

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** 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 03 01 2007 through 03 31 2007

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 04 18 2007

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

**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 |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 380998.25 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 270321.02 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 24807.49 | 75455.98 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 295128.51 | 456454.23 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 60365.97 | 221691.69 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 234762.54 | 234762.54 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| 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 | 13309.00 | 38067.75 |
| (i) Itemized (use Schedule A) | 10376.14 | 35060.51 |
| (ii) Unitemized | 23685.14 | 73128.26 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) | 23685.14 | 73128.26 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 1122.35 | 2327.72 |
| 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)) | 24807.49 | 75455.98 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 24807.49 | 75455.98 |

DETAILED SUMMARY PAGE

of Disbursements

| 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..... | 997.20 | 4822.92 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 997.20 | 4822.92 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 59368.77 | 216868.77 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 60365.97 | 221691.69 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 60365.97 | 221691.69 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 23685.14 | 73128.26 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23685.14 | 73128.26 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 997.20 | 4822.92 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 997.20 | 4822.92 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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 Donald J Higgins | | Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2007 | |
| Mailing Address 5 Belgravia Terrace | | Transaction ID: 25510677 | |
| City Farmington | State CT | Zip Code 06032 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Dr Warren Stephen Johnson | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 4586 Barfield Rd | | Transaction ID: 25527339 | |
| City Memphis | State TN | Zip Code 38117-2414 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 865.00 | | |

| | | | |
|---|-------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) C. Dr David A A Cockrell | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007 | |
| Mailing Address 6111 W Canterbury | | Transaction ID: 25527351 | |
| City Stillwater | State OK | Zip Code 74074-1038 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 2100.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Full Name (Last, First, Middle Initial)
Dr Cherry B Cockrell

Mailing Address 6111 W. Canterbury

City State Zip Code
Stillwater OK 74074

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2007

Transaction ID: 25527352

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr Christine J Janty

Mailing Address 354 Brimhall St

City State Zip Code
Saint Paul MN 55105-2430

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2007

Transaction ID: 25527353

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr Jeffrey Lee Whittington

Mailing Address 25 Seneca Hills

City State Zip Code
Elkview WV 25071-9316

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2007

Transaction ID: 25539983

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1665.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr Arthur B Epstein | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007 |
| Mailing Address 501 W Port Royale Ln | | Transaction ID: 25645431 |
| City Phoenix | State AZ | Zip Code 85023 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr Robert L Jarrell, III | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2007 |
| Mailing Address 50 Cedar Hill Rd | | Transaction ID: 25645481 |
| City Albuquerque | State NM | Zip Code 87122 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr Peter H Kehoe | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2007 |
| Mailing Address 789 N Broad | | Transaction ID: 25645509 |
| City Galesburg | State IL | Zip Code 61401-2766 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Dr Jeffrey A Myers | | Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007 | |
| Mailing Address 4089 Marlowa Drive P O Box 116 | | Transaction ID: 25645510 | |
| City Groveport | State OH | Amount of Each Receipt this Period 125.00 | |
| Zip Code 43125 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | | |

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|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Dr Gregory W W Kraupa | | Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007 | |
| Mailing Address 4280 Reiland Lane | | Transaction ID: 25645513 | |
| City Shoreview | State MN | Amount of Each Receipt this Period 84.00 | |
| Zip Code 55126-3127 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 252.00 | | |

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|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Dr Donald E Jarnagin | | Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 | |
| Mailing Address 13505 North 64Th Ave | | Transaction ID: 25645676 | |
| City Glendale | State AZ | Amount of Each Receipt this Period 365.00 | |
| Zip Code 85304-1043 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | | |

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|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 574.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 38 |
| | <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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Dr Kenneth E Knox | | Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007 | |
| Mailing Address 112 Woodcliff Court | | Transaction ID: 25645679 | |
| City State Zip Code Simpsonville SC 29681 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Dr Kerry H Head | | Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007 | |
| Mailing Address 6306 N Heather Oak Dr | | Transaction ID: 25658541 | |
| City State Zip Code Peoria IL 61615-2220 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Dr Fred H Dubick | | Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007 | |
| Mailing Address 4047 Meadow Lark Drive | | Transaction ID: 25658542 | |
| City State Zip Code Calabasas CA 91302-1844 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1230.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 38 |
| | <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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Dr Francisco J Pimentel | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 | |
| Mailing Address 582 North Main St | | Transaction ID: 25659524 | |
| City State Zip Code Wallingford CT 06492-3213 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Dr Robert P Mingrone | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 | |
| Mailing Address 47 Woodsend Ave | | Transaction ID: 25659525 | |
| City State Zip Code Shelton CT 06484-2156 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Dr William J Lindahl | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 | |
| Mailing Address 30624 Lyndon | | Transaction ID: 25659526 | |
| City State Zip Code Livonia MI 48154-4349 | Amount of Each Receipt this Period 125.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed | Occupation O.D. | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 675.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Dr Ronald M Gilbert | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 | |
| Mailing Address 8201 Elmway Drive | | Transaction ID: 25659529 | |
| City State Zip Code Dayton OH 45415 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Dr Dennis M Kuwabara | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 | |
| Mailing Address 94-477 Holaniku Street | | Transaction ID: 25659537 | |
| City State Zip Code Mililani HI 96789-1717 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Dr R. Richard Ryan, Jr | | Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007 | |
| Mailing Address 7822 N Country Homes Blvd | | Transaction ID: 25659539 | |
| City State Zip Code Spokane WA 99208 | Amount of Each Receipt this Period 600.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Self Employed | Occupation Doctor of Optometry | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1600.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Full Name (Last, First, Middle Initial)
Dr Steven L Compton

Mailing Address 210 Monterey Road

City State Zip Code
Franklin KY 42134

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
03 / 27 / 2007

Transaction ID: 25661452

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Warren Verne DeHaan, OD

Mailing Address 645 Empora RD

City State Zip Code
Boulder CO 80305-5612

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

Name of Employer Aviation Vision Expert Services
Occupation Optometric Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2007

Transaction ID: 25662328

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr Jeffrey A A Gonnason

Mailing Address 6721 Gloucester

City State Zip Code
Anchorage AK 99504

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
03 / 29 / 2007

Transaction ID: 25663091

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Dr Paul A Paxman | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007 |
| Mailing Address 8909 N Silver Lake Dr | | Transaction ID: 25663698 |
| City State Zip Code Cedar Hills UT 84062-8783 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed Self Employed | Occupation Doctor of Optometry | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Dr Michael R Sellers | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007 |
| Mailing Address 3441 E Cathedral Rock Cir | | Transaction ID: 25664266 |
| City State Zip Code Tucson AZ 85718 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed Self Employed | Occupation Doctor of Optometry | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Dr Warren Stephen Johnson | | Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007 |
| Mailing Address 4586 Barfield Rd | | Transaction ID: 25664267 |
| City State Zip Code Memphis TN 38117-2414 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed Self Employed | Occupation Doctor of Optometry | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 965.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 965.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 38 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 7737 Sunnyside Avenue N

City State Zip Code
Seattle WA 98103-4944

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 25664269

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City State Zip Code
Tuscaloosa AL 35406-2608

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 25664274

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Steven Harry Kantor

Mailing Address 4136 W Runion Dr

City State Zip Code
Glendale AZ 85308

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 25664275

Amount of Each Receipt this Period
300.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1050.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 16 / 38 | |
| | (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"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

A. Full Name (Last, First, Middle Initial)
Dr Christopher J Quinn

Mailing Address 9 Garryford Drive

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Middletown | NJ | 07748-3761 |

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 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: 25664277

Amount of Each Receipt this Period
1000.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 13309.00 |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 17 / 38 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" 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)
United Bank

Mailing Address 3801 Wilson Blvd.

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Arlington | VA | 22203-1919 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2266.49

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: 25645762

Amount of Each Receipt this Period
1102.19

United Bank Interaset 03/2-1/07

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1102.19 |
| TOTAL This Period (last page this line number only) | ▶ | 1102.19 |

