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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously VA 22314 Alexandria reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00024968 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2007 03 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dorothy Hitchmoth, O.D. Type or Print Name of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. 04 18 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Optometric Association Political Action Committee [®] D " D 03 0 1 2007 0.3 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 380998.25 [°]2007 January 1 (b) Cash on Hand at 270321.02 Begining of Reporting Period 24807.49 75455.98 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 295128.51 456454.23 6(a) and 6(c) for Column B) 60365.97 221691.69 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 234762.54 234762.54 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19)

American Optometric Association Political Action Committee

0 1 М М М М 3^D1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 13309.00 38067.75 (i) Itemized (use Schedule A) 10376.14 35060.51 (ii) Unitemized (iii) TOTAL (add 23685.14 73128.26 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 23685.14 73128.26 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 1122.35 2327.72 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 24807.49 75455.98 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 75455.98

24807.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 COLUMN A **COLUMN B** II. DISBURSEMENTS **Total This Period** Calendar Year-to-Date 21. Operating Expenditures:

| 21. | Operating Expenditures: | | |
|-----|--|----------|-----------|
| | (a) Shared Federal/Non-Federal | | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | | 0.00 | 0.00 |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | 007.00 | 4000.00 |
| | 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 | | |
| 00 | Committees | 0.00 | 0.00 |
| 23. | Contributions to Federal Candidates/Committees | 50000 77 | 040000 77 |
| | and Other Political Committees | 59368.77 | 216868.77 |
| 24. | Independent Expenditure | 0.00 | 0.00 |
| 25 | (use Schedule E) Coordinated Expenditures Made by Party | 0.00 | 0.00 |
| 25. | Committees (2 U.S.C. 441a(d)) | 0.00 | 0.00 |
| | (use Schedule F) | 0.00 | 0.00 |
| 00 | Lean Denormente Made | 0.00 | 0.00 |
| 20. | Loan Repayments Made | 0.00 | 0.00 |
| 27 | Loans Made | 0.00 | 0.00 |
| | Refunds of Contributions To: | 0.00 | 0.00 |
| | (a) Individuals/Persons Other | 0.00 | 0.00 |
| | Than Political Committees | 0.00 | J.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) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | | 0.00 | 0.00 |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| | (b) Federal Election Activity Paid Entirely | 0.00 | 0.00 |
| | With Federal Funds | 0.00 | 0.00 |
| | (c) Total Federal Election Activity (add | 0.00 | 0.00 |
| | 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 | | |
| υL. | (subtract Line 21(a)(ii) from Line 30(a)(ii) | | |
| | from Line 31) | 60365.97 | 221691.69 |
| | | 00000.07 | 221001100 |
| | | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|----------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 23685.14 | 73128.26 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 85. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23685.14 | 73128.26 |
| 86. 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 |
| 88. Net Operating Expenditures (subtract Line 37 from Line 36) | 997.20 | 4822.92 |

| S | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6/38 |
|-----------------------|--|----------------------------|---|---|
| | EMIZED RECEIPTS | | or each category of the | (check only one) |
| II EIVIIZED RECEIP 13 | | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | , , | 13 14 15 16 17 |
| Ar or | ny information copied from such Reports and Stat for commercial purposes, other than using the na | tements may ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| abla | NAME OF COMMITTEE (In Full) | | | |
| \rangle | American Optometric Association Politic | cal Action (| Committee | |
| Α. | Full Name (Last, First, Middle Initial) Dr Donald J Higgins | | | Date of Receipt |
| | Mailing Address 5 Belgravia Terrace | | | 03 / 04 / 2007 |
| | City | State | Zip Code | Transaction ID: 25510677 |
| | Farmington | CT | 06032 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | |
| | Receipt For: | | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | 0 0 | 1000.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr Warren Stephen Johnson | | | Date of Receipt |
| | Mailing Address 4586 Barfield Rd | | | 03 |
| | City | State | Zip Code | Transaction ID: 25527339 |
| | Memphis | TN | 38117-2414 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer | Occupation | n | - |
| | Self Employed | | Optometry | |
| | | | e Year-to-Date ▼ | - |
| | Primary General | riggrogate | real to Bate V | 1 |
| | Other (specify) | 0 0 | 865.00 | |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr David A A Cockrell | | | Date of Receipt |
| | Mailing Address 6111 W Canterbury | | | 03 |
| | City | State | Zip Code | Transaction ID: 25527351 |
| | Stillwater | OK | 74074-1038 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 1000.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n f Optometry | 7 |
| | Receipt For: | l | Year-to-Date ▼ | 7 |
| | Primary General | | | 1 |
| | Other (specify) | | 1000.00 |] |
| [| UBTOTAL of Receipts This Page (optional) | | | 2100.00 |
| \vdash | —————————————————————————————————————— | | | |

