

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dorothy Hitchmoth, O.D.

Signature of Treasurer

Electronically Filed by Dorothy Hitchmoth, O.D.

Date

07

16

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		495385.22
(b) Cash on Hand at Beginning of Reporting Period .....	557789.12	
(c) Total Receipts (from Line 19) .....	56545.43	530842.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	614334.55	1026227.66
7. Total Disbursements (from Line 31) .....	122278.59	534171.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	492055.96	492055.96
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	36561.87	300667.13
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	19950.53	222504.41
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	56512.40	523171.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	56512.40	523171.54
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	6500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	33.03	1170.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	56545.43	530842.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	56545.43	530842.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1278.59	13785.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1278.59	13785.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	121000.00	518986.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1400.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	122278.59	534171.70
32. 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

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

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

FOR LINE NUMBER: PAGE 6 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Shannon L Steinhauer

Mailing Address 501 W Port Royale Ln

City

Phoenix

State

AZ

Zip Code

85023-5272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27971725

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Candace D Hamel

Mailing Address Po Box 358  
405 Ne Main St

City

Estacada

State

OR

Zip Code

97023-0358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: 27985849

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Thomas A Wilson

Mailing Address 850 Newgate Ct

City

Monument

State

CO

Zip Code

80132-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988046

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr John Andrew Walters

Mailing Address 101 Benson Blvd

City

Madison

State

AL

Zip Code

35758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988406

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Garey E Ware

Mailing Address 1622 Gladney Dr

City

Bastrop

State

LA

Zip Code

71220-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988409

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Norman L Smith

Mailing Address 7034 Chiswick Dr

City

Corpus Christi

State

TX

Zip Code

78413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988415

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

675.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Amy M Postma

Mailing Address 8806 53Rd Street Court W

City

University Plc

State

WA

Zip Code

98467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988418

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Gordon Stanley Johnson

Mailing Address 506 Riello Dr

City

Greer

State

SC

Zip Code

29650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988420

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City

Succasunna

State

NJ

Zip Code

07876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988423

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr William Thomas Reynolds, Jr

Mailing Address 200 Larosa

City

Richmond

State

KY

Zip Code

40475-7855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988424

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Carol L Bertke

Mailing Address 3123 Hergott Dr

City

Edgewood

State

KY

Zip Code

41017-3380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988425

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Kim Ashbrook Baxter

Mailing Address 1211 Custer Court

City

North Platte

State

NE

Zip Code

69101-6313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988479

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1265.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Bradley J Blumenstock

Mailing Address 3319 S 30Th Street

City

Lincoln

State

NE

Zip Code

68502-5130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988481

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Tim Malcolm Burrows

Mailing Address 23 Wedgewood

City

Mc Cook

State

NE

Zip Code

69001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988485

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Cheryl M Chapman

Mailing Address 3631 S 116Th Avenue

City

Omaha

State

NE

Zip Code

68144-4640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988486

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr John W Crotty

Mailing Address 725 16Th Street

City

Auburn

State

NE

Zip Code

68305-2204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988488

Amount of Each Receipt this Period

288.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Nancy A Dob

Mailing Address 2111 Road M

City

Benedict

State

NE

Zip Code

68316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988493

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Donald J Ediger

Mailing Address 7415 So Hampton Rd

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988494

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1088.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Steven J Gradowski

Mailing Address 6214 South 118Th Plaza

City

Omaha

State

NE

Zip Code

68137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988530

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Carl Scott Gutshall

Mailing Address 530 North 10th Street

City

Oneill

State

NE

Zip Code

68763-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988534

Amount of Each Receipt this Period

290.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Jeffrey S Klein

Mailing Address 909 Park Wya

City

Norfolk

State

NE

Zip Code

68701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988539

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1090.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cherie S Lodi

Mailing Address 22577 Capehart Rd

City

Gretna

State

NE

Zip Code

68028-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Transaction ID: 27988556

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr John Todd Mahoney

Mailing Address 1969 Elizabeth Drive

City

Mitchell

State

NE

Zip Code

69357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Transaction ID: 27988558

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Steven Gerald Miller

Mailing Address 1302 Eldorado Road

City

Norfolk

State

NE

Zip Code

68701-1276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	0	8

Transaction ID: 27988568

Amount of Each Receipt this Period

288.00

SUBTOTAL of Receipts This Page (optional) .....

