	om Way	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 Phoenix FEC ID number of contributing	State Zip Code AZ 85048-8316	Transaction ID: 28118279 Amount of Each Receipt this Period 250.00
federal political committee. 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 Garey E Ware Mailing Address 1622 Gladney Dr		Date of Receipt
City Bastrop	State Zip Code LA 71220-2200	Transaction ID: 28120320 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	625.00	
SUBTOTAL of Receipts This Page (optional	al)	875.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or 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	
Α.	Full Name (Last, First, Middle Initial) Dr. David Hendrix			Date of Receipt
	Mailing Address 290 Diana Blvd	Otata	7'- 0-1-	06 25 2008
	City Merritt Island	State FL	Zip Code 32953-3165	Transaction ID: 28120321 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32333 3103	667.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1017.00	
— В.	Full Name (Last, First, Middle Initial) Dr Anthony S Diecidue	<u> </u>		Date of Receipt
	Mailing Address 300 Mcmichaels Drive	е		06 25 2008
	City	State	Zip Code	Transaction ID: 28120330
	Stroudsburg	PA	18360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
с. С.	Full Name (Last, First, Middle Initial) Dr Camile Louis Chiasson			Date of Receipt
	Mailing Address 318 N Canal Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Z 0 0 8
	City	State	Zip Code	Transaction ID: 28120331
	Thibodaux FEC ID number of contributing federal political committee.	C	70301-2996	Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1717.00
F	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 81 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any perso g 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 Charlotte F Nielsen Mailing Address 118 Whitehall Cou City Grayslake FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code IL 60030-3492 C Occupation Doctor of Optometry	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr Michele R Haranin Mailing Address 301 Concord Road City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Dover FEC ID number of contributing federal political committee. Name of Employer Self Employed	DE 19904-9100 C Occupation	Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie Mailing Address 1809 Gaslight Wa		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 Huntsville FEC ID number of contributing federal political committee.	State Zip Code AL 35801-1555 C	Transaction ID: 28120550 Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	200.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 81 (check only one) X
C	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may le name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr Kathleen E Goff			Date of Receipt
	Mailing Address 114 Crested Peak			06 / 28 / 4 2008
	City <u>Santa Teresa</u>	State NM	Zip Code 88008-9423	Transaction ID: 28120551
	FEC ID number of contributing federal political committee.	C	00000-9423	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
 3.	Full Name (Last, First, Middle Initial) Dr Beth A Kneib Mailing Address 602 Nw 163Rd St	<u> </u>		Date of Receipt
	Walling Address 602 NW 165Md St			06 28 2008
	City Shoreline	State WA	Zip Code	Transaction ID: 28120552
	FEC ID number of contributing federal political committee.	C	98177-3727	Amount of Each Receipt this Period 41.66
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	
- :.	Full Name (Last, First, Middle Initial) Dr Trevor J Cleveland			Date of Receipt
	Mailing Address 1610 Wilson Court			0 6 28 2 0 0 8
	City	State	Zip Code	Transaction ID: 28120553
	Eugene FEC ID number of contributing federal political committee.	OR C	97402-3361	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		141.66

A.

В.

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

PAGE 58/81 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Jerd W Poston Date of Receipt Mailing Address 1651 Glenns Bay Rd 06 28 2008 City State Zip Code Transaction ID: 28120555 Myrtle Beach SC 29575-4836 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date General Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) Dr Peter H Kehoe Date of Receipt Mailing Address 789 N Broad 0 6 28 2008 City State Zip Code Transaction ID: 28120557 Galesburg IL 61401-2766 Amount of Each Receipt this Period FEC ID number of contributing C 175.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼

1050.00

SUBTOTAL of Receipts This Page (optional)	•	225.00
TOTAL This Period (last page this line number only)	•	36561.87

Primary

Other (specify)

