

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

Office Use Only

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

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2007

through

06

30

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

07

13

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.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		380998.25
(b) Cash on Hand at Beginning of Reporting Period	348591.72	
(c) Total Receipts (from Line 19)	96450.83	394630.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	445042.55	775629.13
7. Total Disbursements (from Line 31)	94028.43	424615.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	351014.12	351014.12
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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	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	55640.81	228600.73
(i) Itemized (use Schedule A)		
(ii) Unitemized	39659.23	157511.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)	95300.04	386112.21
(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)	95300.04	386112.21
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1150.79	3518.67
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))	96450.83	394630.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	96450.83	394630.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		3028.43	10011.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		3028.43	10011.24
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		91000.00	414603.77
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))..		94028.43	424615.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		94028.43	424615.01

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)	95300.04	386112.21
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95300.04	386112.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3028.43	10011.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3028.43	10011.24

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)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr John Wayne Buck

Mailing Address 1202 Cedar

City State Zip Code
 Crossett AR 71635-3616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26008522

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr Elmer W Ebeck

Mailing Address 7 Pine Brook Drive

City State Zip Code
 Cranberry Twp PA 16066-4129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 1 / 2 0 0 7

Transaction ID: 26008732

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr Steven Craig Weisfeld

Mailing Address 2119 N Cresent Blvd

City State Zip Code
 Yardley PA 19067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 1 / 2 0 0 7

Transaction ID: 26008741

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert P Wooldridge
Mailing Address 2840 E Swiss Oaks Dr

City State Zip Code
Sandy UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: 26008742

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr George Edward Ozer
Mailing Address 2316 Meetinghouse Road

City State Zip Code
Boothwyn PA 19061-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: 26009012

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Robin Rinearson
Mailing Address 6223 Edgewater Dr

City State Zip Code
Falls Church VA 22041-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 7

Transaction ID: 26009020

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr James Morse		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address Po Box 106		
City	State	Zip Code
Middle Granville	NY	12849-0106
FEC ID number of contributing federal political committee.		Transaction ID: 26018742
Amount of Each Receipt this Period		365.00
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 ▼ 365.00

B. Full Name (Last, First, Middle Initial) Dr John P Herman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 570 Holmes Rd		
City	State	Zip Code
Pittsfield	MA	01201
FEC ID number of contributing federal political committee.		Transaction ID: 26018746
Amount of Each Receipt this Period		500.00
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 ▼ 500.00

C. Full Name (Last, First, Middle Initial) Dr Jerry P Davidoff		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 13 Katie Way		
City	State	Zip Code
West Chester	PA	19380
FEC ID number of contributing federal political committee.		Transaction ID: 26018763
Amount of Each Receipt this Period		500.00
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 ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 9 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Delmar E Spronk

Mailing Address 1427 Elm Court

City	State	Zip Code
Sheldon	IA	51201-1828

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	7

Transaction ID: 26018767

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Tammie Krisciunas

Mailing Address 840 S. W. Canning St.

City	State	Zip Code
Portland	OR	97201-2217

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	7

Transaction ID: 26018769

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr Douglas M Osborne

Mailing Address 1034 Silver Stallion Dr

City	State	Zip Code
Vista	CA	92081-6717

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26040434

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Don Edward Williamson

Mailing Address 2037 Se 28Th St

City	State	Zip Code
Cape Coral	FL	33904-9640

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26040438

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr David H Garbutt, Sr

Mailing Address Po Box 698

City	State	Zip Code
Morrisville	VT	05661-9208

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26040446

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr David Samuel Davis

Mailing Address 4762 Marnell Drive

City	State	Zip Code
Las Vegas	NV	89121-6940

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26040449

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr John J Costello
Mailing Address 101 Briar Wood Path

City State Zip Code
Clark NJ 07066

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26040451

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr Frank Edward Puckett
Mailing Address Po Box 509

City State Zip Code
Monument CO 80132-0509

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26040454

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Cynthia S Strawn
Mailing Address 4785 Paulette St Ne

City State Zip Code
Keizer OR 97303

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26040455

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

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 12 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert P Pharr