988.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Brett Alan Monson

Mailing Address 1011 Michael Drive

City

Omaha

State

NE

Zip Code

68128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988569

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Jeffrey Thomas O'Connor

Mailing Address 2120 William

City

North Platte

State

NE

Zip Code

69101-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988581

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Jeffrey Wade Pape

Mailing Address 84643 Buckskin Dr

City

Norfolk

State

NE

Zip Code

68701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988583

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 15 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Douglas C Rienks

Mailing Address 7239 South 41St

City

Lincoln

State

NE

Zip Code

68516-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988589

Amount of Each Receipt this Period

288.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Rebecca L Robinson

Mailing Address 4222 S 147 Plz #204

City

Omaha

State

NE

Zip Code

68137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988590

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Jerry A Vaughan

Mailing Address 80238 Airport Road

City

Broken Bow

State

NE

Zip Code

68822-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988604

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1088.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 16 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Steven S Wolfe

Mailing Address 14023 Sahler St

City

Omaha

State

NE

Zip Code

68164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 27988625

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Daniel J Gordon

Mailing Address 19 Sunset Terr

City

Tenafly

State

NJ

Zip Code

07670-1456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: 27989128

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Robert E Botts

Mailing Address PO Drawer BB

City

Big Stone Gap

State

VA

Zip Code

24219-0660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Transaction ID: 27989131

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 17 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Nathaniel Roland

Mailing Address 10001 Admiral Emerson AVE NE

City

Albuquerque

State

NM

Zip Code

87111-1339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 0 8

Transaction ID: 27992785

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Jennifer L Planitz

Mailing Address 3537 New Castle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 27992838

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Mitchell D Peterson

Mailing Address 365 E 400 S

City

Monroe

State

UT

Zip Code

84754-4497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 27995292

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 18 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Bronte D Baker

Mailing Address 179 Redbird Ridge

City

Beeville

State

TX

Zip Code

78102-8465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995560

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City

Birmingham

State

AL

Zip Code

35242-6886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995562

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Donald W Furman

Mailing Address 855 11Th St Place

City

Garner

State

IA

Zip Code

50438-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995564

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 19 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Markus I Barth

Mailing Address 1346 Heller Drive

City

Yardley

State

PA

Zip Code

19067-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995566

Amount of Each Receipt this Period

66.67

**B.**

Full Name (Last, First, Middle Initial)

Dr Michael T Cron

Mailing Address 9217 Elmwood Court

City

Stanwood

State

MI

Zip Code

49346-9305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995569

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Dr G. Chad Green

Mailing Address 5960 Co Rd 19

City

Linden

State

AL

Zip Code

36748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995571

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

208.33

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 20 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City

Snohomish

State

WA

Zip Code

98296-8649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995572

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Timothy G Koop

Mailing Address 4912 Bluff Run Drive

City

Greensboro

State

NC

Zip Code

27455-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995573

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City

Kent

State

WA

Zip Code

98030-7004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995574

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 21 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Gary W Lasken

Mailing Address 10215 N North Forest Trail

City

Peoria

State

IL

Zip Code

61615-1378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995575

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)

Dr Ronald J Meyer

Mailing Address 9802 US 41

City

Champion

State

MI

Zip Code

49814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995578

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Susan M Brunnett

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995579

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

191.66

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 22 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Gregory C Russell

Mailing Address 2505 Rivermont Circle

City

Kingsport

State

TN

Zip Code

37660-2392

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995581

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr Jack L Schaeffer

Mailing Address 3801 River View Cr

City

Birmingham

State

AL

Zip Code

35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995582

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Jason K Dickerson

Mailing Address 2581 Bridlewood Drive

City

Helena

State

AL

Zip Code

35080-3916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995589

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.33

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 23 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Ron W Roelfs

Mailing Address 600 3Rd St Se

City

Waverly

State

IA

Zip Code

50677-3516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995590

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Thomas J Landry

Mailing Address 3 Taylor Street

City

Painted Post

State

NY

Zip Code

14870-9381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995593

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City

Auburn

State

ME

Zip Code

04210-8884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995595

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

126.67

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 24 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City

Shoreview

State

MN

Zip Code

55126-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995596

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Lee Ann Barrett

Mailing Address 1199 E Morgan

City

Boonville

State

MO

Zip Code

65233-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995598

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Paul D Batson

Mailing Address 5323 Whisper Wood Drive

City

Birmingham

State

AL

Zip Code

35226-1092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995604

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

184.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 25 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City

Benton

State

KY

Zip Code

42025-9400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995605

Amount of Each Receipt this Period

166.67

**B.**

Full Name (Last, First, Middle Initial)

Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City

Guthrie

State

OK

Zip Code

73044-8668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1428.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995607

Amount of Each Receipt this Period

142.86

**C.**

Full Name (Last, First, Middle Initial)

Dr Jan L Cooper

Mailing Address 101 Chandler West

City

Highland

State

CA

Zip Code

92346-5482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 27995608

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

409.53

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 26 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr David K. Masihdas

Mailing Address 6695 South Old Mill Circle

City

Salt Lake City

State

UT

Zip Code

84121-6919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 27995627

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr James D Sargent, Jr

Mailing Address 7489 Marylboune Rd

City

West Jordan

State

UT

Zip Code

84084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 27995630

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Lynn R Purcell

Mailing Address 790 N 350 East

City

Tremonton

State

UT

Zip Code

84337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 27996181

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 27 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Dale F Hardy