General

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	(check onl	NUMBER: PAGE 59 / 81 vone)		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29		
ny Information copied from such Reports and Start for commercial purposes, other than using the r					
NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action Committee				
Full Name (Last, First, Middle Initial) Hastings For Congress			Transaction ID: 27988154 Date of Disbursement		
Mailing Address P.O. Box 100277					
City Ft. Lauderdale	State Zip Code FL 33310		Amount of Each Disbursement this Period		
Purpose of Disbursement Candidate Contribution		011	1000.00		
Candidate Name Rep. Alcee L. Hastings		Category/ Type			
Office Sought: X House Senate President State: FL District: 23	ursement For: 2008 X Primary General Other (specify) ▼	•	Candidate Contribution		
Full Name (Last, First, Middle Initial)			Transaction ID: 27988155		
Progressive Choices PAC			Date of Disbursement		
Mailing Address PO Box 58		06 0 0 5 7 2 0 0 8			
City Evanston	State Zip Code IL 60204		Amount of Each Disbursement this Peri		
Purpose of Disbursement Committee Contribution		011	5000.00		
Candidate Name Progressive Choices PAC	Category/ Type				
Office Sought: House Disb Senate President State: District:	ursement For: Primary General Other (specify) ▼	•	Committee Contribution		
Full Name (Last, First, Middle Initial) Kendrick Meek Campaign For Congres	3		Transaction ID: 27988156 Date of Disbursement		
Mailing Address 111 Nw 183rd Street Suite 325			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Miami	State Zip Code FL 33169		Amount of Each Disbursement this Peri		
Purpose of Disbursement Candidate Contribution		011	1000.00		
Candidate Name Rep. Kendrick B. Meek		Category/ Type			
Senate President	ursement For: 2008 X Primary General Other (specify) ▼		Candidate Contribution		
State: FL District: 17					
			7000.00		

	CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s	5)		LINE NUMBER: PAGE 60 / 81 conly one)
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	y Information copied from such Reports and Sta or commercial purposes, other than using the r				
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Polit	<u> </u>			
<u></u>	Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress				Transaction ID: 27988157 Date of Disbursement
	Mailing Address P.O. Box 11519				06 0 0 5 7 2 0 0 8
	City Charleston	State Zip Code WV 25339			Amount of Each Disbursement this Perio
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Rep. Shelley Moore Capito	0000		ategory Type	
	Senate President	orsement For: 2008 Primary X General Other (specify) ▼			Candidate Contribution
	State: WV District: 02 Full Name (Last, First, Middle Initial)				Transaction ID: 27988158
	Lucas For Congress Mailing Address Post Office Box 1726				Date of Disbursement M M / D D D / Y Y Y O N 8
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	Oklahoma City	OK 73101			1000.00
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	Rep. Frank D. Lucas			Туре	
	Office Sought: X House Senate President State: OK District: 03	orsement For: 2008 X Primary General Other (specify) ▼			Candidate Contribution
	Full Name (Last, First, Middle Initial) Upton For All Of Us				Transaction ID: 27988159 Date of Disbursement
	Mailing Address P.O. Box 490				06
	City St. Joseph	State Zip Code MI 49085			Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Contribution			011	1000.00
	Candidate Name Rep. Fred Upton			ategory Type	/
	`	X Primary General Other (specify)	1	21.5	Candidate Contribution
	State: MI District: 06				

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 61 / 81 vone)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and State r for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action Committee		
Full Name (Last, First, Middle Initial) Reed Committee			Transaction ID: 27988160 Date of Disbursement
Mailing Address PO Box 8628			06 05 2008
City Cranston	State Zip Code RI 02920		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution Candidate Name		011 Category/	500.00
Sen. Jack Reed Office Sought: House Disbur	sement For: 2008	Type	Candidate Contribution
x Senate President State: RI District:	X Primary General Other (specify) ▼		Candidate Contribution
Full Name (Last, First, Middle Initial) Langevin For Congress			Transaction ID: 27988161 Date of Disbursement
Mailing Address 181-A Knight St			$\begin{bmatrix}\begin{smallmatrix}M\\0&6\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\0&5\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2&2&0&0&8\end{smallmatrix}\end{bmatrix}^Y$
City Warwick	State Zip Code RI 02886		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	2500.00
Candidate Name Rep. James R. Langevin Office Sought: X House Disbur	sement For: 2008	Category/ Type	
- H	X Primary General Other (specify) ▼		Candidate Contribution
Full Name (Last, First, Middle Initial) Tuesday Group PAC			Transaction ID: 27988165 Date of Disbursement
Mailing Address PO Box 40385			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & 0 & 5 \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & & 2 & 0 & 0 & 8 \\ \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & & 2 & 0 & 0 & 8 \\ \end{smallmatrix} \end{bmatrix}$
City Washington	State Zip Code DC 20016		Amount of Each Disbursement this Perio
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Tuesday Group PAC	sement For:	Type	
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SUBTOTAL of Disbursements This Page (optiona)		5500.00