Mailing Address 130 Pharr Circle

City State Zip Code
Attalla AL 35954-5599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26040457

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr Beverly Kotara Wiatrek

Mailing Address 5418 Timberbeach

City State Zip Code
San Antonio TX 78250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26040463

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr Jennifer L Planitz

Mailing Address 3537 New Castle Dr Se

City State Zip Code
Rio Rancho NM 87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	0	7

Transaction ID: 26040565

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Bronte D Baker
Mailing Address 179 Redbird Ridge

City State Zip Code
Beeville TX 78102-8465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040568

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr C. Thomas Crooks, III
Mailing Address 1229 Highland Lakes Trail

City State Zip Code
Birmingham AL 35242-6886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040570

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr Donald W Furman
Mailing Address 855 11Th St Place

City State Zip Code
Garner IA 50438-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040573

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr John Frederick Amos

Mailing Address 1240 Cedardell Circle

City State Zip Code
 Birmingham AL 35216-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040574

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr Markus I Barth

Mailing Address 1346 Heller Drive

City State Zip Code
 Yardley PA 19067-2714

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 ▼

200.01

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040576

Amount of Each Receipt this Period

66.67

Full Name (Last, First, Middle Initial)

C. Dr Robert J Blumthal

Mailing Address 119 Exmore Drive

City State Zip Code
 Springfield IL 62704-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040578

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

192.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Michael T Cron
Mailing Address 9217 Elmwood Court

City State Zip Code
Stanwood MI 49346-9305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040580

Amount of Each Receipt this Period

41.66

B. Full Name (Last, First, Middle Initial)
Dr G. Chad Green
Mailing Address 5960 Co Rd 19

City State Zip Code
Linden AL 36748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040583

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr Mark J Hennen
Mailing Address 1613 Atwater Path

City State Zip Code
Inver Grove Height MN 55077-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040585

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

191.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George W Hertneky

Mailing Address 16862 County Road 28

City State Zip Code
 Brush CO 80723-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040586

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr Robert L Jarrell, III

Mailing Address 50 Cedar Hill Rd

City State Zip Code
 Albuquerque NM 87122-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040587

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Peter H Kehoe

Mailing Address 789 N Broad

City State Zip Code
 Galesburg IL 61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040588

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

242.00

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 17 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Timothy G Koop
Mailing Address 4912 Bluff Run Drive

City State Zip Code
Greensboro NC 27455-2200

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040589

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr Edward M Kosnoski
Mailing Address 305 Kensington Ave S

City State Zip Code
Kent WA 98030-7004

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040590

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr Gregory W Kraupa
Mailing Address 4280 Reiland Lane

City State Zip Code
Shoreview MN 55126-3127

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040591

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

184.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Gary W Lasken
Mailing Address 10215 N North Forest Trail

City State Zip Code
Peoria IL 61615-1378

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040593

Amount of Each Receipt this Period

41.66

B. Full Name (Last, First, Middle Initial)
Dr Mitchell Todd Munson
Mailing Address 9940 S Ashleigh Way

City State Zip Code
Highlands Ranch CO 80126-4244

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040598

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr Gregory C Russell
Mailing Address 2505 Rivermont Circle

City State Zip Code
Kingsport TN 37660-2392

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 7

Transaction ID: 26040601

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

224.99

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 19 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jack L Schaeffer

Mailing Address 3801 River View Cr

City	State	Zip Code
Birmingham	AL	35243

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	7

Transaction ID: 26040602

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City	State	Zip Code
Fishersville	VA	22939-2123

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	7

Transaction ID: 26040608

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Dr Richard L Foss

Mailing Address W5224 Knobloch Road

City	State	Zip Code
La Crosse	WI	54601-2461

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	7

Transaction ID: 26040612

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

133.66

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 20 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Mira B Swiecicki

Mailing Address 450 F Street

City	State	Zip Code
Blaine	WA	98230-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	7

Transaction ID: 26040613

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)

Dr Ron W Roelfs

Mailing Address 600 3Rd St Se

City	State	Zip Code
Waverly	IA	50677-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	7