Mailing Address 10573 S Weeping Willow Dr

City

Sandy

State

UT

Zip Code

84070-4241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 27996190

Amount of Each Receipt this Period

115.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Gilbert G Wong

Mailing Address 7810 W Maui Lane

City

Peoria

State

AZ

Zip Code

85381-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: 28001187

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

766.68

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: 28012461

Amount of Each Receipt this Period

166.67

**SUBTOTAL** of Receipts This Page (optional) .....

781.67

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 28 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Kevin L Alexander

Mailing Address 8830 Walnut Trail

City

Sylvania

State

OH

Zip Code

43560-8990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: 28012462

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr John Bonsett-Veal

Mailing Address 357 N Main St

City

Oregon

State

WI

Zip Code

53575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: 28012463

Amount of Each Receipt this Period

92.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Rodney D Fair

Mailing Address 1169 Coneflower Way

City

Brighton

State

CO

Zip Code

80601-6785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: 28012464

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

192.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 29 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Mario Joseph Contaldi

Mailing Address 1029 Anson Drive

City

Keller

State

TX

Zip Code

76248-8904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 28018709

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Dorothy L Hitchmoth

Mailing Address Po Box 302  
106 Davis Hill Road

City

New London

State

NH

Zip Code

03257-0302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 28018720

Amount of Each Receipt this Period

166.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Michael Douglas Jones

Mailing Address 565 Autumn Bluff Drive

City

Ellisville

State

MO

Zip Code

63021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 28018721

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

791.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 30 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Randall Christiansen

Mailing Address 725 Darrell Drive

City

Fairbanks

State

AK

Zip Code

99709-6751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 28018723

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr W. Joseph Garvin

Mailing Address 3630 Vista Dela Canada

City

Escondido

State

CA

Zip Code

92029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 28018725

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Anita Susan Keene

Mailing Address 70 Cove Hills Lane

City

Wytheville

State

VA

Zip Code

24382-4461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 28018726

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 31 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Anthony S Diecidue

Mailing Address 300 McMichaels Drive

City

Stroudsburg

State

PA

Zip Code

18360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 28018727

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Joseph Lebovic

Mailing Address 28 Lakeview Hollow

City

Cherry Hill

State

NJ

Zip Code

08003-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 0 8

Transaction ID: 28018728

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Kathleen E Powell

Mailing Address 6911 Burlwood Drive

City

Anchorage

State

AK

Zip Code

99507-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 28022087

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional) .....

184.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 32 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Sheryl A Lentfer

Mailing Address 1345 West 9Th Avenue

City

Anchorage

State

AK

Zip Code

99501-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 28022089

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Patrick N Reber

Mailing Address 9650 Etolin Circle

City

Eagle River

State

AK

Zip Code

99577-8787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 28022091

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Dennis A Swarner

Mailing Address Box 1669

City

Kenai

State

AK

Zip Code

99611-1669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 28022092

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional) .....

252.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 33 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Jeff Seeholzer

Mailing Address 996 Sunset Ridge

City

Logan

State

UT

Zip Code

84321-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8

Transaction ID: 28025602

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Julie Metzger Aubuchon

Mailing Address 72 Belmont Ct

City

Florence

State

KY

Zip Code

41042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 28026058

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Robert J Blumthal

Mailing Address 119 Exmore Drive

City

Springfield

State

IL

Zip Code

62704-3137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.05

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: 28026510

Amount of Each Receipt this Period

208.35

**SUBTOTAL** of Receipts This Page (optional) .....

1073.35

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 34 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr R. Bryan Boozer

Mailing Address 1602 Wildwood St Sw

City

Cullman

State

AL

Zip Code

35055-4555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: 28026511

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Jeffrey David Hill

Mailing Address 126 Treymoor Drive

City

Alabaster

State

AL

Zip Code

35007-3150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: 28026512

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Sarah C Gordon

Mailing Address 5398 Harvest Ridge Ln

City

Birmingham

State

AL

Zip Code

35242-3145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: 28026513

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 35 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr David J Shippee

Mailing Address Box 307

City

Sherman Oaks

State

ME

Zip Code

04777

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 3 / 2 0 0 8

Transaction ID: 28026515

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)

Dr Lars A Gentry

Mailing Address 101 Greenbriar Dr

City

Carmi

State

IL

Zip Code

62821-1510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 0 8

Transaction ID: 28046955

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Paul W Bohac

Mailing Address 5775 Wyncliff Drive

City

N Charleston

State

SC

Zip Code

29418-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 0 8

Transaction ID: 28046960

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

291.66

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 36 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Karen Riccio