| TEMIZED RECEIPTS Detailed Summary Page | SCHEDULE A (FEC Form 3X) | | | | FOR LINE NUMBER: PAGE 7/38 |
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| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such Committee. Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. Name (Last, First, Middle Initial) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Aprice (Last, First, Middle Initial) Aprice (Last, First, Middle Initial) Aprice (Last, First, Middle Initial) Balling Address 6111 W. Canterbury City State Zip Code Stillwater City State Zip Code Primary General Other (specify) ▼ Date of Receipt Tor: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ | | · · | | Use separate schedule(s) | (check only one) |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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 Optiometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Cherry B Codevol Mailing Address 6111 W. Canterbury City State Zip Code Stillwater OK 74074 FEC ID number of contributing federal political committee. Receipt For: Perinary General Other (specify) ▼ Pinnary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Pinnary General Other (specify) ▼ Date of Receipt State Zip Code Transaction ID: 25527352 Amount of Each Receipt this Period Transaction ID: 25527353 Amount of Each Receipt being a deceipt being | Ш | EMIZED RECEIPTS | | | X 11a 11b 11c 12 |
| NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A br Cherry PC Cockrett Mailing Address 6111 W. Canterbury City State Zip Code Stillwater OK 74074 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ State Zip Code Other State Zip Code Still Name (Last, First, Middle Initial) B. br Christine J Janty Malling Address 354 Brimhall St City State Zip Code Saint Paul Date of Receipt Name of Employer Self Employed Self Employer Self Empl | | | | Dotailed Carimially Lage | 13 14 15 16 17 |
| NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A br Cherry PC Cockrett Mailing Address 6111 W. Canterbury City State Zip Code Stillwater OK 74074 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ State Zip Code Other State Zip Code Still Name (Last, First, Middle Initial) B. br Christine J Janty Malling Address 354 Brimhall St City State Zip Code Saint Paul Date of Receipt Name of Employer Self Employed Self Employer Self Empl | An | y information copied from such Reports and Sta | tements may | not be sold or used by any perso | on for the purpose of soliciting contributions |
| American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr.Cherry B Cockredi Mailing Address 6111 W. Canterbury City State Zip Code Stillwater OK 74074 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Qring State Zip Code Primary General Other (specify) ▼ Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 25527352 Amount of Each Receipt this Period Doctor of Optometry Dottor of Optometry Dottor of Optometry Transaction ID: 25527353 Amount of Each Receipt this Period Dottor of Optometry Transaction ID: 25527353 Amount of Each Receipt this Period Dottor of Optometry Receipt For: Primary General Occupation Doctor of Optometry Receipt For: Primary General Occupation Doctor of Optometry Receipt For: Primary General Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 2553983 Amount of Each Receipt this Period Transaction ID: 2553983 Amount of Each Receipt this Period Transaction ID: 2553983 Amount of Each Receipt this Period Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 2553983 Amount of Each Receipt this Period Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 2553983 Amount of Each Receipt this Period Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 2553983 Amount of Each Receipt This Period Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 2553983 Amount of Each Receipt This Period | or | for commercial purposes, other than using the r | ame and add | lress of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) A. Dr Cherry & Cockrell Mailing Address 6111 W. Canterbury City State Zip Code Stillwater OK 74074 FEC ID number of contributing federal political committee. Name of Employer Saint Paul Mane (Last, First, Middle Initial) PEC ID number of contributing federal political committee. City State Zip Code Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) FEC ID number of contributing federal political committee. City State Zip Code Saint Paul MN 55105-2430 FEC ID number of contributing federal political committee. C Cupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C Doctor of Optometry Receipt For: Primary General Other (specify) ▼ City State Zip Code Doctor of Optometry Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) C Dradfrey Lee Whitington Mailing Address 25 Seneca Hills City State Zip Code Elkview Wy 25971-9316 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 255297383 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 255293983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 25539983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 25539983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 25539983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 25539983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 25539983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 25539983 | | • • | | | |
| A. Dr. Cherry B Cockrel Mailing Address 6111 W. Canterbury City State Zip Code Stillwater OK 74074 FEC ID number of contributing federal political committee. Name of Employer Self Employer Other (specify) ▼ | | American Optometric Association Politi | cal Action (| Committee | |
| City State Zip Code OK 74074 FEC ID number of contributing federal political committee. C | Α. | | | | Date of Receipt |
| Stillwater CK 74074 FEC ID number of contributing federal political committee. Name of Employer Self Employed City State Self Employed Receipt For: Primary General Other (specify) State Zip Code MN 55105-2430 Amount of Each Receipt his Period Doctor of Optometry Receipt For: Primary General Other (specify) State Zip Code MN 55105-2430 Amount of Each Receipt his Period Doctor of Optometry Receipt For: Primary General Other (specify) State Zip Code MN 300.00 Doctor of Optometry Receipt For: Primary General Other (specify) State Zip Code WV 25071-9316 Date of Receipt Transaction ID: 25539983 Amount of Each Receipt his Period Doctor of Optometry Receipt For: Primary General Other (specify) Receipt For: Primary Receipt For | | Mailing Address 6111 W. Canterbury | | | |
| FEC ID number of contributing federal political committee. Name of Employer Serie Employed Doctor of Optometry | | City | State | Zip Code | Transaction ID: 25527352 |
| Receipt For: | | Stillwater | OK | 74074 | Amount of Each Receipt this Period |
| Receipt For: Primary General Aggregate Year-to-Date ▼ | | | C | | 1000.00 |
| Receipt For: | | Name of Employer Self Employed | | | |
| Primary | | Receipt For: | | | 7 |
| B. Dr. Christine J Janty Mailing Address 354 Brimhall St City Saint Paul Name of Employer Self Employed Primary Other (specify) ▼ State State State State Sip Code MN S5105-2430 Amount of Each Receipt this Period C Cocupation Doctor of Optometry Receipt For: Primary Other (specify) ▼ State State State Sip Code State Sig Code Sig State Sip Code Sig State Sip Code Sig State Sip Code Sig State Sip Code Sig State Sig Code Sig Sig State Sig Code Sig | | Primary General | | 1000 | 1 |
| B. Dr Christine J Janty Mailing Address 354 Brimhall St City State Zip Code MIN 55105-2430 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ City State Zip Code MIN 55105-2430 Amount of Each Receipt this Period Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 25527353 Amount of Each Receipt this Period Doctor of Optometry Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | Other (specify) ▼ | | | |
| Mailing Address 354 Brimhall St City Saint Paul MIN 55105-2430 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ City State Zip Code MIN 55105-2430 Amount of Each Receipt this Period Cocupation Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Mill Name (Last, First, Middle Initial) C. 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. Name of Employer Self Employed Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ | — В. | | | | Date of Receipt |
| City State Zip Code Saint Paul MN 55105-2430 FEC ID number of contributing federal political committee. Name of Employer Self Employer Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ City State Zip Code Elkview WV 25071-9316 FEC ID number of contributing federal political committee. Name of Employer Self Employer City State Zip Code Elkview WV 25071-9316 C Cupation Doctor of Optometry Receipt For: Name of Employer Self Employ | | | | | ╡ |
| Saint Paul Saint Paul MN 55105-2430 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ State Zip Code Milling Address 25 Seneca Hills City State Zip Code Elkview FEC ID number of contributing federal political committee. Name of Employer Self Employer Coccupation Date of Receipt Transaction ID: 25539983 Amount of Each Receipt this Period Date of Receipt Transaction ID: 25539983 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 25539983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ | | | | | |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ C. Dr Jeffrey Lee Whittington Mailing Address 25 Seneca Hills City State Zip Code WV 25071-9316 FEC ID number of contributing federal political committee. Name of Employer Self Employer Receipt For: Name of Employer Self Employer Receipt For: Primary General Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 25539983 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ | | City | State | Zip Code | Transaction ID: 25527353 |
| Name of Employer Occupation Doctor of Optometry | | Saint Paul | MN | 55105-2430 | Amount of Each Receipt this Period |
| Receipt For: | | | C | | 300.00 |
| Receipt For: Primary General 300.00 | | Name of Employer Self Employed | | | |
| Primary General Other (specify) ▼ 300.00 C. Dr Jeffrey Lee Whittington Mailing Address 25 Seneca Hills City State Zip Code Transaction ID: 25539983 Elkview WV 25071-9316 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ 1665.00 | | Receipt For: | | · · · · · · · · · · · · · · · · · · · | |
| C. 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. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 25539983 Amount of Each Receipt this Period 365.00 | | Primary General | | 300.00 | |
| Mailing Address 25 Seneca Hills City State Zip Code Elkview WV 25071-9316 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1665 00 | _ | | | | Date of Possint |
| City Elkview WV 25071-9316 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1665 00 | U. | | | | ╡ |
| Elkview WV 25071-9316 Amount of Each Receipt this Period C Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Adjusted The Self End Receipt this Period Adjusted The Self End Receipt this Period 365.00 | | Zo Selleca Hills | | | |
| FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1665.00 | | City | State | Zip Code | Transaction ID: 25539983 |
| federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00 | | Elkview | WV | 25071-9316 | Amount of Each Receipt this Period |
| Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00 | | | C | | 365.00 |
| Primary General Other (specify) ▼ 365.00 | | Name of Employer Self Employed | | | |
| Other (specify) ▼ 365.00 | | Receipt For: | Aggregate | Year-to-Date ▼ | 7 |
| 1665 O | | | | 005.00 | 1 |
| SUBTOTAL of Receipts This Page (optional) | | Other (specify) | | 365.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | | | <u> </u> |
| SUBTUTAL OF Receipts This Page (optional) | | UDTOTAL of December This December 1 | | | 1665.00 |
| | S | UDITIAL OF Receipts This Page (optional) | | ······ | |