Transaction ID: 26040615

Amount of Each Receipt this Period

35.00

C. Full Name (Last, First, Middle Initial)

Dr S. Glenn Bailey

Mailing Address 6311 Highland Drive

City	State	Zip Code
Huntington	WV	25705-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	7

Transaction ID: 26064072

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

560.00

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 21 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Thomas J De Luca

Mailing Address 884 Cahill Court

City State Zip Code
 Cheshire CT 06410-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 4 / 2 0 0 7

Transaction ID: 26066621

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Dr Paul J Lobby

Mailing Address Rd 2
 Box 245

City State Zip Code
 Ford City PA 16226-9802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 4 / 2 0 0 7

Transaction ID: 26066625

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Dr Mark Richard Wolmer

Mailing Address 25 Falls Rd

City State Zip Code
 Roxbury CT 06783-2013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 4 / 2 0 0 7

Transaction ID: 26066630

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

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 22 / 85

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Zoey K Loomis
Mailing Address 3750 Highway 144

City State Zip Code
Weldona CO 80653-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: 26066631

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
Dr Lars A Gentry
Mailing Address 101 Greenbriar Dr

City State Zip Code
Carmi IL 62821-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 7

Transaction ID: 26066632

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Dr Robert Spencer Christensen
Mailing Address 179 Del Oro Lagoon

City State Zip Code
Novato CA 94949

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: 26078219

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

725.00

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 23 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr David P Dozack
Mailing Address 228 Timothy Lane

City State Zip Code
Horseheads NY 14845-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: 26078224

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr David T Gubman
Mailing Address 9 Cobblestone Rd

City State Zip Code
Cherry Hill NJ 08003-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: 26078225

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Kent G Yount
Mailing Address 9063 S Arrowgrass Way

City State Zip Code
Highlands Ranch CO 80126-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: 26078226

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Kenneth K Sakazaki

Mailing Address 3210 Yosemite Park Way

City State Zip Code
 Elk Grove CA 95758-4688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 26078232

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Reid A Pettit

Mailing Address 1809 Meadowlark Dr

City State Zip Code
 Pontiac IL 61764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 26078233

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

Partnership Cont. see Fam-
ily Eye Care of Pontiac,
LLC 6/12/07

Full Name (Last, First, Middle Initial)

C. Dr Bryan Matthew Stoller

Mailing Address 29835 N 3360 East Rd

City State Zip Code
 Chenoa IL 61726-9165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 2 / 2 0 0 7

Transaction ID: 26078234

Amount of Each Receipt this Period

500.00

[MEMO ITEM]

Partnership Cont. see Fam-
ily Eye Care of Pontiac,
LLC 6/12/07

SUBTOTAL of Receipts This Page (optional)

365.00

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 25 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Michael G Blake

Mailing Address P O Box 2859

City State Zip Code
 Gallup NM 87305-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 26080615

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Dr Craig F Clatanoff

Mailing Address 3537 Newcastle Dr Se

City State Zip Code
 Rio Rancho NM 87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 26080628

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Dr Joseph H Phillips

Mailing Address 13308 Cedar Trail

City State Zip Code
 Oklahoma City OK 73131-1801

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 ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 26096988

Amount of Each Receipt this Period

312.50

SUBTOTAL of Receipts This Page (optional)

512.50

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 26 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Matthew L Scott

Mailing Address 800 S Locust

City State Zip Code
 Shattuck OK 73858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 26099118

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr David P Yaniglos

Mailing Address 7629 West Lake Blvd

City State Zip Code
 Kent OH 44240-6342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 26099119

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr Thomas Matthew Bobst

Mailing Address 21285 Avalon Drive

City State Zip Code
 Rocky River OH 44116-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 26099120

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Michael L Tashner
Mailing Address 925 Golfview Drive

City State Zip Code
Platteville WI 53818-9783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 26099125

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr James D Schrader
Mailing Address 3304 214Th Sw

City State Zip Code
Brier WA 98036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 26099128