Mailing Address 2683 Berwick Blvd

City

Columbus

State

OH

Zip Code

43209-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 0 8

Transaction ID: 28046967

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Steven M Berry

Mailing Address PO Box 1275

City

Cedar Crest

State

NM

Zip Code

87008-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: 28046968

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Naeem Z Abdulla

Mailing Address 442 Gregg Ave #203

City

Santa Fe

State

NM

Zip Code

87501-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: 28046969

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

350.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 37 / 81

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Michael G Blake

Mailing Address P O Box 2859

City

Gallup

State

NM

Zip Code

87305-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: 28046970

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Arlene T. H. Sokola

Mailing Address 213 Summer Winds Dr Se

City

Rio Rancho

State

NM

Zip Code

87124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: 28046972

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Raymond P Herrera

Mailing Address #23 Road 5198

City

Bloomfield

State

NM

Zip Code

87413-9713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: 28046973

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 38 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr D. C. Dean

Mailing Address 532 Queens Court Ne

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: 28046975

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Michael L English

Mailing Address 4924 Chaqar Ct

City

Las Cruces

State

NM

Zip Code

88007-5464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: 28046976

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Craig F Clatanoff

Mailing Address 3537 Newcastle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: 28046977

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 39 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Alice Sterling

Mailing Address 5727 Canton Cove #111

City

Winter Springs

State

FL

Zip Code

32708-5033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: 28046991

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Dr R. W. Anderson

Mailing Address 2928 Monad Rd

City

Billings

State

MT

Zip Code

59102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: 28060671

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Terry F Hawks

Mailing Address 12539 Flint

City

Overland Park

State

KS

Zip Code

66213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: 28060672

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 40 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert P Wooldridge

Mailing Address 2840 E Swiss Oaks Dr

City

Sandy

State

UT

Zip Code

84093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 8

Transaction ID: 28060675

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City

Anchorage

State

AK

Zip Code

99515-2380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 28069685

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Dr Denise Lynn Thanepohn

Mailing Address 130 Beaufort Circle

City

Anchorage

State

AK

Zip Code

99515-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 28069686

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

549.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Brian D Cin

Mailing Address 11912 Town Park Circle

City

Eagle River

State

AK

Zip Code

99577-7788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 28069687

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Pamela E Theriot

Mailing Address 12200 Academy Rd Ne Apt 1332

City

Albuquerque

State

NM

Zip Code

87111-7257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 28079055

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Mamie Cassandra Chan

Mailing Address 6109 Rio Hondo Ne

City

Albuquerque

State

NM

Zip Code

87109-3832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 28079056

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 42 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Robert F Brooks

Mailing Address 452 Bluebird Dr

City

Russell

State

KY

Zip Code

41169-1570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 28079059

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City

Monterey

State

CA

Zip Code

93940-5811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 8

Transaction ID: 28087528

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Thomas William Dawson

Mailing Address 528 Sw 1St Court

City

Crystal River

State

FL

Zip Code

34429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 28093099

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Mark E Swan

Mailing Address 474 Shaw Estates Dr Ne

City

Rockford

State

MI

Zip Code

49341-9795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: 28093125

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

Dr James A Molde

Mailing Address 613 Irving Beach Dr Sw

City

Bemidji

State

MN

Zip Code

56601-3486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: 28093126

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr John L Walters

Mailing Address 47 Mast Hill Road

City

Saco

State

ME

Zip Code

04072-9338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Transaction ID: 28093132

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional) .....

615.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Stephen A Feltus

Mailing Address 77 Old Coach Dr

City

Lyndonville

State

VT

Zip Code

05851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 28093136

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City

Minot

State

ND

Zip Code

58703-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 8

Transaction ID: 28096845

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Scott M Burks

Mailing Address P O Box 1351

City

Buffalo

State

MO

Zip Code

65622-1351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 2 / 2 0 0 8

Transaction ID: 28096850

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

635.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Douglas J Mc Bride

Mailing Address 3103 Sycamore Lane

City

Billings

State

MT

Zip Code

59102-0523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28096906

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Larry G Obie

Mailing Address 1330 12Th Ave

City

Havre

State

MT

Zip Code

59501-5401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28096907

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Dirk Michael Beyer

Mailing Address 709 South 5Th St

City

Hamilton

State

MT

Zip Code

59840-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 8

Transaction ID: 28096908

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City

Bloomington

State

IL

Zip Code

61704-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28097511

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City

Central City

State

KY

Zip Code

42330-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28097512

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Thomas E Nye

Mailing Address 42 Tabor Lane

City

Hamilton

State

OH

Zip Code

45013-5118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28097513

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 47 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Philip Dunne Flynn

Mailing Address 122 Palmetto Hall Drive

City

Lexington

State

SC

Zip Code

29072-7894

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28097514

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Gregory Willard Willard Hicks

Mailing Address 419 Bogart Road East

City

Sandusky

State

OH

Zip Code

44870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28097515

Amount of Each Receipt this Period

166.67

**C.**

Full Name (Last, First, Middle Initial)