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 18 / 38

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Bank of America | | Transaction ID: 25767997 Date of Disbursement MM / DD / YYYY 03 / 01 / 2007 |
| Mailing Address PO Box 790251 | | Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">107.78</div> |
| City St. Louis | State MO | |
| Zip Code 63179 | Purpose of Disbursement Bank of America Fees 03/01/07 | Bank of America Fees 03/0-1/07 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Bank of America | | Transaction ID: 25767998 Date of Disbursement MM / DD / YYYY 03 / 01 / 2007 |
| Mailing Address PO Box 790251 | | Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">0.01</div> |
| City St. Louis | State MO | |
| Zip Code 63179 | Purpose of Disbursement Bank of America Fee 03/01/07 | Bank of America Fee 03/01-07 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Bank of America | | Transaction ID: 25767983 Date of Disbursement MM / DD / YYYY 03 / 05 / 2007 |
| Mailing Address PO Box 790251 | | Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">28.50</div> |
| City St. Louis | State MO | |
| Zip Code 63179 | Purpose of Disbursement American Express Fee 03/05/07 | American Express Fee 03/0-5/07 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--|
| SUBTOTAL of Disbursements This Page (optional) | <div style="border: 1px solid black; padding: 5px;">136.29</div> |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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

| | | | |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial) A. Wachovia Federal | | Transaction ID: 25765227 Date of Disbursement 03 / 09 / 2007 | |
| Mailing Address 1650 Tyson Blvd. | | Amount of Each Disbursement this Period 767.50 | |
| City McLean | State VA | Zip Code 22102 | 001 Category/ Type |
| Purpose of Disbursement Wachovia Federal Service Fees 03/09/07 | | | |
| Candidate Name | | Wachovia Federal Service Fees 03/09/07 | |
| 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: | | | |

| | | | |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial) B. Bank of America | | Transaction ID: 25767984 Date of Disbursement 03 / 11 / 2007 | |
| Mailing Address PO Box 790251 | | Amount of Each Disbursement this Period 2.00 | |
| City St. Louis | State MO | Zip Code 63179 | 001 Category/ Type |
| Purpose of Disbursement American Express Service Fee 03/11/07 | | | |
| Candidate Name | | American Express Service Fee 03/11/07 | |
| 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: | | | |

| | | | |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial) C. Bank of America | | Transaction ID: 25767993 Date of Disbursement 03 / 12 / 2007 | |
| Mailing Address PO Box 790251 | | Amount of Each Disbursement this Period 0.57 | |
| City St. Louis | State MO | Zip Code 63179 | 001 Category/ Type |
| Purpose of Disbursement American Express Fee 3/12/07 | | | |
| Candidate Name | | American Express Fee 3/12/07 | |
| 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: | | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 770.07 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Bank of America | | Transaction ID: 25767995 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007 |
| Mailing Address PO Box 790251 | | Amount of Each Disbursement this Period 2.85 |
| City St. Louis State MO Zip Code 63179 | Purpose of Disbursement American Express Fee 3/15/07 Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | American Express Fee 3/15-07 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bank of America | | Transaction ID: 25768016 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2007 |
| Mailing Address PO Box 790251 | | Amount of Each Disbursement this Period 74.69 |
| City St. Louis State MO Zip Code 63179 | Purpose of Disbursement Bank of America Fee 03/15/07 Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Bank of America Fee 03/15-07 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bank of America | | Transaction ID: 25767994 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2007 |
| Mailing Address PO Box 790251 | | Amount of Each Disbursement this Period 1.19 |
| City St. Louis State MO Zip Code 63179 | Purpose of Disbursement American Express Fee 3/16/07 Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | American Express Fee 3/16-07 |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 78.73 |
| 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 21 / 38

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. Bank of America | | Transaction ID: 25767996 | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 790251 | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| City St. Louis State MO Zip Code 63179 | | <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>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 2 | 6 | | 2 | 0 | 0 | 7 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 3 | | 2 | 6 | | 2 | 0 | 0 | 7 | | | | | | | | | | | | | | |
| Purpose of Disbursement American Express Fee 3/26/07 | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | <table border="1"> <tr> <td colspan="10" style="text-align: right;">12.11</td> </tr> </table> | | 12.11 | | | | | | | | | | | | | | | | | | | |
| 12.11 | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Category/Type | | | | | | | | | | | | | | | | | | | | | |
| State: District: | | 001 | | | | | | | | | | | | | | | | | | | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | American Express Fee 3/26- /07 | | | | | | | | | | | | | | | | | | | | | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 12.11 |
| TOTAL This Period (last page this line number only) | 997.20 |