| COLLEDING A /EEO Forms OV) | | | | FOR LINE NUMBER: PAGE 8/38 |
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| 3 | CHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| ITEMIZED RECEIPTS | | | or each category of the | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
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| or | ny information copied from such Reports and State for commercial purposes, other than using the r | atements may name and add | not be sold or used by any persitress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | American Optometric Association Politi | cal Action (| Committee | |
| Α. | Full Name (Last, First, Middle Initial) Dr Arthur B Epstein | | | Date of Receipt |
| | Mailing Address 501 W Port Royale Ln | | | 03 14 2007 |
| | City | State | Zip Code | Transaction ID: 25645431 |
| | Phoenix | AZ | 85023 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n Optometry | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 250.00 | 1 |
| | | 0 0 | 0 0 0 0 0 0 0 | 1 |
| В. | Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III | | | Date of Receipt |
| | Mailing Address 50 Cedar Hill Rd | | | 03 11 2007 |
| | City | State | Zip Code | Transaction ID: 25645481 |
| | Albuquerque | NM | 87122 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n Optometry | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 0 0 | 300.00 |] |
| <u> </u> | Full Name (Last, First, Middle Initial) Dr Peter H Kehoe | | | Date of Receipt |
| | Mailing Address 789 N Broad | | | M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O |
| | City | State | Zip Code | Transaction ID: 25645509 |
| | Galesburg | IL | 61401-2766 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer Self Employed | | Optometry | |
| | Receipt For: Primary General | Aggregate | Year-to-Date ▼ | 1 |
| | Other (specify) ▼ | 0 0 | 300.00 | |
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| Any information copied from | such Reports and Statements ma | y not be sold or used by any perso | n for the purpose of soliciting contributions |
| | | dress of any political committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE | ` ' | | |
| American Optometri | c Association Political Action | Committee | |
| Full Name (Last, First, M | fiddle Initial) | | |
| Dr Jeffrey A Myers | | | Date of Receipt |
| | Marlowa Drive Box 116 | | 03 10 2007 |
| City | State | Zip Code | Transaction ID: 25645510 |
| Groveport | OH | 43125 | Amount of Each Receipt this Period |
| FEC ID number of contr federal political committee | | | 125.00 |
| Name of Employer Self Employed | Occupatio | n | ┪ |
| Self Employed | Doctor o | f Optometry | |
| Receipt For: | 00 0 | e Year-to-Date ▼ | |
| Primary | General | 375.00 | |
| Carlot (opeony) V | | 0 0 0 0 0 0 0 | ' |
| Full Name (Last, First, N B. Dr Gregory W W Kraupa | fiddle Initial) | | Date of Receipt |
| Mailing Address 4280 | Reiland Lane | | M M / D D / Y Y Y Y |
| City | State | Zip Code | 0 3 1 0 2 0 0 7 Transaction ID: 25645513 |
| Shoreview | MN | 55126-3127 | Amount of Each Receipt this Period |
| FEC ID number of contr | See Property | | |
| federal political committee | ee. | | 84.00 |
| Name of Employer Self Employed | Occupatio | n | ┪ |
| Self Employed | Doctor o | f Optometry | |
| Receipt For: | • • • | e Year-to-Date ▼ | |
| Primary | General | 252.00 | |
| Curior (openity) | | | ' |
| Full Name (Last, First, No. Dr Donald E Jarnagin | fiddle Initial) | | Date of Receipt |
| | 5 North 64Th Ave | | Date of neceipt |
| | | | 03 21 2007 |
| City <u>Glendale</u> | State AZ | Zip Code | Transaction ID: 25645676 |
| FEC ID number of contr | buting | 85304-1043 | Amount of Each Receipt this Period |
| federal political committee | | | 365.00 |
| Name of Employer Self Employed | Occupatio | | 7 |
| | | f Optometry | 4 |
| Receipt For: Primary | Aggregate General | e Year-to-Date ▼ | |
| Other (specify) | | 365.00 | |
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| Ar or | y information copied from such Reports and Sta for commercial purposes, other than using the n | tements may ame and ado | r not be sold or used by any perso Iress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| \setminus | NAME OF COMMITTEE (In Full) | | | |
| \rangle | American Optometric Association Politic | cal Action (| Committee | |
| Α. | Full Name (Last, First, Middle Initial) Dr Kenneth E Knox | | | Date of Receipt |
| | Mailing Address 112 Woodcliff Court | | | 03 / 21 / 2007 |
| | City | State | Zip Code | Transaction ID: 25645679 |
| | Simpsonville | SC | 29681 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer Self Employed | Occupation Doctor of | n Optometry | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | l | 365.00 | |
| | | | | 1 |
| В. | Full Name (Last, First, Middle Initial) Dr Kerry H Head | | | Date of Receipt |
| | Mailing Address 6306 N Heather Oak Dr | | | M M / D D / Y Y Y Y |
| | | 03 27 2007 | | |
| | City | State | Zip Code | Transaction ID: 25658541 |
| | Peoria | IL | 61615-2220 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 365.00 |
| | Name of Employer | Occupation | 1 | |
| | Self Employed | Doctor of | Optometry | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | - | 205.00 | 1 |
| | Other (specify) ▼ | | 365.00 | |
| _ | F. II N. Land (Land First Middle 1979) | | | |
| C. | Full Name (Last, First, Middle Initial) Dr Fred H Dubick | | | Date of Receipt |
| | Mailing Address 4047 Meadow Lark Drive | е | | 03 27 Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 25658542 |
| | Calabasas | CA | 91302-1844 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer | Occupation | 1 | - |
| | Self Employed | | Optometry | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General | | 500.00 | 1 |
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| | NAME OF COMMITTEE (In Full) | | | | |
| $ \rangle$ | American Optometric Association Polit | ical Action (| Committee | | |
| \angle | <u> </u> | | | | |
| | Full Name (Last, First, Middle Initial) | | | 5. (5.). | |
| Α. | Dr Francisco J Pimentel | | | Date of Receipt | |
| | Mailing Address 582 North Main St | | | 03 23 | 2007 |
| | City | State | Zip Code | Transaction ID: 25 | |
| | Wallingford | CT | 06492-3213 | Amount of Each Re | |
| | FEC ID number of contributing | | | 7 | |
| | federal political committee. | C | | | 250.00 |
| | Name of Francisco | 0 | | | |
| | Name of Employer Self Employed | Occupation | n Optometry | | |
| | Receipt For: | | e Year-to-Date ▼ | - | |
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| | Other (specify) ▼ | | 250.00 | | |
| | | | | | |
| | Full Name (Last, First, Middle Initial) | | | 5. (5.). | |
| В. | Dr Robert P Mingrone | | | Date of Receipt | |
| | Mailing Address 47 Woodsend Ave | | | 03 23 | 2007 |