Jonathan F Hymes

Mailing Address 1505 Prince Street  
Suite 300

City

Alexandria

State

VA

Zip Code

22314-2852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Optometric Assoc-  
iation

Occupation

Director Washington Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: 28097524

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

791.67

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 48 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrea P Thau

Mailing Address 170 East 83rd Street

City

New York

State

NY

Zip Code

10028-1920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28101913

Amount of Each Receipt this Period

166.67

**B.**

Full Name (Last, First, Middle Initial)

Dr Albert S Licup

Mailing Address 226 S Harvey Ave

City

Oak Park

State

IL

Zip Code

60302-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 28107755

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dr George W Hertneky

Mailing Address 16862 County Road 28

City

Brush

State

CO

Zip Code

80723-9424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 28107756

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.34

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 49 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Teresa M Seim

Mailing Address 7328 Glade Trail

City

Kalamazoo

State

MI

Zip Code

49009-5921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 28107758

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr John H Labbe

Mailing Address 14060 Tricou Blvd

City

Hammond

State

LA

Zip Code

70403-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 28113797

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Marcus D Yeager

Mailing Address 300 Tupawek Drive

City

West Monroe

State

LA

Zip Code

71291-7019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 28114490

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

792.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 50 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Gary James Avallone

Mailing Address 144 Fox Run St

City

West Monroe

State

LA

Zip Code

71291-8137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118125

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Pete Wardell

Mailing Address 104 Chinquapin Circle

City

Natchitoches

State

LA

Zip Code

71457-6278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118126

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Hunter Bond

Mailing Address 8156 Harris Road

City

Denham Springs

State

LA

Zip Code

70726-6728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118127

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 51 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Christopher W Wroten

Mailing Address 7020 Hunters Way

City

Denham Springs

State

LA

Zip Code

70726-5642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118128

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Devjani Lahiri-Munir

Mailing Address 8008 Bluebonnet Blvd Apt 11-7

City

Baton Rouge

State

LA

Zip Code

70810-7810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118129

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Lacy Bordelon Shaw

Mailing Address 1824 Bryn Mawr

City

Alexandria

State

LA

Zip Code

71301-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118162

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr William David Gordon

Mailing Address 3303 Lake Desiard Drive

City

Monroe

State

LA

Zip Code

71201-2035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118167

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr George Charles Stumpf, Jr

Mailing Address 5412 Toby Lane

City

Kenner

State

LA

Zip Code

70065-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118168

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Shelly R Anastasio

Mailing Address 413 Turnwood Dr

City

Covington

State

LA

Zip Code

70433-5831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118169

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1730.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Jeffrey M Anastasio

Mailing Address 413 Turnwood Drive

City

Covington

State

LA

Zip Code

70433-5831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118170

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Gerald Gerdes

Mailing Address 2541 Fawnwood Road

City

Marrero

State

LA

Zip Code

70072-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118171

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Darby C Chiasson

Mailing Address 231 E 26Th Place

City

Cut Off

State

LA

Zip Code

70345-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118172

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 54 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr William L Jones

Mailing Address 1828 Conestoga Se

City

Albuquerque

State

NM

Zip Code

87123-4252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 28118176

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Mark Joseph Page

Mailing Address 3102 E Desert Broom Way

City

Phoenix

State

AZ

Zip Code

85048-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 8

Transaction ID: 28118279

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Garey E Ware

Mailing Address 1622 Gladney Dr

City

Bastrop

State

LA

Zip Code

71220-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28120320

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 55 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Hendrix

Mailing Address 290 Diana Blvd

City

Merritt Island

State

FL

Zip Code

32953-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1017.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28120321

Amount of Each Receipt this Period

667.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Anthony S Diecidue

Mailing Address 300 McMichaels Drive

City

Stroudsburg

State

PA

Zip Code

18360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28120330

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Camile Louis Chiasson

Mailing Address 318 N Canal Blvd

City

Thibodaux

State

LA

Zip Code

70301-2996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: 28120331

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1717.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 56 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City

Grayslake

State

IL

Zip Code

60030-3492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 8

Transaction ID: 28120546

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Michele R Haranin

Mailing Address 301 Concord Road

City

Dover

State

DE

Zip Code

19904-9100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 8

Transaction ID: 28120547

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way

City

Huntsville

State

AL

Zip Code

35801-1555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 8

Transaction ID: 28120550

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 57 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Kathleen E Goff

Mailing Address 114 Crested Peak

City

Santa Teresa

State

NM

Zip Code

88008-9423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 8

Transaction ID: 28120551

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Beth A Kneib

Mailing Address 602 Nw 163Rd St

City

Shoreline

State

WA

Zip Code

98177-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 8

Transaction ID: 28120552

Amount of Each Receipt this Period

41.66

**C.**

Full Name (Last, First, Middle Initial)

Dr Trevor J Cleveland

Mailing Address 1610 Wilson Court

City

Eugene

State

OR

Zip Code

97402-3361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 8

Transaction ID: 28120553

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

141.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 81

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr Jerd W Poston

Mailing Address 1651 Glenss Bay Rd

City

Myrtle Beach

State

SC

Zip Code

29575-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	8

Transaction ID: 28120555

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Peter H Kehoe

Mailing Address 789 N Broad

City

Galesburg

State

IL

Zip Code

61401-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	8

Transaction ID: 28120557

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional) .....