**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 22 / 38

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mike Honda For Congress | | Transaction ID: 25508872 | |
| Mailing Address 50 W. San Fernando St Ste 350 | | Date of Disbursement 03 / 02 / 2007 | |
| City San Jose | State CA | Zip Code 95113 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Candidate Contribution | | 011 | Candidate Contribution |
| Candidate Name Rep. Michael M. Honda | | 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: CA | District: 15 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Pascrell For Congress Inc. | | Transaction ID: 25508851 | |
| Mailing Address POB 640 | | Date of Disbursement 03 / 02 / 2007 | |
| City Totowa | State NJ | Zip Code 07511 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Candidate Contribution | | 011 | Candidate Contribution |
| Candidate Name Rep. William J. Pascrell, Jr. | | 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: NJ | District: 8 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Schakowsky For Congress | | Transaction ID: 25508848 | |
| Mailing Address P.O. Box 5130 | | Date of Disbursement 03 / 02 / 2007 | |
| City Evanston | State IL | Zip Code 60204 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Candidate Contribution | | 011 | Candidate Contribution |
| Candidate Name Rep. Janice D. Schakowsky | | 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: IL | District: 9 | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|--|------------------------|---|
| Full Name (Last, First, Middle Initial) A. Tiberi For Congress | | Transaction ID: 25508892 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7 |
| Mailing Address 2021 E Dublin Granville Road Suite 2000 | | Amount of Each Disbursement this Period 1000.00 |
| City Columbus State OH Zip Code 43229 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Rep. Patrick J. Tiberi | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial) B. Porter For Congress | | Transaction ID: 25508886 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7 |
| Mailing Address 900 Pavillion Center Drive #300 | | Amount of Each Disbursement this Period 1000.00 |
| City Las Vegas State NV Zip Code 89144 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Rep. Jon C. Porter | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3 |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial) C. Collins For Senator | | Transaction ID: 25514119 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7 |
| Mailing Address PO Box 1096 | | Amount of Each Disbursement this Period 3000.00 |
| City Bangor State ME Zip Code 04402 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Sen. Susan M. Collins | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Tim Johnson For South Dakota Inc | | Transaction ID: 25516125 Date of Disbursement 03 / 07 / 2007 |
| Mailing Address PO Box 1859 | | Amount of Each Disbursement this Period 1000.00 |
| City Sioux Falls | State SD | |
| Zip Code 57101 | | Candidate Contribution |
| Purpose of Disbursement Candidate Contribution | | |
| Candidate Name Sen. Tim Johnson | | 011 Category/ Type |
| Office Sought: <input type="checkbox"/> House <input checked="" 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: SD District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mike Ross For Congress Committee | | Transaction ID: 25516038 Date of Disbursement 03 / 07 / 2007 |
| Mailing Address PO Box 360 | | Amount of Each Disbursement this Period 1000.00 |
| City Prescott | State AR | |
| Zip Code 71857 | | Candidate Contribution |
| Purpose of Disbursement Candidate Contribution | | |
| Candidate Name Rep. Michael A. Ross | | 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: AR District: 4 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: 25524253 Date of Disbursement 03 / 08 / 2007 |
| Mailing Address P O Box 360001 | | Amount of Each Disbursement this Period 868.77 |
| City Ft. Lauderdale | State FL | |
| Zip Code 33336-001 | | Inkind Contribution |
| Purpose of Disbursement Inkind Contribution | | |
| Candidate Name Adam Putnam | | 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: 12 | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2868.77 |
| 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 25 / 38

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Johnny's Half Shell | | Transaction ID: 25797560 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 |
| Mailing Address 400 North Capitol Street,N.W. | | Amount of Each Disbursement this Period 868.77 |
| City Washinton State DC Zip Code 20001 | [MEMO ITEM] Inkind Contribution Food Adam Putnam | |
| Purpose of Disbursement Inkind Contribution Food Adam Putnam Candidate Name | | 011 Category/Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) B. Charles A. Gonzalez Congressional Campaign | | Transaction ID: 25530180 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 |
| Mailing Address PO Box 12612 | | Amount of Each Disbursement this Period 1000.00 |
| City San Antonio State TX Zip Code 78212 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution Candidate Name Rep. Charles A. Gonzalez | | 011 Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 | | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial) C. Grassley Committee Inc | | Transaction ID: 25530182 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 |
| Mailing Address PO Box 1000 | | Amount of Each Disbursement this Period 2000.00 |
| City Des Moines State IA Zip Code 50304 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution Candidate Name Sen. Charles E. Grassley | | 011 Category/Type |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: | | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Pallone For Congress | | Transaction ID: 25539829 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 |
| Mailing Address PO Box 3176 | | Amount of Each Disbursement this Period 2500.00 |
| City Long Branch State NJ Zip Code 07740 | Purpose of Disbursement Candidate Contribution Category/Type 011 | |
| Candidate Name Rep. Frank Pallone, Jr. | | Candidate Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Whitfield For Congress Committee | | Transaction ID: 25530181 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7 |
| Mailing Address P.O. Box 391 | | Amount of Each Disbursement this Period 1000.00 |
| City Hopkinsville State KY Zip Code 42241 | Purpose of Disbursement Candidate Contribution Category/Type 011 | |
| Candidate Name Rep. Edward Whitfield | | Candidate Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Hooley For Congress | | Transaction ID: 25540225 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 |
| Mailing Address PO Box 2050 | | Amount of Each Disbursement this Period 1000.00 |
| City Salem State OR Zip Code 97308 | Purpose of Disbursement Candidate Contribution Category/Type 011 | |
| Candidate Name Rep. Darlene Hooley | | Candidate Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 27 / 38