| | City | State | Zip Code | Transaction ID: 25 | |
| | Shelton | CT | 06484-2156 | Amount of Each Re | |
| | FEC ID number of contributing | | | 7 | |
| | federal political committee. | C | | | 300.00 |
| | Name of Employer | Occupation | • | | |
| | Name of Employer Self Employed | Occupation | Optometry | | |
| | Receipt For: | | e Year-to-Date ▼ | | |
| | Primary General | 33 -3 | | 1 | |
| | Other (specify) ▼ | | 300.00 | | |
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| _ | Full Name (Last, First, Middle Initial) | | | Data of Data int | |
| C. | Dr William J Lindahl Mailing Address 30624 Lyndon | | | Date of Receipt | |
| | Mailing Address 30624 Lyndon | | | 03 23 | 2007 |
| | City | State | Zip Code | Transaction ID: 25 | 659526 |
| | Livonia | MI | 48154-4349 | Amount of Each Re | |
| | FEC ID number of contributing | | | | 125.00 |
| | federal political committee. | C | | | 125.00 |
| | Name of Employer | Occupation | <u> </u> | \dashv | |
| | Self Employed | O.D. | | | |
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| Ar or | y information copied from such Reports and Statemer for commercial purposes, other than using the name a | ents may and add | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Optometric Association Political A | Action (| Committee | |
| Α. | Dayton FEC ID number of contributing federal political committee. Name of Employer Self Employed Occ Doc | cupation octor of | Zip Code 45415 Optometry Year-to-Date ▼ 500.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 3. | Full Name (Last, First, Middle Initial) Dr Dennis M Kuwabara Mailing Address 94-477 Holaniku Street | N-1- | 7-0-1 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Si Mililani H FEC ID number of contributing federal political committee. | | Zip Code 96789-1717 | Transaction ID: 25659537 Amount of Each Receipt this Period 500.00 |
| | Self Employed Doe | | Optometry Year-to-Date ▼ 500.00 | |
| . . | Full Name (Last, First, Middle Initial) Dr R. Richard Ryan, Jr Mailing Address 7822 N Country Homes Blvd | d | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | • | State | Zip Code | Transaction ID: 25659539 |
| | Spokane W FEC ID number of contributing federal political committee. C | VA C | 99208 | Amount of Each Receipt this Period 600.00 |
| | Self Employed Doo | | Optometry Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1 1 | 600.00 | |
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| Any information copied from such Reports and State or for commercial purposes, other than using the na | ements may not be sold or used by any perso | n for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | The and address of any political committee to | Solicit Contributions from Such Committee. |
| American Optometric Association Politica | al Action Committee | |
| Full Name (Last, First, Middle Initial) Dr Steven L Compton | | Date of Receipt |
| Mailing Address 210 Monterey Road | | 03 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 25661452 |
| Franklin FEC ID number of contributing federal political committee. | KY 42134 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Dr. Warren Verne DeHaan, OD | | Date of Receipt |
| Mailing Address 645 Empora RD | State Zip Code | 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Boulder | CO 80305-5612 | Transaction ID: 25662328 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Aviation Vision Expert Se- rvices | Occupation Optometric Consultant | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Full Name (Last, First, Middle Initial) Dr Jeffrey A A Gonnason | | Date of Receipt |
| Mailing Address 6721 Gloucester | | 03 / 29 / Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 25663091 |
| Anchorage | AK 99504 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer Self Employed | Occupation Doctor of Optometry | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
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| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Optometric Association Politic | al Action (| Committee | |
| Α. | Full Name (Last, First, Middle Initial) Dr Paul A Paxman Mailing Address 8909 N Silver Lake Dr City Cedar Hills FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | | Zip Code 84062-8783 Toptometry Year-to-Date ▼ 365.00 | Date of Receipt M M A Z B Z D D Z Z D D Z Z D D Z Z D D Z Z D D Z Z D D Z Z D D Z Z D D Z D Z D D D Z D D D Z D D D Z D D D D Z D D D Z D |
| 3. | Full Name (Last, First, Middle Initial) Dr Michael R Sellers Mailing Address 3441 E Cathedral Rock (City | Dir State | Zip Code | Date of Receipt M M |
| | Tucson FEC ID number of contributing federal political committee. | AZ C | 85718 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ | | Optometry Year-to-Date ▼ 500.00 | |
| C . | Full Name (Last, First, Middle Initial) Dr Warren Stephen Johnson Mailing Address 4586 Barfield Rd City Memphis | State TN | Zip Code 38117-2414 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) | | on of Optometry of Year-to-Date ▼ | 100.00 |
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| Any information copied from such Reports and State or for commercial purposes, other than using the na | me and add | ress of any political committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| American Optometric Association Politica | al Action C | Committee | |
| Full Name (Last, First, Middle Initial) Dr Eric J Bergstrom | | | Date of Receipt |
| Mailing Address 7737 Sunnyside Avenue | | | 03 / 30 / 2007 |
| City | State | Zip Code | Transaction ID: 25664269 |
| Seattle | WA | 98103-4944 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Self Employed | Occupation Doctor of | Optometry | |
| Receipt For: | | Year-to-Date ▼ | 1 |
| Primary General | | 250.00 | |
| Other (specify) ▼ | | 250.00 | |
| Full Name (Last, First, Middle Initial) 3. Dr Rose Marie Betz | | | Date of Receipt |
| Mailing Address 7300 N Bluff Drive | | | 03 / 30 / 4 2007 |
| City | State | Zip Code | Transaction ID: 25664274 |
| Tuscaloosa | AL | 35406-2608 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self Employed | Occupation | | 7 |
| | | Optometry | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) D. Dr Steven Harry Kantor | | | Date of Receipt |
| Mailing Address 4136 W Runion Dr | | | M M / D D / Y Y Y Y |
| 0:: | | 7: 0 ! | 03 30 2007 |
| Clandala | State | Zip Code | Transaction ID: 25664275 |
| Glendale | AZ | 85308 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 300.00 |
| Name of Employer Self Employed | Occupation | | 7 |
| | | Optometry | - |
| Receipt For: Primary General | Aggregate | Year-to-Date ▼ | |
| Other (specify) ▼ | | 300.00 | |
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Self Employed