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Dr Margaret Placen Johnston
Mailing Address 7405 Old Dominion Dr

City State Zip Code
Mc Lean VA 22101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 26099131

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1165.00

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 28 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Dennis Ray Brinkerhoff

Mailing Address 4301 Seeley Court

City State Zip Code
Anchorage AK 99502-1957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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
06 18 2007

Transaction ID: 26099567

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr Jill Geering Matheson

Mailing Address 1733 2Nd St

City State Zip Code
Douglas AK 99824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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
06 18 2007

Transaction ID: 26100062

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr James Curtis Graves

Mailing Address 750 Knights Bridge Road

City State Zip Code
Fairbanks AK 99709-2477

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
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
06 18 2007

Transaction ID: 26100080

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Kevin C Berg			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 3252 East Serendipity Loop			Transaction ID: 26100298	
City State Zip Code Wasilla AK 99654-2826			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 ▼ 1200.00		
B. Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 1830 Rebel Ridge			Transaction ID: 26100300	
City State Zip Code Anchorage AK 99504-2900			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		
C. Full Name (Last, First, Middle Initial) Dr Robert D O'Connell			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address Box 3187			Transaction ID: 26100317	
City State Zip Code Kenai AK 99611-3187			Amount of Each Receipt this Period 365.00	
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 ▼ 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: PAGE 30 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr John T Shank

Mailing Address P O Box 827

City State Zip Code
 Kodiak AK 99615-0827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 0 7

Transaction ID: 26100339

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Dr Aharon Sternberg

Mailing Address 3231 Sleeping Lady Lane

City State Zip Code
 Anchorage AK 99515-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 0 7

Transaction ID: 26100345

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr Aharon Sternberg

Mailing Address 3231 Sleeping Lady Lane

City State Zip Code
 Anchorage AK 99515-2419

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 0 7

Transaction ID: 26100354

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Jeffrey G Keene
Mailing Address P O Box 671047

City State Zip Code
Chugiak AK 99567-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: 26100383

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Steven Scott Dobson
Mailing Address 12001 Lilac Drive

City State Zip Code
Anchorage AK 99516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: 26100437

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Dr Jeffrey A Gonnason
Mailing Address 6721 Gloucester

City State Zip Code
Anchorage AK 99504-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: 26100542

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: PAGE 32 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr John William Wood
Mailing Address 31555 Lindero Cyn Rd 15

City State Zip Code
Westlake Village CA 91361-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 7

Transaction ID: 26128184

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Dr David George Helsing
Mailing Address 3306 Delprado Court

City State Zip Code
Tampa FL 33614-2721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 7

Transaction ID: 26128186

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Dennis M Brtva
Mailing Address 57 Pebblebrook Ct

City State Zip Code
Bloomington IL 61704-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 7

Transaction ID: 26128241

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

460.00

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 33 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Flavel Josef Heyman, III

Mailing Address 20 Bayles Court

City State Zip Code
 Paxton IL 60957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26128527

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

Dr Douglas W Johnson

Mailing Address 11400 N. 6Th Avenue

City State Zip Code
 Hillsboro IL 62049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26128533

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr John Howard Muto

Mailing Address 3146 North 24Th Way

City State Zip Code
 Boise ID 83702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26128537

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

915.00

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 34 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Dr Joseph D Conigliaro
 Mailing Address 1121 Herkimer Rd

City State Zip Code
 Utica NY 13502-2706

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 26128540

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
 Dr David P Mertzluft
 Mailing Address 4705 E Trails Dr

City State Zip Code
 Sarasota FL 34232-3483

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26128547

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 Dr Edward Clifton Hyre
 Mailing Address 115 Wilton Ave

City State Zip Code
 Elkins WV 26241-3260

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26128551

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 35 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Phillip D Stuart

Mailing Address 127 Fairmount Drive

City State Zip Code
 Madison IN 47250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26128552

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Daniel T Nowak

Mailing Address N2986 Herman Lane

City State Zip Code
 Hortonville WI 54944-9773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26128553

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Wayne M Hudson

Mailing Address 124 N 4Th Street

City State Zip Code
 Douglas WY 82633-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26128559