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Boozman For Congress | | Transaction ID: 25540222 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 |
| Mailing Address PO Box 671 | | Amount of Each Disbursement this Period 1000.00 |
| City Rogers State AR Zip Code 72757 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Rep. John N. Boozman | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 3 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Friends Of Lois Capps | | Transaction ID: 25540223 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 |
| Mailing Address PO Box 23940 | | Amount of Each Disbursement this Period 1000.00 |
| City Santa Barbara State CA Zip Code 93121 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Rep. Lois Capps | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Friends Of Jim Clyburn | | Transaction ID: 25540226 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 |
| Mailing Address Post Office Box 12567 | | Amount of Each Disbursement this Period 1000.00 |
| City Columbia State SC Zip Code 29211 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Rep. James E. Clyburn | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mark Udall For Congress Inc. | | Transaction ID: 25546359 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 |
| Mailing Address 8690 Wolff Court #200 | | Amount of Each Disbursement this Period 2000.00 |
| City Westminster State CO Zip Code 80031 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Rep. Mark Udall | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 2 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Stephanie Tubbs Jones For US Congress | | Transaction ID: 25540221 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 |
| Mailing Address 3729 Silsby Rd | | Amount of Each Disbursement this Period 1000.00 |
| City University Heights State OH Zip Code 44118 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Rep. Stephanie Tubbs Jones | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Committee for a Democratic Majority | | Transaction ID: 25540220 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 |
| Mailing Address 301 4th Street, N.E. Suite 202 | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20002 | Committee Contribution | |
| Purpose of Disbursement Committee Contribution | | 011 Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| 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)

PAGE 29 / 38

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Friends Of John Barrow | | Transaction ID: 25540227 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7 |
| Mailing Address PO Box 8166 | | Amount of Each Disbursement this Period 1000.00 |
| City Savannah State GA Zip Code 31412 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | |
| Candidate Name Rep. John Barrow | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 | Candidate Contribution |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Hastings For Congress | | Transaction ID: 25583868 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 |
| Mailing Address P.O. Box 100277 | | Amount of Each Disbursement this Period 1000.00 |
| City Ft. Lauderdale State FL Zip Code 33310 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | |
| Candidate Name Rep. Alcee L. Hastings | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23 | Candidate Contribution |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) C. Charlie Melancon Campaign Committee Inc | | Transaction ID: 25583867 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 |
| Mailing Address PO Box 549 | | Amount of Each Disbursement this Period 1000.00 |
| City Napoleonville State LA Zip Code 70390 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | |
| Candidate Name Rep. Charles Melancon | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 3 | Candidate Contribution |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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

| | | |
|--|------------------------|---|
| Full Name (Last, First, Middle Initial) A. Klein For Congress | | Transaction ID: 25583869 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7 |
| Mailing Address 2385 Executive Center Drive Suite 100 | | Amount of Each Disbursement this Period 1000.00 |
| City Boca Raton State FL Zip Code 33431 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Mr. Ron Klein | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial) B. Thelma Drake For Congress | | Transaction ID: 25616370 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 |
| Mailing Address P.O. Box 61480 | | Amount of Each Disbursement this Period 1000.00 |
| City Virginia Beach State VA Zip Code 23466 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Rep. Thelma D. Drake | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2 |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|------------------------|---|
| Full Name (Last, First, Middle Initial) C. Jim Whitehead for Congress | | Transaction ID: 25616579 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7 |
| Mailing Address PO BOX 619 | | Amount of Each Disbursement this Period 1000.00 |
| City Evans State GA Zip Code 30809 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Jim Whitehead | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 |
| Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General | | |

