02/20/2006 21:31

Image# 26980146321

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously ۷A 22314 Alexandria reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00024968 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2006 0 1 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Vincent Brandys, O.D. Type or Print Name of Treasurer Electronically Filed by Vincent Brandys, O.D. 02 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name American Optometric Association Political Action Committee <sup>®</sup> D " D 0 1 0 1 2006 0 1 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 202047.35 January 1 (b) Cash on Hand at 202047.35 Begining of Reporting Period ..... 40220.35 40220.35 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 242267.70 242267.70 6(a) and 6(c) for Column B) ..... 37845.82 37845.82 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 204421.88 204421.88 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

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. 02/2003) Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

	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 (i) Itemized (use Schedule A)	5930.00	5930.00
	(ii) Unitemized	34261.75	34261.75
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	40191.75	40191.75
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	40191.75	40191.75
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3	All Loans Received	0.00	0.00
4.	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6.	Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	28.60	28.60
8.	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))	40220.35	40220.35
<u>2</u> 0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	40220.35	40220.35

### **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				
	(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures(c) Total Operating Expenditures	845.82	845.82		
	(add 21(a)(i), (a)(ii) and (b))	845.82	845.82		
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00		
	Contributions to Federal Candidates/Committeesand Other Political Committees	37000.00	37000.00		
	Independent Expenditure	07000.00	07000.00		
	(use Schedule E)	0.00	0.00		
Ο.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00		
6.	Loan Repayments Made	0.00	0.00		
7.	Loans Made	0.00	0.00		
8.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	Than Political Committees				
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))	0.00	0.00		
9.	Other Disbursements	0.00	0.00		
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
1.	Total Disbursements (add Lines 21(c), 22,	07045.00	27047.22		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	37845.82	37845.82		
2.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	27245.00	07017.00		
	from Line 31)	37845.82	37845.82		

### **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)	40191.75	40191.75
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	40191.75	40191.75
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	845.82	845.82
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	845.82	845.82

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 14						
	EMIZED RECEIPTS		or each category of the	(check only one)						
11	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
$\setminus$	NAME OF COMMITTEE (In Full)									
$\rangle$	American Optometric Association Politic	cal Action (	Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Daniel J Brothers			Date of Receipt						
	Mailing Address 4517 Belmont			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City	State	Zip Code	Transaction ID: 23348083						
	<u>Joplin</u>	MO	64804-5247	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7						
	Receipt For:		e Year-to-Date ▼	7						
	Primary General			1						
	Other (specify) ▼	0 0	250.00							
В.	Full Name (Last, First, Middle Initial) Dr Charles S Lannom			Date of Receipt						
	Mailing Address 870 Old Crystal Bay Roa	0 1 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City	Transaction ID: 23337159								
	Wayzata	MN	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		300.00						
	Name of Employer	Occupation	1	_						
	Self Employed	O.D.	•							
	Receipt For:	Aggregate	e Year-to-Date ▼	_						
	Primary General			1						
	Other (specify) ▼	0 0	300.00	]						
<u> </u>	Full Name (Last, First, Middle Initial) Dr Larry J Brothers			Date of Receipt						
	Mailing Address 4777 Seagraves Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 23348081						
	Joplin	МО	64804	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry							
	Receipt For:		e Year-to-Date ▼							
	Primary General	11 1	1							
	Other (specify) ▼		250.00	]						
	LIPTOTAL of Descipto This Page (aution)			800.00						
L	UBTOTAL of Receipts This Page (optional)									