225.00

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

36561.87

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Hastings For Congress	<b>Transaction ID:</b> 27988154 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 100277	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	0	8												
City Ft. Lauderdale State FL Zip Code 33310	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Alcee L. Hastings	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 23	Candidate Contribution																				
<b>B.</b> Full Name (Last, First, Middle Initial) Progressive Choices PAC	<b>Transaction ID:</b> 27988155 <b>Date of Disbursement</b>																				
Mailing Address PO Box 58	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	0	8												
City Evanston State IL Zip Code 60204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Committee Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Progressive Choices PAC	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Committee Contribution																				
<b>C.</b> Full Name (Last, First, Middle Initial) Kendrick Meek Campaign For Congress	<b>Transaction ID:</b> 27988156 <b>Date of Disbursement</b>																				
Mailing Address 111 Nw 183rd Street Suite 325	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	0	8												
City Miami State FL Zip Code 33169	Amount of Each Disbursement this Period																				
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Kendrick B. Meek	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 17	Candidate Contribution																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 81

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Shelley Moore Capito

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WV District: 02

Transaction ID: 27988157

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
Lucas For Congress

Mailing Address Post Office Box 1726

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Frank D. Lucas

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: OK District: 03

Transaction ID: 27988158

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**C.** Full Name (Last, First, Middle Initial)  
Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Fred Upton

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: MI District: 06

Transaction ID: 27988159

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reed Committee

Mailing Address PO Box 8628

City  
Cranston

State  
RI

Zip Code  
02920

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Sen. Jack Reed

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District:

Transaction ID: 27988160

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Langevin For Congress

Mailing Address 181-A Knight St

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name  
Rep. James R. Langevin

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: 27988161

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Tuesday Group PAC

Mailing Address PO Box 40385

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name  
Tuesday Group PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 27988165

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matsui For Congress

Mailing Address PO Box 1738

City  
SacramentoState  
CAZip Code  
95812Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Doris Matsui
  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 05

Transaction ID: 27988166

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

Geoff Davis For Congress

Mailing Address 3161 Dixie Highway  
Suite FCity  
ErlangerState  
KYZip Code  
41018Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Geoffrey Davis
  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: 27988167

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**C.**

Full Name (Last, First, Middle Initial)

Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City  
EverettState  
WAZip Code  
98206Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Rick Larsen
  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: 27988168

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Friends Of Patrick J. Kennedy Inc.

Mailing Address P.O. Box 321

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Patrick J. Kennedy011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: 27988169

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
Solis For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Hilda L. Solis011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 32

Transaction ID: 27988170

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**C.** Full Name (Last, First, Middle Initial)  
TRUST PAC

Mailing Address Post Office Box 221543

City Chantilly State VA Zip Code 20151

Purpose of Disbursement  
Committee ContributionCandidate Name  
TRUST PAC011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 27988171

Date of Disbursement

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Michael F. Doyle

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 14

Transaction ID: 27988172

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
Committee To Re-Elect Loretta Sanchez

Mailing Address 1212 S. Victory Blvd.  
Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Loretta Sanchez

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 47

Transaction ID: 27988173

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

**C.** Full Name (Last, First, Middle Initial)  
Bill Foster for Congress

Mailing Address PO Box 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
G. Willilam Foster

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 27988307

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Lewis For Congress

Mailing Address 303 Peachtree Street, Ne  
Suite 5300

City Atlanta State GA Zip Code 30308

Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. John Lewis011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: 27988309

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

Marion Berry For Congress

Mailing Address P.O. Box 8084

City Jonesboro State AR Zip Code 72403

Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Marion Berry011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: 27988311

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ben Chandler For Congress

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Benjamin Chandler011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 06

Transaction ID: 27988312

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

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

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Barney Frank For Congress Committee

Mailing Address PO Box 260

City Newtonville State MA Zip Code 02460

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Barney Frank

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 04

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 27988314

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
Bachmann For Congress

Mailing Address PO Box 25950

City Woodbury State MN Zip Code 55125

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Michele Bachmann

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 06

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 27988315

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Chris Dodd

Mailing Address PO Box 270701

City West Hartford State CT Zip Code 06127

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Sen. Christopher J. Dodd

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: CT District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 27988316

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lofgren For Congress

Mailing Address P.O. Box 8180  
Suite 350

City State Zip Code  
San Jose CA 95155

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Zoe Lofgren

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 16

Transaction ID: 27988319

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

Reed Committee

Mailing Address PO Box 8628

City State Zip Code  
Cranston RI 02920

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Sen. Jack Reed

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District:

Transaction ID: 27988322

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

**C.**

Full Name (Last, First, Middle Initial)

Sires For Congress

Mailing Address 6050 Boulevard East Apt 6b

City State Zip Code  
West New York NJ 07093

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Albio Sires

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 13

Transaction ID: 27988334

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SYNERGY PAC

Mailing Address 6849 Old Dominion Drive  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Committee Contribution

Candidate Name  
SYNERGY PAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 27991686

Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

2500.00

Committee Contribution

B.