Primary

Receipt For:

Mailing Address 9 Garryford Drive

General

State

NJ

C

Aggregate Year-to-Date ▼

1000.00

A. Dr Christopher J Quinn

Middletown

City

FOR LINE NUMBER: PAGE 16/38 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. American Optometric Association Political Action Committee Date of Receipt 03 30 2007 Zip Code Transaction ID: 25664277 07748-3761 Amount of Each Receipt this Period 1000.00 Occupation **Doctor of Optometry**

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 17/38 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 **X** 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) United Bank Date of Receipt Mailing Address 3801 Wilson Blvd. 03 21 2007 City State Zip Code Transaction ID: 25645762 Arlington VA 22203-1919 Amount of Each Receipt this Period FEC ID number of contributing C 1102.19 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General United Bank Interset 03/2-1/07 2266.49 Other (specify)

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| NAME OF COMMITTEE (In Full) | | <u>. </u> | | | | | | | |
| / American Optometric Association Politica | Action Committee | е | | | | | | | |
| Full Name (Last, First, Middle Initial) Bank of America | | | | | ction ID: Disburse | 257679 ement | 97 | | |
| Mailing Address PO Box 790251 | | | | 0 3 | / DO | 1 / | ž0 | o 7 | |
| City St. Louis | State Zip Coo MO 63179 | | | Amoun | t of Each | Disburse | ement th | is Per | iod |
| Purpose of Disbursement Bank of America Fees 03/01/07 | | | 001 | | | | 10 | 7.78 | |
| Candidate Name | | C | ategory/ Type | | | | | | |
| Office Sought: House Disburs Senate President State: District: | ement For: Primary G Other (specify) | General | | Bank o 1/07 | f Ameri | ca Fees | 03/0- | | |
| Full Name (Last, First, Middle Initial) Bank of America | | | | | Disburse | | 98 | | |
| Mailing Address PO Box 790251 | | | | 03 | | 1 / | žo | ŏ7 [°] | |
| City St. Louis | State Zip Coo MO 63179 | | | Amoun | t of Each | Disburse | ement th | | iod |
| Purpose of Disbursement Bank of America Fee 03/01/07 Candidate Name | | | 001 category/ Type | | | | · · · | 0.01 | |
| Office Sought: House Senate President State: District: | ement For: Primary Other (specify) | General | | Bank o /07 | f Ameri | ca Fee (| 03/01- | | |
| Full Name (Last, First, Middle Initial) - Bank of America | | | | | ction ID: | 257679 ement | 83 | | |
| Mailing Address PO Box 790251 | | | | 03 | / DO | 5 / | ź0 | ŏ 7 [°] | |
| City St. Louis | State Zip Coo MO 63179 | | | Amoun | t of Each | Disburse | ement th | is Per | iod |
| Purpose of Disbursement American Express Fee 03/05/07 | | | 001 | | | | 2 | 28.50 | |
| Candidate Name | _ | C | ategory/ Type | | | | | | |
| Office Sought: House Disburs Senate President State: District: | ement For: Primary Other (specify) | General | | Americ 5/07 | an Expr | ess Fee | 9 03/0- | | |
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| Ĭ. | NAME OF COMMITTEE (In Full) | ie and address of any point | | | iiiiioo i | 0 00110 | it conti | ibat | 10113 111 | 0111 00 | 011 0011 | milloc | |
| $ \rangle$ | American Optometric Association Politica | l Action Committee | | | | | | | | | | | |
| L | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) | | | | | | | | - | | 5227 | | |
| Α. | Wachovia Federal | | | | | | | _ | isburse | | V | V | V |
| | Mailing Address 1650 Tyson Blvd. | | | | | | 0 3 | IVI | ′ | 9 / | , | ž o ŏ 7 | 7 1 |
| | City | State Zip Code | | | | | Amou | nt o | f Each | Disbu | ırseme | nt this f | Period |
| | McLean | VA 22102 | | | | | | | - | - | | 767. | 50 |
| | Purpose of Disbursement Wachovia Federal Service Fees 03/09/07 | | | ۸ | 01 | 7 | | | | | | 767. | 50 |
| | Candidate Name | | | _ | egory/ | - | | | | | | | |
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| | Senate | Primary Gener | al | | | | Fees | | | · | | | |
| | President State: District: | Other (specify) | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Trono | 00+ | ion ID: | 2576 | 57984 | | |
| В. | Bank of America | | | | | | | | isburs | | 7 304 | | |
| | Mailing Address DO D. 7000F4 | | | | | | 0 ^M 3 | М | / D 1 | D / | Υ | ž 0 ŏ 7 | 7 Y |
| | Mailing Address PO Box 790251 | | | | | | 0.5 | | <u> </u> | | <u></u> | 2007 | |
| | City St. Louis | State Zip Code MO 63179 | | | | | Amou | nt o | f Each | Disbu | ırseme | nt this I | Period |
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| | American Express Service Fee 03/11/07 | | | 0 | 01 | | | _ | | | | | |
| | Candidate Name | | | | egory/ | | | | | | | | |
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| | Office Sought: House Disburs Senate | ement For: Primary Gener | ·al | | | | Ameri Fee 0 | car | ј Ехрі | ress S | Servic | е | |
| | President | Other (specify) ▼ | ۵. | | | | ree o | 3/ I | 1/07 | | | | |
| | State: District: | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Trans | act | ion ID: | 2576 | 7993 | | |
| C. | Bank of America | | | | | | | _ | isburs | | | .,, . | 14 |
| | Mailing Address PO Box 790251 | | | | | | 0,3 | М | [′] 1 | ^D 2 | Υ | ž o ŏ 7 | 7 1 |
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| | Candidate Name | | - | _ | 01 egory/ | - | | | | | | | |
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| | Senate | Primary Gener | al | | | | /07 | Cai | т шхрі | C33 1 | CC 0/ | 12 | |
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| | NAME OF COMMITTEE (In Full) American Optometric Association Political | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | Transaction ID: 25 | 5767995 |
| A. | Bank of America | | | Date of Disburseme | |
| | Mailing Address PO Box 790251 | | | 03 15 | y žo v 7 v |
| | | State Zip Code MO 63179 | | Amount of Each Di | sbursement this Period |
| | Purpose of Disbursement | 00173 | | | 2.85 |
| | American Express Fee 3/15/07 | | 001 | | |
| | Candidate Name | | Category/ Type | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) | | American Expres | s Fee 3/15- |
| _ | Full Name (Last, First, Middle Initial) | | | Transaction ID: 25 | |
| В. | Bank of America | | | Date of Disburseme | |
| | Mailing Address PO Box 790251 | | | 03 / 15 | ['] 2007 |
| | , | State Zip Code MO 63179 | | Amount of Each Di | sbursement this Period |
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| | Candidate Name | | Category/ Type | | |
| | Office Sought: House Disburse Senate President State: District: | ement For: Primary General Other (specify) | | Bank of America /07 | Fee 03/15- |
| C. | Full Name (Last, First, Middle Initial) Bank of America | | | Transaction ID: 25 | |
| | Mailing Address PO Box 790251 | | | 03 16 | / Y 2007 |
| | | State Zip Code MO 63179 | | Amount of Each Di | sbursement this Period |
| | Purpose of Disbursement American Express Fee 3/16/07 | | 001 | | 1.19 |
| | Candidate Name | | Category/ Type | | |
| | Office Sought: Senate President State: Disburse | ement For: Primary General Other (specify) | | American Expres | s Fee 3/16- |
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| $\overline{}$ | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| / | American Optometric Association Political | Action Co | ommittee | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | Transac | tion ID: 25 | 767996 | | |
| ٩. | Bank of America | | | | | Date of D | Disburseme | nt | | |
| | Mailing Address PO Box 790251 | | | | | 03 | ²⁶ | / Y 2 | 007 | Y |
| | City St. Louis | State MO | Zip Code 63179 | | | Amount | of Each Dis | bursemer | t this Pe | eriod |
| | Purpose of Disbursement American Express Fee 3/26/07 | | | 001 | 1 | | | | 12.1 | 1 |
| | Candidate Name | | | Catego Type | | | | | | |
| | Office Sought: House Disburse Senate President | ement For: Primary Other (spe | General ecify) ▼ | | | America /07 | n Express | Fee 3/2 | 26- | |
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| NAME OF COMMITTEE (In Full) | e and address of any political cor | Tillillillee to so | neit continuations from such co | Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii |
| American Optometric Association Political | Action Committee | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 2550887 | '2 |
| Mike Honda For Congress | | | Date of Disbursement | V V V |
| Mailing Address 50 W. San Fernando St | Ste 350 | | $\begin{bmatrix} M & M \\ O & 3 \end{bmatrix} \begin{bmatrix} D & D \\ O & 2 \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix}$ | ž 0 0 7 ° |
| City San Jose | State Zip Code CA 95113 | | Amount of Each Disbursen | nent this Period |