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| 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

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Pascrell For Congress Inc. | | Transaction ID: 25629518 Date of Disbursement 03 / 20 / 2007 | |
| Mailing Address POB 640 | | Amount of Each Disbursement this Period 2500.00 | |
| City Totowa State NJ Zip Code 07511 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | Candidate Contribution | |
| Candidate Name Rep. William J. Pascrell, Jr. | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 8 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Rangel For Congress | | Transaction ID: 25661442 Date of Disbursement 03 / 27 / 2007 | |
| Mailing Address PO Box 5577 Manhattanville Sta | | Amount of Each Disbursement this Period 1000.00 | |
| City New York State NY Zip Code 10027 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | Candidate Contribution | |
| Candidate Name Rep. Charles B. Rangel | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mike Thompson For Congress | | Transaction ID: 25661476 Date of Disbursement 03 / 27 / 2007 | |
| Mailing Address 5429 Madison Avenue | | Amount of Each Disbursement this Period 1000.00 | |
| City Sacramento State CA Zip Code 95841 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | Candidate Contribution | |
| Candidate Name Rep. Michael Thompson | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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. M-PAC Full Name (Last, First, Middle Initial) Mailing Address 607 14th Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Committee Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 25662403 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7 Amount of Each Disbursement this Period 2500.00 Category/Type 011 Committee Contribution |
|---|--|---|

| | | |
|--|--|---|
| B. Chet Edwards For Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 23273 City Waco State TX Zip Code 76702 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 25662841 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 Category/Type 011 Candidate Contribution |
|--|--|---|

| | | |
|---|--|---|
| C. Boswell For Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 6220 City Des Moines State IA Zip Code 50309 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Leonard L. Boswell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: 25662848 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 Category/Type 011 Candidate Contribution |
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| 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Pallone For Congress | | Transaction ID: 25662860 Date of Disbursement 03 / 28 / 2007 |
| Mailing Address PO Box 3176 | | Amount of Each Disbursement this Period 2500.00 |
| City Long Branch State NJ Zip Code 07740 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | |
| Candidate Name Rep. Frank Pallone, Jr. | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6 | Candidate Contribution |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Rodriguez for Congress | | Transaction ID: 25662895 Date of Disbursement 03 / 28 / 2007 |
| Mailing Address PO Box 14528 | | Amount of Each Disbursement this Period 1000.00 |
| City San Antonio State TX Zip Code 78214 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | |
| Candidate Name Ciro D. Rodriguez | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28 | Candidate Contribution |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Friends Of John Barrow | | Transaction ID: 25662858 Date of Disbursement 03 / 28 / 2007 |
| Mailing Address PO Box 8166 | | Amount of Each Disbursement this Period 1000.00 |
| City Savannah State GA Zip Code 31412 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | |
| Candidate Name Rep. John Barrow | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 | Candidate Contribution |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| 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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Courtney For Congress | | Transaction ID: 25662906 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 |
| Mailing Address 38 Risley Road | | Amount of Each Disbursement this Period 1000.00 |
| City State Zip Code Vernon CT 06066 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | |
| Candidate Name Rep. Joseph D. Courtney | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2 | Candidate Contribution |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| Full Name (Last, First, Middle Initial) B. Klein For Congress | | Transaction ID: 25662842 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 |
| Mailing Address 2385 Executive Center Drive Suite 100 | | Amount of Each Disbursement this Period 1000.00 |
| City State Zip Code Boca Raton FL 33431 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | |
| Candidate Name Mr. Ron Klein | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 | Candidate Contribution |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. Giffords For Congress | | Transaction ID: 25662850 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 |
| Mailing Address PO Box 27565 | | Amount of Each Disbursement this Period 1000.00 |
| City State Zip Code Tucson AZ 85726 | Purpose of Disbursement Candidate Contribution 011 Category/ Type | |
| Candidate Name Rep. Gabrielle Giffords | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 8 | Candidate Contribution |
| Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| 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