Full Name (Last, First, Middle Initial)

AMERIPAC: The Fund for a Greater America

Mailing Address 1341 G Street NW  
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Void Check

Candidate Name  
AMERIPAC: The Fund for a Greater America

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28012574

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

-2500.00

Void Check

C.

Full Name (Last, First, Middle Initial)

AMERIPAC: The Fund for a Greater America

Mailing Address 1341 G Street NW  
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Committee Contribution

Candidate Name  
AMERIPAC: The Fund for a Greater America

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28012575

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
South Dakota Democratic Party

Mailing Address P O Box 1485

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 28012607

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

Committee Contribution

**B.** Full Name (Last, First, Middle Initial)  
Democratic Party of New Mexico

Mailing Address 1301 San Pedro NE

City State Zip Code  
Albuquerque NM 87110

Purpose of Disbursement  
Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 28012612

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

Committee Contribution

**C.** Full Name (Last, First, Middle Initial)  
Udall For Us All

Mailing Address 3311 Candelaria NE Suite A

City State Zip Code  
Albuquerque NM 87107

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Tom Udall

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NM District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** 28012619

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Joe Pitts

Mailing Address PO Box 775

City  
UnionvilleState  
PAZip Code  
19375Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Joseph R. Pitts011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: 28012647

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

Nadler For Congress

Mailing Address Village Station PO Box 40

City  
New YorkState  
NYZip Code  
10014Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Jerrold L. Nadler011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 08

Transaction ID: 28012723

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**C.**

Full Name (Last, First, Middle Initial)

Steve Austria For Congress

Mailing Address 2537 Obetz Drive

City  
BeavercreekState  
OHZip Code  
45434Purpose of Disbursement  
Candidate ContributionCandidate Name  
Mr. Steve Austria011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: 28025838

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	0	8

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Souder For Congress Inc.

Mailing Address P.O. Box 40233

City  
Fort WayneState  
INZip Code  
46804Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Mark E. Souder011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: 28069972

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

Loebsack For Congress

Mailing Address PO Box 1457

City  
Iowa CityState  
IAZip Code  
52244Purpose of Disbursement  
Candidate ContributionCandidate Name  
Rep. Dave Loebsack011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: 28070094

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**C.**

Full Name (Last, First, Middle Initial)

Johanns For Senate Incorporated

Mailing Address 1201 O Street Suite 101

City  
LincolnState  
NEZip Code  
68506Purpose of Disbursement  
Candidate ContributionCandidate Name  
Mr. Michael Johanns011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District:

Transaction ID: 28070100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

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

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

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

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nathan Deal For Congress

Mailing Address PO Box 902

City  
Gainesville

State  
GA

Zip Code  
30503

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Nathan Deal

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: 28070118

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

BOLD PAC

Mailing Address Post Office Box 310

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Committee Contribution

Candidate Name  
BOLD PAC

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28070123

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

5000.00

Committee Contribution

**C.**

Full Name (Last, First, Middle Initial)

Cathy McMorris For Congress

Mailing Address Box 137

City  
Spokane

State  
WA

Zip Code  
99210

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Cathy McMorris Rodgers

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: 28070129

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Grassley Committee Inc Mailing Address PO Box 1000	<b>Transaction ID:</b> 28070130 <b>Date of Disbursement</b> <div> <div>06</div> <div>18</div> <div>2008</div> </div>
City Des Moines State IA Zip Code 50304 Purpose of Disbursement Candidate Contribution Candidate Name Sen. Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Candidate Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Zack Space For Congress Committee Mailing Address 123 West High Avenue City New Philadelphia State OH Zip Code 44663 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Zachary Space Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 18	<b>Transaction ID:</b> 28070135 <b>Date of Disbursement</b> <div> <div>06</div> <div>18</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1500.00</div> <b>Candidate Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) McNerney For Congress Mailing Address 6520 Village Parkway Second Floor City Dublin State CA Zip Code 94568 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jerry McNerney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 11	<b>Transaction ID:</b> 28070139 <b>Date of Disbursement</b> <div> <div>06</div> <div>18</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Candidate Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Allyson Y. Schwartz

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: PA District: 13

Transaction ID: 28070314

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**B.** Full Name (Last, First, Middle Initial)  
Schmidt For Congress Committee