| Purpose of Disbursement | CA 95113 | | | 1000.00 |
| Candidate Contribution | | 011 | | |
| Candidate Name Rep. Michael M. Honda | C | Category/ Type | | |
| Senate X President | ment For: 2008 Primary General Other (specify) | | Candidate Contribution | |
| State: CA District: 15 Full Name (Last, First, Middle Initial) | | | | |
| 3. Pascrell For Congress Inc. | | | Transaction ID: 2550885 Date of Disbursement | |
| Mailing Address POB 640 | | | $\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$ | ž 0 0 7 [°] |
| City Totowa | State Zip Code NJ 07511 | | Amount of Each Disbursen | nent this Period |
| Purpose of Disbursement | Г | 044 | | 1000.00 |
| Candidate Contribution Candidate Name Rep. William J. Pascrell, Jr. | C | 011 Category/ Type | | |
| Office Sought: X House Disburse | ment For: 2008 Primary General Other (specify) | .,,,,, | Candidate Contribution | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 2550884 | .8 |
| Schakowsky For Congress | | | Date of Disbursement | |
| Mailing Address P.O. Box 5130 | | | $\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix}$ | ž 0 0 7 [°] |
| City Evanston | State Zip Code IL 60204 | | Amount of Each Disbursen | nent this Period |
| Purpose of Disbursement Candidate Contribution | | 011 | | 1000.00 |
| Candidate Name Rep. Janice D. Schakowsky | C | Category/ Type | | |
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| Or | NAME OF COMMITTEE (In Full) | e and address of a | ny pontical | COIII | 1111 | illee i | O SOIIC | il Contr | ibut | ions ir | OIII S | sucri c | OHIII | iillee | |
| \rangle | American Optometric Association Political | Action Commit | tee | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | on ID | : 25 | 50889 | 92 | | |
| Α. | Tiberi For Congress | | | | | | | | of Di | isburs | | nt | V | . V | V |
| | Mailing Address 2021 E Dublin Granville Suite 2000 | Road | | | | | | 0,3 | IVI | ′ | 2 | <u> </u> | Ź | o ŏ 7 | |
| | City Columbus | State Zip COH 432 | | | | | | Amou | int o | f Each | n Dis | burser | ment | this F | Period |
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| | Candidate Contribution | | | | Ō. | 11 | | | - | | | | | | |
| | Candidate Name Rep. Patrick J. Tiberi | | | | | gory/ pe | | | | | | | | | |
| | Senate X President | ement For: Primary Other (specify) | 2008 General | | | | | Cand | idat | e Cor | ntrib | oution | | | |
| _ | State: OH District: 12 Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | |
| В. | Porter For Congress | | | | | | | | of D | isburs | eme | | | V | V |
| | Mailing Address 900 Pavillion Center Driv | re #300 | | | | | | 0 ^M 3 | М | [′] □ C | 2 | / Y | ž | 0 ŏ 7 | , ^Y |
| | City Las Vegas | State Zip C NV 891 | | | | | | Amou | int o | f Each | n Dis | burser | - | | - |
| | Purpose of Disbursement Candidate Contribution | | | | ٥. | 11 | 7 | | - | | | | 1 | 000. | 00 |
| | Candidate Name Rep. Jon C. Porter | | | Ca | ate | gory/ | - | | | | | | | | |
| | | ement For: | 2008 | | IУ | ре | | | | | | | | | |
| | | Primary Other (specify) | General | | | | | Cand | idat | e Cor | ntrib | oution | | | |
| | State: NV District: 3 | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Collins For Senator | | | | | | | Trans Date | | isburs | eme | | 19 | | |
| | Mailing Address PO Box 1096 | | | | | | | 0 ^M 3 | М | [′] □ C | 0 6 | / Y | ž | 0 ŏ 7 | , ^Y |
| | City Bangor | State Zip 0 ME 044 | | | | | | Amou | int o | f Each | n Dis | burser | - | | - |
| | Purpose of Disbursement Candidate Contribution | | | | Ò. | 11 | 1 | L. | _ | | | | 3 | 000. | 00 |
| | Candidate Name Sen. Susan M. Collins | | | | | gory/ pe | | | | | | | | | |
| | X Senate X President | ement For: Primary Other (specify) | 2008 General | | | - | | Cand | idat | e Cor | ntrib | oution | | | |
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| NAME OF COMMITTEE (In Full) | and address of any political co | iriiriiillee lo | SOIICIL CC | Hillibu | uons m | JIII SUCII | COITIII | iillee | |
| American Optometric Association Political | Action Committee | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Tra | nsact | ion ID: | 255161 | 125 | | |
| Tim Johnson For South Dakota Inc | | | | | oisburse / D | | vv | V | V |
| Mailing Address PO Box 1859 | | | O ^M | 3 [™] | 0 | 7 / | 2 | 0 ŏ 7 | |
| | State Zip Code SD 57101 | | Am | ount c | of Each | Disburse | ement | this P | eriod |
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| Candidate Name Sen. Tim Johnson | C | Category/ Type | | | | | | | |
| X Senate X President | ment For: 2008 Primary General Other (specify) | | Car | ndida | te Con | tributio | n | | |
| State: SD District: Full Name (Last, First, Middle Initial) | | | | | | | | | |
| 3. Mike Ross For Congress Committee | | | | | i on ID: Isburse | 255160 ement |)38 | | |
| Mailing Address PO Box 360 | | | 0 | | [′] 0 | ^D / | ž Ž | 0 ŏ 7 | Y |
| City | State Zip Code | | Am | ount c | of Each | Disburse | ement | this P | eriod |
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| Candidate Name Rep. Michael A. Ross | | Category/ | | | | | | | |
| 9 1 | ment For: 2008 Primary General Other (specify) | | Car | ndida | te Con | tributio | n | | |
| Full Name (Last, First, Middle Initial) | | | T | | : ID: | 255242 |)E0 | | |
| American Express | | | | | isburse | | 203 | | |
| Mailing Address P O Box 360001 | | | O ^M | 3 ^M | [/] 0 | 8 / | ž Ž | 0 ŏ 7 | Y |
| , | State Zip Code FL 33336-001 | | Am | ount c | of Each | Disburs | ement | this Po | eriod |
| Purpose of Disbursement Inkind Contribution | 1 | 011 | T L | | | | 0 | 868.7 | 7 |
| Candidate Name Adam Putnam | | Category/ Type | ' | | | | | | |
| | ment For: 2008 Primary General Other (specify) | | Inki | nd C | ontribu | ution | | | |
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| NAME OF COMMITTEE (In Full) | and address of any political co | minutee to So | ion continuutions III | om such committee |
| American Optometric Association Political | Action Committee | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: | : 25797560 |
| Johnny's Half Shell | | | Date of Disburs | |
| Mailing Address 400 North Capitol Street, | N.W. | | 03 000 | 8 7 2007 |
| | State Zip Code DC 20001 | | Amount of Each | Disbursement this Period |
| Purpose of Disbursement | 20001 | | | 868.77 |
| Inkind Contribution Food Adam Putnam | | 011 | | |
| Candidate Name | | Category/ Type | [MEMO ITEM] | |
| Office Sought: House Disburser Senate | nent For: Primary General | | Inkind Contrib | ution Food |
| President | Other (specify) | | Adam Putnam | |
| State: District: | | | | |
| Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campa | ian | | Transaction ID: Date of Disburse | |
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| Mailing Address PO Box 12612 | | | 0 3 1 | 3 / Y 2007 |
| , | State Zip Code FX 78212 | | Amount of Each | Disbursement this Period |
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| Candidate Contribution Candidate Name | | 011 | | |
| Rep. Charles A. Gonzalez | | Category/ Type | | |
| Office Sought: X House Disburser | | | Candidate Cor | ntribution |
| Senate X President | Primary General Other (specify) | | | |
| State: TX District: 20 | (CP-03.1) | | | |
| Full Name (Last, First, Middle Initial) Grassley Committee Inc | | | Transaction ID: Date of Disburse | |
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| Mailing Address PO Box 1000 | | | | |
| , | State Zip Code A 50304 | | Amount of Each | Disbursement this Period |
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| Candidate Name | | Category/ | | |
| Sen. Charles E. Grassley | | Туре | | |
| Office Sought: House Disburser | nent For: 2010 Primary General | | Candidate Cor | ntribution |
| President | Other (specify) | | | |
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| $ \rangle$ | American Optometric Association Politica | d Action Committee | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Trans | acti | on ID | : 25 | 5398 | 29 | | |
| Α. | Pallone For Congress | | | | | | | of D | isburs | | nt | V | . V | V |
| | Mailing Address PO Box 3176 | | | | | | 0,3 | IVI | 1 | 1 3 | / _ | 2 | o ŏ 7 | 7 ' |
| | City Long Branch | State Zip Code NJ 07740 | | | | | Amou | ınt o | f Each | n Dis | burse | ment | t this I | Period |
| | Purpose of Disbursement | | T | | | $\overline{}$ | | | | | | . 2 | 500. | 00 |
| | Candidate Contribution Candidate Name | | _ | | 11 | | | | | | | | | |
| | Rep. Frank Pallone, Jr. | | | | egory/ ype | | | | | | | | | |