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Γ	FEMIZED DISBURSEMENTS	for each o	category of the Summary Page		(CI	neck on 21b 27		22 28a	X	23 28b		24 28c	Н	25 29	П	26 30l
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	American Optometric Association Political	Action Co	mmittee													
∠ 4.	Full Name (Last, First, Middle Initial) Matsui For Congress							Transa Date o					8166	<u> </u>		
	Mailing Address PO Box 1738							0 6	И	^D 0	5	′	Ý Ž	0 0 8	3 Y	
	City Sacramento	State CA	Zip Code 95812					Amour	nt of	f Each	Di	isburs			_	nd
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3.	Geoff Davis For Congress							Date o		sburse	em	ent			V	
	Mailing Address 3161 Dixie Highway Suite F							0 6			5	J'L	<u>'</u> 2	0 0 8	3	
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	Office Sought: X House Disburse Senate President State: KY District: 04	ement For: Primary Other (spe	2008 X General cify) ▼					Candi	date	e Cor	ntri	ibutio	n			
 C.	Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen							Transa Date o					8168			
	Mailing Address PO Box 326							0 6	И	^D 0	5	′ [Ý Ž	0 0 8	3 Y	
	City Everett	State WA	Zip Code 98206					Amour	nt of	f Each	Di	isburs	emen	t this f	Peric	d
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Ī	Mailing Address	P.O. Box 321							0 ^M 6	M /	0	5 /	ž	0 0 8	3
	City Pawtucket			State RI	Zip Code 02860				Amo	unt of	Each	Disburs		t this F	-
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-	Candidate Name Rep. Patrick J.					Са	tego Type	ory/							
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	City Chantilly			State VA	Zip Code 20151				Amo	unt of	Each	Disburs			
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	Candidate Name Rep. Michael F					Ca	atego Type	ory/							
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	y Information copied from such Reports and State for commercial purposes, other than using the nar											
$ \rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politica	I Action Committee										
<u></u>	Full Name (Last, First, Middle Initial) John Lewis For Congress					Trans Date of	of Di	sburse	ement	9883	09	
	Mailing Address 303 Peachtree Street, N Suite 5300	e				0 ^M 6	M /	^D 0	5	Y	ž 0 ŏ	8 ^Y
	City Atlanta	State Zip Code GA 30308				Amou	nt of	Each	Disbu	-	ent this	
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	Full Name (Last, First, Middle Initial) Marion Berry For Congress					Trans Date of		sburse		9883 Y	11 200	Q Y
	Mailing Address P.O. Box 8084	2: 0 1				1						
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	Candidate Name Rep. Marion Berry			ateg Typ	ory/							
	Office Sought: X House Senate President State: AR District: 01	ement For: 2008 Primary X General Other (specify) ▼				Candi	date	e Cor	ntribu	tion		
	Full Name (Last, First, Middle Initial) Ben Chandler For Congress					Trans Date of	of Di	sburse	ement	9883	. –	
	Mailing Address P. O. Box 12678					0 ^M 6	M /	^D 0	5	Y	žoŏ	8 ^Y
	City Lexington	State Zip Code KY 40508				Amou	nt of	Each	Disbu	ırsem	ent this	Period
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Transaction ID: 27988314 Barney Frank For Congress Committee Transaction ID: 27988314 Date of Deadled Summary Page Transaction ID: 27988314 Date of Disbursement Mailing Address PO Box 260	•	FEC Form 3	' Use sep	arate schedule(s)	FOR LINE (check only	
NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee Mailing Address PO Box 260 City Newtonville Name (Last, First, Middle Initial) Barney Frank For Congress Committee Mailing Address PO Box 260 City State Zip Code NA 02460 City Newtonville Name Candidate Contribution Candidate Name Rep. Barney Frank City Senate President State: MA District: 04 Full Name (Last, First, Middle Initial) Bachmann For Congress Mailing Address PO Box 25950 City State Zip Code NA Category/ Type Candidate Contribution Candidate Contribution Candidate Contribution City Newton State Zip Code NA Category/ Type Candidate Contribution Candidate Name Name Name Name Name Name Name Nam	I EMIZED DISB	UKSEMENI			21b	22 🛛 23 🗍 24 📗 25 📗
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee Mailing Address PO Box 260 City State Zip Code MA 02460 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Barney Frank Office Sought: A House President State: MA District: 04 Full Name (Last, First, Middle Initial) Bachmann For Congress Mailing Address PO Box 25950 City State Zip Code MA 02460 Candidate Contribution Candi						