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Committee To Elect Chris Murphy | | Transaction ID: 25662844 Date of Disbursement 03 / 28 / 2007 |
| Mailing Address P.O. Box 127 | | Amount of Each Disbursement this Period 1000.00 Candidate Contribution |
| City Cheshire State CT Zip Code 06410 | Purpose of Disbursement Candidate Contribution 011 Category/Type | |
| Candidate Name Rep. Christopher S. Murphy | | |
| 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: CT District: 5 | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Arcuri For Congress | | Transaction ID: 25662892 Date of Disbursement 03 / 28 / 2007 |
| Mailing Address P.O. Box 8508 | | Amount of Each Disbursement this Period 1000.00 Candidate Contribution |
| City Utica State NY Zip Code 13505 | Purpose of Disbursement Candidate Contribution 011 Category/Type | |
| Candidate Name Mr. Michael Arcuri | | |
| 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: NY District: 24 | | |

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|---|---|--|
| Full Name (Last, First, Middle Initial) C. Tim Mahoney For Florida | | Transaction ID: 25662843 Date of Disbursement 03 / 28 / 2007 |
| Mailing Address 4114 Northlake Blvd Ste 300 | | Amount of Each Disbursement this Period 1000.00 Candidate Contribution |
| City Palm Beach Gardens State FL Zip Code 33410 | Purpose of Disbursement Candidate Contribution 011 Category/Type | |
| Candidate Name Rep. Timothy Mahoney | | |
| 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: 16 | | |

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| 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

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) A. Zack Space For Congress Committee | | Transaction ID: 25662857 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 |
| Mailing Address 714 N Wooster Avenue | | Amount of Each Disbursement this Period 1000.00 |
| City Dover State OH Zip Code 44622 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Mr. Zachary Space | | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 | | |

| | | |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial) B. Patrick Murphy For Congress | | Transaction ID: 25662845 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 |
| Mailing Address P.O. Box 868 | | Amount of Each Disbursement this Period 1000.00 |
| City Levittown State PA Zip Code 19058 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Mr. Patrick Murphy | | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8 | | |

| | | |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial) C. Paul Hodes For Congress | | Transaction ID: 25662847 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7 |
| Mailing Address 26 South Main Street, #253 | | Amount of Each Disbursement this Period 1000.00 |
| City Concord State NH Zip Code 03301 | Candidate Contribution | |
| Purpose of Disbursement Candidate Contribution | | 011 Category/ Type |
| Candidate Name Rep. Paul W. Hodes | | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 2 | | |

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| 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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Harry Mitchell For Congress | | Transaction ID: 25662855 Date of Disbursement 03 / 28 / 2007 |
| Mailing Address PO Box 23748 | | Amount of Each Disbursement this Period 1000.00 Candidate Contribution |
| City Tempe | State AZ | |
| Zip Code 85285 | | |
| Purpose of Disbursement Candidate Contribution | | |
| Candidate Name Rep. Harry Mitchell | | 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: AZ District: 5 | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Yarmuth For Congress | | Transaction ID: 25662849 Date of Disbursement 03 / 28 / 2007 |
| Mailing Address 1819 Brownsboro Road Suite 100 | | Amount of Each Disbursement this Period 1000.00 Candidate Contribution |
| City Louisville | State KY | |
| Zip Code 40206 | | |
| Purpose of Disbursement Candidate Contribution | | |
| Candidate Name Rep. John A. Yarmuth | | 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: KY District: 3 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Earl Pomeroy For Congress | | Transaction ID: 25663519 Date of Disbursement 03 / 29 / 2007 |
| Mailing Address P.O. Box 9336 | | Amount of Each Disbursement this Period 2500.00 Candidate Contribution |
| City Fargo | State ND | |
| Zip Code 58106 | | |
| Purpose of Disbursement Candidate Contribution | | |
| Candidate Name Rep. Earl Pomeroy | | 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: ND District: 1 | | |

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|--|---------|
| 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

| | | | |
|---|-----------------------|--|--------------------------|
| Full Name (Last, First, Middle Initial) A. John Thune For US Senate | | Transaction ID: 25663520 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2007 | |
| Mailing Address PO Box 3308 | | Amount of Each Disbursement this Period 1000.00 | |
| City Sioux Falls | State SD | Zip Code 57101 | Category/ Type 011 |
| Purpose of Disbursement Candidate Contribution | | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name John Thune | | | Candidate Contribution |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: SD District: 0 | | |

| | | |
|--|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 59368.77 |