| | A | sement For: 2008 K Primary General Other (specify) | | | | | Cand | idat | e Cor | ntrib | oution | 1 | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | Trons | | an ID | . OE | E201 | 0.1 | | |
| В. | Whitfield For Congress Committee | | | | | | | | isburs | eme | | | V * | V |
| | Mailing Address P.O. Box 391 | | | | | | 0,3 | IVI | ′ | 1 3 | / _ | 2 | 0 ŏ 7 | 7 ' |
| | City Hopkinsville | State Zip Code KY 42241 | | | | | Amou | ınt o | f Each | n Dis | burse | - | | |
| | Purpose of Disbursement Candidate Contribution | | | ٥ | 11 | 7 | | 0 | - | | | 1 | 000. | 00 |
| | Candidate Name Rep. Edward Whitfield | | Ca | ate | egory/ pe | - | | | | | | | | |
| | Senate X President | sement For: 2008 ✓ Primary General Other (specify) ▼ | | | | | Cand | idat | e Cor | ntrib | oution | ı | | |
| | State: KY District: 1 | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Hooley For Congress | | | | | | Date | of D | isburs | eme | 5402 nt | | | |
| | Mailing Address PO Box 2050 | | | | | | 0 3 | М | / D | 1 4 | / L | ž | o ŏ 7 | 7 ^Y |
| | City Salem | State Zip Code OR 97308 | | | | | Amou | ınt o | f Each | n Dis | burse | ment | t this I | Period |
| | Purpose of Disbursement Candidate Contribution | | | 0 | 11 | 7 | L. | | | | | _ 1 | 000. | 00 |
| | Candidate Name Rep. Darlene Hooley | | Ca | ate | egory/ | | | | | | | | | |
| | Senate President | sement For: 2008 ✓ Primary General Other (specify) ▼ | -! | | · • | | Cand | idat | e Coi | ntrib | oution | l | | |
| | State: OR District: 5 | | | | | | _ | _ | | | • | | | |
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| \rangle | NAME OF COMMITTEE (In Full) American Optometric Association Political | • | | |
| ۷. | Full Name (Last, First, Middle Initial) | | | Transaction ID: 25540222 |
| | Boozman For Congress | | | Date of Disbursement 0 3 1 4 2 0 0 7 |
| | Mailing Address PO Box 671 | | | 00 14 2007 |
| | City Rogers | State Zip Code AR 72757 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contribution | | 011 | 1000.00 |
| | Candidate Name Rep. John N. Boozman | | Category/ Type | |
| | | ement For: 2008 Primary General Other (specify) | | Candidate Contribution |
| | Full Name (Last, First, Middle Initial) | | | Transaction ID: 25540223 |
| 3. | Friends Of Lois Capps | | | Date of Disbursement |
| | Mailing Address PO Box 23940 | | | 03 7 14 7 2007 |
| | City Santa Barbara | State Zip Code CA 93121 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contribution | | 011 | 1000.00 |
| | Candidate Name Rep. Lois Capps | | Category/ Type | |
| | Senate X President | ement For: 2008 Primary General Other (specify) | | Candidate Contribution |
| | State: CA District: 23 Full Name (Last, First, Middle Initial) | | | Transaction ID: 25540226 |
| Э. | Friends Of Jim Clyburn | | | Date of Disbursement |
| | Mailing Address Post Office Box 12567 | | | 03 14 7 2007 |
| | City Columbia | State Zip Code SC 29211 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Candidate Contribution | | 011 | 1000.00 |
| | Candidate Name Rep. James E. Clyburn | | Category/ Type | |
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| Mark Udall For Congress Inc. | | | | | of Disk | | | , v | γ , | Y |
| Mailing Address 8690 Wolff Court #200 | | | | 0,3 | | 14 | | 2 (|) Ď 7 | |
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| 3. Stephanie Tubbs Jones For US Congress | | | | | of Disk | | | ∠ I | | |
| Mailing Address 3729 Silsby Rd | | | | 0 ^M 3 | M / | 14 |) / Y | ž |) Ď 7 | Y |
| • | State Zip Code OH 44118 | | | Amou | unt of E | ach D | isburse | | | - |
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| Committee for a Democratic Majority | | | | | of Disk | _ | | 20 | | |
| Mailing Address 301 4th Street, N.E. Suite 202 | | | | 0,3 | M / | 14 |) / Y | ž |) Ď 7 Ì | Y |
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| / American Optometric Association Political | Action Committee | | | | | | | | | | |
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| Mailing Address PO Box 8166 | | | | 0 3 | 3 "" | 1 | ^D / C | 2 | 0 ŏ 7 | | |
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| Mailing Address P.O. Box 100277 | | | | 0 3 | | 1 | 6 | . 2 | 007 | | |
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| | ment For: 2008 | - 71 | | Carr. | ما:مامة | ام | المائسة | _ | | | |
| | Primary General | | | Can | Jiua | te Con | tributio | 1 | | | |
| President State: FL District: 23 | Other (specify) | | | | | | | | | | |
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| Charlie Melancon Campaign Committee Ir | С | | | | | isburse | | ,07 | | | |
| Mailing Address PO Box 549 | | | | o ^M 3 | М | / D 1 | 6 / ` | ž | 0 ŏ 7 | Y | |
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| | NAME OF COMMITTEE (In Full) | ne and addre | ss of any political | COII | | IIIICC | 000000000000000000000000000000000000000 | | | | | | | | |
| $ \rangle$ | American Optometric Association Politica | al Action Co | mmittee | | | | | | | | | | | | |
| Δ. | Full Name (Last, First, Middle Initial) Klein For Congress | | | | | | | Trans | | | | | 3869 | | |
| | Mailing Address 2385 Executive Center | Drive | | | | | | 0 ^M 3 | М | / D | 16 |) / | Y | ž 0 Ŏ | 7 ^Y |
| | Suite 100 City Boca Raton | State FL | Zip Code 33431 | | | | | Amou | ınt o | f Eac | h D | isbu | rseme | nt this | Period |
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| | Candidate Name Mr. Ron Klein | | | С | at | egory/ ype | | | | | | | | | |
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| B. | | | | | | | | Date of | | isbur | sem | nent | | ž 0 ŏ | Y |
| | Mailing Address P.O. Box 61480 | 01-1- | 7'- 0-4- | | | | | 0 3 | _ | | 19 | | <u> </u> | | |
| | City Virginia Beach | State VA | Zip Code 23466 | | | | | Amou | int o | t Eac | n D | isbu | rseme | nt this | |
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| | Candidate Name Rep. Thelma D. Drake | | | С | | egory/ ype | | | | | | | | | |
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| | State: VA District: 2 | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Jim Whitehead for Congress | | | | | | | Trans Date | | isbur | sem | nent | 6579 | | |
| | Mailing Address PO BOX 619 | | | | | | | 0 ^M 3 | М | / D | 1 9 |) / | Y | žoŏ | 7 ^Y |
| | City Evans | State GA | Zip Code 30809 | | | | | Amou | ınt o | f Eac | h D | isbu | rseme | - | Period |
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| American Optometric Association Politic | al Action Committee | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Т | ransac | tion ID: | 256295 | 518 | | | |
| Pascrell For Congress Inc. | | | | D | ate of | Disburse | | v v | V . | V | |
| Mailing Address POB 640 | | | | | 0,3 ,, | ້ 2 | 20 / | 2 | 0 ŏ 7 | | |
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| Senate President | X Primary General Other (specify) ▼ | | | | | | | | | | |
| State: NJ District: 8 | - · · · (-), • | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Т | ransac | tion ID: | 256614 | 142 | | | |
| Rangel For Congress | | | | | | Disburse | | v · v | V | V | |
| Mailing Address PO Box 5577 Manhattanville Sta | | | | | 0 3 | / 2 | 7 7 | ž | 0 ŏ 7 | · * | |
| City New York | State Zip Code NY 10027 | | | Α | mount | of Each | Disburse | emen | t this F | erio | t |
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| Candidate Name Rep. Charles B. Rangel | | Catego Type | ry/ | | | | | | | | |
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| Senate President | X Primary General Other (specify) ▼ | | | | | | | | | | |
| State: NY District: 15 | Other (specify) | | | | | | | | | | |
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| Mike Thompson For Congress | | | | D | | Disburs | | · · · · · | · V. | ν. | |
| Mailing Address 5429 Madison Avenue | | | | | 03 | [/] 2 | 7 / | Ż | 0 Ď 7 | | |
| City Sacramento | State Zip Code CA 95841 | | | Α | mount | of Each | Disburse | emen | t this F | erio | t |
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| NAME OF COMMITTEE (In Full) American Optometric Association Political | Action Committee | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | Transac | tion ID: | 256624 | 103 | | |
| A. M-PAC | | | | | Disburse / D | | v • v | · · · | V |
| Mailing Address 607 14th Street, NW Suite 800 | | | | 0,3 , | 2 | 27 | 2 | 0 ŏ 7 | |
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| State: District: | | | | | | | | | |
| Full Name (Last, First, Middle Initial) 3- Chet Edwards For Congress | | | | Date of | Disburse | | | | |