Barney Frank For Congress Committee Mailing Address PO Box 260 City State Zip Code Newtonville MA 02460 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Name President State: MA District: 04 Full Name (Last, First, Middle Initial) Bachmann For Congress Mailing Address PO Box 25950 City State Zip Code MA 02460 Type Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Candidate Contribution Transaction ID: 27988315 Date of Disbursement Office Sought: X House Senate President State: Zip Code Moodbury MN 55125 City State Zip Code MNN 55125 Purpose of Disbursement Candidate Contribution Candidate Contribution Candidate Name Michele Bachmann Office Sought: X House President State: MN District: 06 Full Name (Last, First, Middle Initial) Friends Of Chris Dodd Mailing Address PO Box 270701 City State Zip Code Michele State First, Middle Initial) Friends Of Chris Dodd Mailing Address PO Box 270701 City State Zip Code CT 06127 Purpose of Disbursement CTT 06127 Purpose of Disbursement CTTT 06127	NAME OF COMMIT	ΓΕΕ (In Full)				
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Full Name (Last, First, Middle Initial) SYNERGY PAC			Transaction ID: 2 Date of Disburseme	
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City	State Zip Code VA 22101		Amount of Each Dis	bursement this Period
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Full Name (Last, First, Middle Initial) South Dakota Democratic Party		Transaction ID: 28012607 Date of Disbursement
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<u>V_</u>	Full Name (Last, First, Middle Initial) Nathan Deal For Congress Mailing Address PO Box 902		Transaction ID: 28070118 Date of Disbursement M M D D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Gainesville	State Zip Code GA 30503	Amount of Each Disbursement this Period
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American Optometric Association Political	Action Co	mmittee												
Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress									on ID:	2807 ement	031	4		
Mailing Address P.O. Box 2232							0 ^M 6	М	1	8 /	Y	žoŏ	8 ^Y	
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Mailing Address 12 Trumbull Street							0 6	М	1	8 /	Y 2	ž 0 Ŏ	8 ້	
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$ \rangle$	American Optometric Association Polit	cal Action Committee											
	Full Name (Last, First, Middle Initial) Adrian Smith For Congress							sburse	ement			Y - Y	7
	Mailing Address 3321 Avenue I Suite 6					0 6				L		ď8Ť	
	City Scottsbluff	State Zip Code NE 69361				Amou	nt of	Each	Disbu	ursen		-	eriod
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	Full Name (Last, First, Middle Initial) John Boccieri For Congress							sburse	_		_	ŏ 8 ŏ	′
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Cor	mmittee				
	Full Name (Last, First, Middle Initial) McConnell Senate Committee '08 Mailing Address PO Box 1496				Transaction ID: 28 Date of Disbursemen	t	ў 8 ^ү
	,	State KY	Zip Code 40201		Amount of Each Disb	oursement th	nis Period
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	Candidate Name Sen. Mitch McConnell Office Sought: House Disburse	ment For:	2008	Category/ Type			
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	Full Name (Last, First, Middle Initial) Republican Party of Kentucky				Transaction ID: 28 Date of Disbursemen	t	V V
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NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Co	mmittee													
Full Name (Last, First, Middle Initial) Wachovia Federal Mailing Address 1650 Tyson Blvd.							Trans		sburse		-		0 ŏ 0	3 ^Y	
City	State VA	Zip Code 22102					Amou	nt o	f Each	Disl	burse	men	t this f	Period	
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Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251							Date of		sburse				0 Ŏ 8	3 ^Y	
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NAME OF COMMITTEE (In Full)			
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St. Louis	MO 63179		96.36
Purpose of Disbursement American Express Fee 06/05/2008		001	30.30
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Bank of America			Date of Disbursement
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City St. Louis	State Zip Code MO 63179		Amount of Each Disbursement this Period
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