Mailing Address 771 Wards Corner Rd

City State Zip Code  
Loveland OH 45140

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Jean Schmidt

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District: 02

Transaction ID: 28070335

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City State Zip Code  
New Haven CT 06511

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Rosa L. DeLauro

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General ☐ Other (specify) ▼

State: CT District: 03

Transaction ID: 28070348

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City State Zip Code  
St. Louis MO 63143

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Russ Carnahan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28070365

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Volunteers For Shimkus

Mailing Address PO Box 5458

City State Zip Code  
Springfield IL 62705

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. John M. Shimkus

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 19

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 28070373

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of John Barrow

Mailing Address PO Box 8166

City State Zip Code  
Savannah GA 31412

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. John Barrow

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 12

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 28070388

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of John Barrow Mailing Address PO Box 8166	<b>Transaction ID:</b> 28070398 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div>
City Savannah State GA Zip Code 31412 Purpose of Disbursement Candidate Contribution Candidate Name Rep. John Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 12	<b>Amount of Each Disbursement this Period</b> <div>3000.00</div> <b>Candidate Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Butterfield For Congress Committee Mailing Address PO Box 2571 City Wilson State NC Zip Code 27894 Purpose of Disbursement Void Check Candidate Name Rep. George K. Butterfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 01	<b>Transaction ID:</b> 28070412 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-1000.00</div> <b>Void Check</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Butterfield For Congress Committee Mailing Address PO Box 2571 City Wilson State NC Zip Code 27894 Purpose of Disbursement Candidate Contribution Candidate Name Rep. George K. Butterfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 01	<b>Transaction ID:</b> 28070414 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Candidate Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Adrian Smith For Congress	<b>Transaction ID:</b> 28070424 <b>Date of Disbursement</b>																				
Mailing Address 3321 Avenue I Suite 6	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City State Zip Code Scottsbluff NE 69361	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																					
Candidate Name Adrian Smith	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Candidate Contribution																				
<b>B.</b> Full Name (Last, First, Middle Initial) John Boccieri For Congress	<b>Transaction ID:</b> 28070979 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3016	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City State Zip Code Alliance OH 44601	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																					
Candidate Name Mr. John Boccieri	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Candidate Contribution																				
<b>C.</b> Full Name (Last, First, Middle Initial) People For Ben	<b>Transaction ID:</b> 28071761 <b>Date of Disbursement</b>																				
Mailing Address PO Box 31129	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	8												
City State Zip Code Santa Fe NM 87594	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Purpose of Disbursement Candidate Contribution	<table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																					
Candidate Name Mr. Ben Lujan	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Candidate Contribution																				

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ORRINPAC

Mailing Address 310 South Main  
Suite 1420

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
Committee Contribution

Candidate Name  
ORRINPAC

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28097076

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

5000.00

Committee Contribution

B.

Full Name (Last, First, Middle Initial)

Trauner For Congress

Mailing Address P.O. Box 1154

City Wilson State WY Zip Code 83014

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Mr. Gary Trauner

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 01

Transaction ID: 28117918

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Kurt Schrader For Congress

Mailing Address 2525 N Baker Dr

City Canby State OR Zip Code 97013

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Mr. Kurt Schrader

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: 28118017

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

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

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

McConnell Senate Committee '08

Mailing Address PO Box 1496

City  
Louisville

State  
KY

Zip Code  
40201

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Sen. Mitch McConnell

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: KY District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** 28120558

Date of Disbursement

06 / 28 / 2008

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

Republican Party of Kentucky

Mailing Address PO BOX 1068

City  
Frankfort

State  
KY

Zip Code  
40601

Purpose of Disbursement  
Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 28120559

Date of Disbursement

06 / 28 / 2008

Amount of Each Disbursement this Period

2500.00

Committee Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

121000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City  
McLeanState  
VAZip Code  
22102Purpose of Disbursement  
Wachovia Bank Fee 6/10/2008

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28141441

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	0	8

Amount of Each Disbursement this Period

597.22

Wachovia Bank Fee 6/10/20-08

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City  
St. LouisState  
MOZip Code  
63179Purpose of Disbursement  
Bank of America Fee 06/02/2008

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28154822

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	8

Amount of Each Disbursement this Period

528.55

Bank of America Fee 06/02-/2008

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City  
St. LouisState  
MOZip Code  
63179Purpose of Disbursement  
Discover Service Fee 06/03/2008

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 28154823

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	8

Amount of Each Disbursement this Period

19.20

Discover Service Fee 06/0-3/2008

SUBTOTAL of Disbursements This Page (optional) .....

1144.97

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



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
American Express Fee 06/05/2008

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 28154824

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

96.36

American Express Fee 06/0-5/2008

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
Bank of America Fee 06/16/2008

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 28154826

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

37.26

Bank of America Fee 06/16-/2008

**SUBTOTAL** of Disbursements This Page (optional) .....

133.62

**TOTAL** This Period (last page this line number only) .....

1278.59