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

S	CHEDULE A (FEC Form 3X)		He a consente colored de (a)	FOR LINE NUMBER: PAGE 7 / 14				
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
<u> </u>	NAME OF COMMITTEE (In Full)		,,,,					
$\rangle$	American Optometric Association Politica	al Action C	Committee					
۹.	Full Name (Last, First, Middle Initial) Dr Dennis W Bezold			Date of Receipt				
	Mailing Address 7612 Hwy 43			01				
	City	State	Zip Code	Transaction ID: 23348082				
	Seneca	MO	64865-8350	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation Doctor of	Optometry					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	· · ·	250.00					
	Other (specify) ▼		230.00					
3.	Full Name (Last, First, Middle Initial) Dr Nelson C Klaus, Jr			Date of Receipt				
	Mailing Address 833 Shinn Point Road	M M / D D / Y Y Y Y						
	City	Ctata	7in Cada	01 05 2006				
	City Wilmington	State NC	Zip Code 28409-2113	Transaction ID: 23347995				
	<del></del>	INC	20403-2113	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		365.00				
	Name of Employer Self Employed	Occupation						
			Optometry	4				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify) ▼		365.00					
<del></del>	Full Name (Last, First, Middle Initial) Dr Dennis M Kuwabara			Date of Receipt				
	Mailing Address 94-477 Holaniku Street			01 7 05 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
	City	State	Zip Code	Transaction ID: 23348025				
	Mililani Town	HI	96789	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		500.00				
	Name of Employer Self Employed	Occupation Doctor of	Optometry					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	' '	500.00					
	Other (specify) ▼	0 0						
				1115.00				
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	1115.00				

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

SCHEDULE A (FEC Form 3)	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 14				
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12				
		Detailed Summary Page	X   11a     11b     11c     12     15     16     17				
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
American Optometric Association F	Political Action	Committee					
Full Name (Last, First, Middle Initial) Dr Jonathan Keith Loo			Date of Receipt				
Mailing Address 5417 Covey Creek			01 05 7 2006				
City	State	Zip Code	Transaction ID: 23378063				
Stockton  FEC ID number of contributing federal political committee.	CA	95207-5341	Amount of Each Receipt this Period  500.00				
Name of Employer Self Employed	Occupation Doctor of	n f Optometry					
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial)  Dr Peter Hollis	<b>'</b>		Date of Receipt				
Mailing Address 505 Queen Annes F			01 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Greenville	State NC	Zip Code	Transaction ID: 23347996				
FEC ID number of contributing		27858-6538	Amount of Each Receipt this Period				
federal political committee.	C		500.00				
Name of Employer Self Employed	Occupation O.D.	n					
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	500.00					
Full Name (Last, First, Middle Initial)  William H Stephen			Date of Receipt				
Mailing Address 4808 Tannery Place	Э		01 05 7 2006				
City	State	Zip Code	Transaction ID: 23348006				
Tampa	FL	33624-4532	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self Employed		f Optometry					
Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼					
Other (specify)	0 0	250.00					
SUBTOTAL of Receipts This Page (optional	ال		1250.00				
TOTAL This Davied (last ness this line and	hor only)						
TOTAL This Period (last page this line num	Dei Offiy)						

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE					
	`		Use separate schedule(s) or each category of the	(check only one)				
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Carrinary Fage	13 14 15 16 17				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
	American Optometric Association Politi	cal Action (	Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Randolph E Brooks			Date of Receipt				
	Mailing Address 3 Schindler Drive			01 12 7 2006				
	City	State	Zip Code	Transaction ID: 23401706				
	Succasunna	NJ	07876	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		300.00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry					
	Receipt For:		Year-to-Date ▼					
	Primary General			1				
	Other (specify) ▼		300.00					
				•				
В.	Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis			Date of Receipt				
	Mailing Address 179 Wood Trace			M M / D D / Y Y Y Y				
				01 19 2006				
	City	State	Zip Code	Transaction ID: 23401666				
	Benton	KY	42025-9400	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		1000.00				
	federal political committee.							
	Name of Employer Self Employed	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		1000.00	1				
	Other (specify) ▼		1000.00					
_	Full Name (Last, First, Middle Initial)							
C.	Dr John Brent Altfillisch			Date of Receipt				
	Mailing Address 40 Woodshire			01 24 2006				
	City	State	Zip Code	Transaction ID: 23439512				
	Ottumwa	IA	52501-1356	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		300.00				
	Name of Employer Self Employed	Occupation		7				
	Receipt For:		Optometry Year-to-Date ▼	_				
	Primary General	Aggregate	rear-to-Date ▼					
	Other (specify)		300.00					
	Curor (opcony)			1				
	LIPTOTAL of Descripto This Descriptors (autions)		_	1600.00				
$\vdash$	UBTOTAL of Receipts This Page (optional)		······					