| Mailing Address PO Box 23273 | | | | 0,3 | [/] 2 | 8 7 | ž | 0 ŏ 7 | Y |
| , | State Zip Code TX 76702 | | | Amount | of Each | Disburse | | | - |
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| Candidate Name Rep. Chet Edwards | | Category Type | - | | | | | | |
| Office Sought: X House Senate President State: TX District: 17 | ment For: 2008 Primary General Other (specify) | | | Candida | ate Con | ntributio | n | | |
| Full Name (Last, First, Middle Initial) | | | | Transac | tion ID: | 256628 | 248 | | |
| Boswell For Congress | | | | | Disburse | | ,-0 | | |
| Mailing Address PO Box 6220 | | | | 0 3 | [/] 2 | 8 7 | ž | 0 ŏ 7 | Y |
| , | State Zip Code IA 50309 | | | Amount | of Each | Disburse | ement | this P | eriod |
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| Candidate Name Rep. Leonard L. Boswell | | Category Type | - | | | | | | |
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| • Pallone For Congress | | | | | | | Date of I | | | V V | V | V |
| Mailing Address PO Box 317 | 6 | | | | | | 0 ^M 3 M | ່ | 8 ^D | | 0 ŏ 7 | |
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| Candidate Name Rep. Frank Pallone, Jr. | | | | | tegory/ ype | | | | | | | |
| Office Sought: X House Senate President | | ent For: rimary other (spec | 2008 General | | | (| Candida | ate Cor | ntributio | n | | |
| State: NJ District: 6 Full Name (Last, First, Middle Initia | | | | | | | | | | | | |
| Rodriguez for Congress | 1) | | | | | | Date of I | Disburse | | | | |
| Mailing Address PO Box 145 | 528 | | | | | | 0 3 | [′] 2 | 8 7 | ž | 0 ŏ 7 | Y |
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| Candidate Name Ciro D. Rodriguez | | | | Ca | tegory/ ype | | | | | | | |
| Office Sought: X House Senate President State: TX District: 28 | | ent For: rimary other (spec | 2008 General | | 71 | (| Candida | ate Cor | ntributio | n | | |
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| Friends Of John Barrow | , | | | | | | Date of I | Disburse | | 556 | | |
| Mailing Address PO Box 816 | 66 | | | | | | 0,3 | [′] 2 | 8 ^D | ž | 0 ŏ 7 | Y |
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| Office Sought: X House Senate President State: GA District: 12 | | ent For: rimary other (spec | 2008 General | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | (| Candida | ate Cor | ntributio | n | | |
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| NAME OF COMMITTEE (In Full) American Optometric Association Political A | Action Committee | | | | | | |
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| Courtney For Congress | | | | Disbursem | _ | | |
| Mailing Address 38 Risley Road | | | 03 | [/] 28 | | ž 0 ŏ 7 | |
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| Vernon (| CT 06066 | | - | | | 1000.0 | 0 |
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| Candidate Name Rep. Joseph D. Courtney | | Category/ Type | | | | | |
| | nent For: 2008 Primary General Other (specify) | | Candida | ate Contr | ibution | | |
| Full Name (Last, First, Middle Initial) | | | Tuonasa | #: ID- 0 | FCC0040 | | |
| 3. Klein For Congress | | | | Disbursem | | | Y |
| Mailing Address 2385 Executive Center Dr Suite 100 | | | 0 3 | [/] 28 | | ž 0 ŏ 7 | |
| , | tate Zip Code FL 33431 | | Amount | of Each D | isburseme | | - |
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| Candidate Name Mr. Ron Klein | | Category/ Type | | | | | |
| President | nent For: 2008 Primary General Other (specify) | | Candida | ate Contr | ibution | | |
| State: FL District: 22 | | | | | | | |
| Full Name (Last, First, Middle Initial) Giffords For Congress | | | Date of I | Disbursem | | | |
| Mailing Address PO Box 27565 | | | 03 | [/] 28 | | ž 0 ŏ 7 | Y |
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| \vdash | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| $ \rangle$ | American Optometric Association Political | Action Co | mmittee | | | | | | | | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy | | | | | | | Trans | | | | | 844 | | | |
| | Mailing Address P.O. Box 127 | | | | | | | 0 ^M 3 | М | / [| 28 | / [| Y | δοŏ | 7 ^Y | |
| | City Cheshire | State CT | Zip Code 06410 | | | | | Amou | int o | f Ead | ch Di | isburs | semer | nt this | Perio | nd . |
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| | Candidate Name Rep. Christopher S. Murphy | | | | ate | gory/ pe | | | | | | | | | | |
| | Senate X President | ement For: Primary Other (spe | 2008 General | | | | | Candi | idat | e Co | ontri | ibutio | on | | | |
| | State: CT District: 5 Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | on I | D: 2! | 5662 | 892 | | | |
| B. | Arcuri For Congress | | | | | | | Date o | | | sem | ent | | Ý 0 Ď | Y | |
| | Mailing Address P.O. Box 8508 | | | | | | | 0 3 | | L | 28 | | | | | |
| | Utica | State NY | Zip Code 13505 | | | | | Amou | int o | f Ead | ch Di | isburs | | nt this 1000. | | <i>i</i> d |
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| | Candidate Name Mr. Michael Arcuri | | | | | gory/ pe | | | | | | | | | | |
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| С. | Full Name (Last, First, Middle Initial) | | | | | | | Trans | | | | | 843 | | | |
| | Mailing Address 4114 Northlake Blvd Ste | 300 | | | | | | | M | | 2 8 | | Y | δο ŏ | 7 ^Y | |
| | City Palm Beach Gardens | State FL | Zip Code 33410 | | | | | Amou | int o | f Ead | ch Di | isburs | semer | nt this | Perio | d |
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| | Candidate Name Rep. Timothy Mahoney | | | | | gory/ pe | | | | | | | | | | |
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| American Optometric Association Political | Action Committee | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transacti | ion ID: 25662 | 857 | |
| A. Zack Space For Congress Committee | | | | isbursement | V · V · \ | / * V |
| Mailing Address 714 N Wooster Avenue | | | 03 | 28 | žoč | 7 |
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| 3. Patrick Murphy For Congress | | | | ion ID: 25662 isbursement | | / ° V |
| Mailing Address P.O. Box 868 | | | 0 3 | 28 | žoč | 7 |
| City Levittown | State Zip Code PA 19058 | | Amount o | f Each Disburs | | |
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| Full Name (Last, First, Middle Initial) Paul Hodes For Congress | | | Date of D | ion ID: 25662 isbursement | • | |
| Mailing Address 26 South Main Street, #2 | 53 | | 03 | ¹ 28 ¹ | žoč | 7 1 |
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| $ \rangle$ | NAME OF COMMITTEE (In Full) American Optometric Association Political | Action Com | mittee | | | | | | | | | | | | |
| L | American Optometric Association Folitica | Action Com | milloc | | | | | | | | | | | | |
| ^ | Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | on ID | : 256 | 66285 | 55 | | |
| Α. | Harry Mitchell For Congress | | | | | | | | | isburs | | nt | | | V |
| | Mailing Address PO Box 23748 | | | | | | | 0 3 | М | ′ | 2 8 B | / Y | Ž (| o ŏ 7 | · * |
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| | Rep. Harry Mitchell | | | | | ре | | | | | | | | | |
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| | Senate X President | Primary Other (specif | General | | | | | | | | | | | | |
| | State: AZ District: 5 |] Othor (opcon | <i>3)</i> • | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | Trans | acti | on ID: | : 256 | 66284 | 9 | | |
| В. | Yarmuth For Congress | | | | | | | Date of | of Di | isburs | | nt | | | |
| | Mailing Address 1819 Brownsboro Road Suite 100 | | | | | | | 0 ^M 3 | М | [/] 2 | 2 8 2 8 | / Y | ž | o ŏ 7 | , ^Y |
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| | State: KY District: 3 | | • | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress | | | | | | | | | on ID: | | 66351 nt | 9 | | |
| | Mailing Address P.O. Box 9336 | | | | | | | 0 ^M 3 | М | [/] 2 | 29 | / Y | ž | 0 ŏ 7 | , Y |
| | City Fargo | | Zip Code 58106 | | | | | Amou | int o | f Each | Disl | bursen | nent | this F | Period |
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| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | | |
| | American Optometric Association Politi | cal Action C | ommittee | | |
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| ۹. | John Thune For US Senate | | | | Date of Disbursement |
| | Mailing Address PO Box 3308 | | | | 03 |
| | City Sioux Falls | State SD | Zip Code 57101 | | Amount of Each Disbursement this Period |
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