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

SCHEDULE A (FEC Form 3X)	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 14
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and	Statements may	not be sold or used by any person	
or for commercial purposes, other than using the	he name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Po	olitical Action (	Committee	_
Full Name (Last, First, Middle Initial) Dr Roy B Cohen			Date of Receipt
Mailing Address 105 Elm Ln			01 31 / 2006
City	State	Zip Code	Transaction ID: 23348023
New Hyde Park	NY	11040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial)  Dr O. Keith Dishman	•		Date of Receipt
Mailing Address 3883 Turtle Creek Bl	vd #704		01 31 / 2006
City	State	Zip Code	Transaction ID: 23194632
Dallas	TX	75219-4428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation		
		Optometry Year-to-Date ▼	_
Receipt For: Primary General	Aggregate	rear-to-Date V	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Donna F Matthews	•		Date of Receipt
Mailing Address 5620 11Th Avenue S	South		01 31 2006
City	State	Zip Code	Transaction ID: 23348021
<u>Birmingham</u>	AL	35222-4138	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
SUBTOTAL of Receipts This Page (optional)			915.00
TOTAL This Period (last page this line number	er only)		
		······	

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

FOR LINE NUMBER: PAGE 11/14 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Denise M Harvey Date of Receipt Mailing Address 25837 Pike 225 0.1 31 2006 City State Zip Code Transaction ID: 23480352 **Eolia** MO 63344-4501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	250.00
TOTAL This Period (last page this line number only)	<b>•</b>	5930.00

0	CHEDIII E D (EEC Form 2V)													
SCHEDULE B (FEC Form 3X)						LINE NUMBER: PAGE 12/14 only one)								
ITEMIZED DISBURSEMENTS		for each categ										٦ 厂		
		Detailed Sumn	mary Page	X	21b 27	22 28a	_	23 28b	24 28c	$\vdash$	25 29	$\vdash$	26 30b	
Δn	y Information copied from such Reports and Statem	ents may not be	cold or used	by any									000	
	for commercial purposes, other than using the name											15		
Λ	NAME OF COMMITTEE (In Full)													
$\backslash$	American Optometric Association Political	Action Commi	ittee											
	Full Name (Last, First, Middle Initial)					Transa	actio	on ID:	23555	 353				
A.	Wachovia Non Corporate					Date o								
						M	1 /	D	D /	Ϋ́	0 0 6	Y		
	Mailing Address 1650 Tyson Blvd.					0 1	_	!	1		. 0 0 6	2		
	City		Code			Amour	nt of	Each	Disburs	emer	nt this I	Perio	od	
	McLean	VA 22	102			-	-	-						
	Purpose of Disbursement							545.35						
	Wachovia Service Fee 1/11/06			00	1									
	Candidate Name			Categ										
				Тур	е									
		ment For:	٦			Wacho	ovia	Serv	ice Fe	e 1/1	1-			
	Senate	Primary	General			/06								
	President State: District:	Other (specify)	▼											
	= 101.101													
В.	Full Name (Last, First, Middle Initial)						Transaction ID: 23575880 Date of Disbursement							
٥.	Bank of America						_ `							
	Mailing Address PO Box 790251		0 1 N	/	<sup>D</sup> 2	6 /	Y 2	0 0 6	3					
	1 O BOX 7 30201													
			Code			Amour	nt of	Each	Disburs	emer	nt this I	Perio	od	
	St. Louis	MO 63	179			-				-				
	Purpose of Disbursement						100					10		
	American Express Fee 1/26/06			00	-									
	Candidate Name	Categ												
		Тур	е											
		ment For:				Americ	can	Expr	ess Fe	e 1/2	26-			
	Senate	Primary	General			/06		•						
	President	Other (specify)	lacktriangledown											

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	648.45
TOTAL This Period (last page this line number only)	<b>•</b>	648.45

District:

State:

# SCHEDULE B (FEC Form 3X)

SCIEDOLL B (I LOI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER: (one)	GE 13/1	/ 14	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 2	23 24 28b 28c	25 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	e and address of any political col	minitiee to so	IICIL CONTINUULIO	iis iioiii sucii ci	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
American Optometric Association Political	Action Committee					
Full Name (Last, First, Middle Initial)				n <b>ID</b> : 2336134	l8	
A. Mike Ross For Congress Committee			Date of Disl		V V	Υ
Mailing Address PO Box 360			01	1 0 / Y	ž 0 0 6	
City Prescott	State Zip Code AR 71857		Amount of E	Each Disburser	nent this P	eriod
Purpose of Disbursement	Г				2500.0	0
2006 Primary Election Candidate Name		011				
Rep. Michael A. Ross		Category/ Type				
X X	ment For: 2006 Primary General Other (specify)		2006 Prim	ary Election		
Full Name (Last, First, Middle Initial)			Transaction	n ID: 2336139	)6	
3. Fitzpatrick For Congress			Date of Disl		, o	
Mailing Address 115 North Broad Street	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
City Doylestown	State Zip Code PA 18901		Amount of E	Each Disburser		
Purpose of Disbursement 2006 Primary Election	011	1500.00				
Candidate Name Mr. Michael Fitzpatrick	Category/ Type					
9 🕺	ement For: 2006 Primary General Other (specify)		2006 Prim	ary Election		
Full Name (Last, First, Middle Initial)			Transaction	n I <b>D</b> : 2340032	) Q	
Simmons For Congress			Date of Disl	oursement	-0	
Mailing Address P.O. Box 268 Drawer 271			01 /	19 / Y	ž 0 0 6	Y
City Stonington	State Zip Code CT 06378		Amount of E	Each Disburser	nent this P	eriod
Purpose of Disbursement 2006 General Election	Г	011			1000.0	0
Candidate Name Rep. Robert R. Simmons	C	Category/ Type				
	ement For: 2006 Primary General Other (specify)		2006 Gene	eral Election		
SUBTOTAL of Disbursements This Page (optional)					5000.0	0
						-
TOTAL This Period (last page this line number only)						

# SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LOI OIII 3A)	Use seperate schedule(s)		·OR LIN check o	E NUME	SEK:		[ P	AGE	14 / 1	4	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X	23 28b	24 28c	П	25 29	_	26 30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name											
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any pointed c	OHIII	illee lo s	SUILUIT COL	ııııbul	ions if	JIII SUCI	COMM	пиее		
American Optometric Association Political	Action Committee										
Full Name (Last, First, Middle Initial)				Trai	nsact	ion ID:	234401	193			
A. National Republican Congressional Committee				Date of Disbursement  O 1							
Mailing Address 320 First Street, S.E					1	<sup>/</sup> 2	7	2	0 Ď 6		
,	State Zip Code 20003			Amo	ount c	f Each	Disburse	ement	this P	eriod	]
Purpose of Disbursement	20003			- [				15	0.00	0	7
NRCC		0	11								
Candidate Name			egory/ vpe								
Office Sought: House Disburser Senate	nent For: Primary General			NRO	CC						
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)							234401	194			
Republican National Committee				Date	e of D	isburse		v	V .	V	
Mailing Address 310 First Street, S.E.				O		2	7 /	' 2	0 Ď 6		
,	State Zip Code 20003			Amo	ount c	f Each	Disburse	ement	this P	eriod	]
Purpose of Disbursement				-				15	000.0	0	
NRC		Ō	11								
Candidate Name			egory/ vpe								
Office Sought: House Disburser				NRO	)						
Senate President	Primary General  Other (specify) ▼										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)				Trai	nsact	ion ID:	234401	195			
Congressional Majority Committee					isburse						
Mailing Address P O Box 746				O	1 M	<sup>/</sup> 2	7 /	ž	0 Ď 6	Y	
,	itate Zip Code CA 93302			Amo	ount c	f Each	Disburse	ement	this P	eriod	_
Purpose of Disbursement Congressional Majority Committee 011			11					2	0.000	0	
Candidate Name		Cate	egory/ /pe								
Office Sought: House Disburser				Con	ares	sional	Majorit	v Co	_		
Senate President	Primary General Other (specify) ▼			mm	ittee			, 55			
State: District:	outor (apooliy) ▼										
SUBTOTAL of Disbursements This Page (optional)			. •					320	0.00	0	
TOTAL This Davied (last page this line assert as at 1)								370	0.00	0	٦
<b>TOTAL</b> This Period (last page this line number only)								3,7	, <del>, , , ,</del>	J .	