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

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 36 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Charles W Harrill
Mailing Address 8010 Strawhorn Drive

City State Zip Code
Mechanicsville VA 23116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26128564

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr Mary Ann Masters
Mailing Address 206 Barker Ten Mile Rd

City State Zip Code
Lumberton NC 28358-5883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26128575

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
Dr William E Dolan
Mailing Address 2900 High Point Rd

City State Zip Code
Greensboro NC 27403-3150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 26128576

Amount of Each Receipt this Period

400.00

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: PAGE 37 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Mark Joseph Roy, III

Mailing Address 2198 Highway 20

City State Zip Code
 Vacherie LA 70090-5473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 26128618

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher Mar Card

Mailing Address 2003 Howard

City State Zip Code
 Caldwell ID 83605-4873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26128692

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Albert E Germain

Mailing Address 255 Morris Town Line Rd

City State Zip Code
 Watertown CT 06795-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26128699

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 85

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Ronald J Serra
Mailing Address 46 Sherwood Drive

City State Zip Code
Westerly RI 02891-3702

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26128700

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr T. Joel Byars
Mailing Address 100 Augusta Drive

City State Zip Code
Mcdonough GA 30253

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26128716

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Charles Bartels
Mailing Address 606 North Parrott Ave

City State Zip Code
Okeechobee FL 34974

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26128718

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 85

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Paul B La Point, Sr

Mailing Address 300 S Weir

City State Zip Code
 Bunkie LA 71322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139576

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr William P Beeaker

Mailing Address 461 Upper St

City State Zip Code
 Turner ME 04282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139577

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)

Dr Russell T Simmons

Mailing Address 2925 Hot Springs Highway

City State Zip Code
 Benton AR 72015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139582

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

815.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 85

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

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Daniel R Beckner
Mailing Address 66724 Brooks Road

City State Zip Code
Imbler OR 97841-8100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139584

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr William E Sterling, Jr
Mailing Address 1540 Ariana Blvd.

City State Zip Code
Auburndale FL 33823-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139587

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr William C Sutherland
Mailing Address 114 Will Scarlett Lane

City State Zip Code
Williamsburg VA 23185-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139606

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Stephen A Feltus

Mailing Address 77 Old Coach Dr

City State Zip Code
Lyndonville VT 05851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139608

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr George Kenneth Johnson

Mailing Address 3025 W Beverly Lane

City State Zip Code
Phoenix AZ 85053-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139612

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)

Dr Larry John Keyser

Mailing Address 410 Union Place

City State Zip Code
Colorado Springs CO 80906-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139618

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr John B Whitlow

Mailing Address 1233 Stovall Road

City State Zip Code
Lagrange GA 30241-9097

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139620

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr Melissa L Binder

Mailing Address 81 Old Well Rd

City State Zip Code
Irmo SC 29063-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 26139624

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
Ms Sandra Gragg-Naifeh

Mailing Address Oklahoma Assn Of Opt Physicins
4850 N Lincoln Blvd Ste A

City State Zip Code
Oklahoma City OK 73105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma Assn Of Opt Phys-
icins

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 26151702

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

850.00

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 43 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Michael Andrew Durant
Mailing Address 1213 Yorkshire Estates

City State Zip Code
London KY 40741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26151742

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Mark Keith Davis
Mailing Address 2215 Fawn Mist Lane

City State Zip Code
San Antonio TX 78248-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26151745

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr William Lee Whitaker
Mailing Address 1000 Honeysuckle Rd

City State Zip Code
Dublin GA 31021-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26151746

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Elise F D'Amiano

Mailing Address 20 Alden Road

City State Zip Code
Wayland MA 01778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26151747

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr Thomas A Vogelpohl

Mailing Address 670 W Wentworth

City State Zip Code
Mendota Heights MN 55118-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26151748

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr Steven Thomas Reed

Mailing Address 4550 Simpson Hwy 28 W

City State Zip Code
Magee MS 39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26151751

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Alva S Pack, III
Mailing Address 111 Spring Lake Drive

City State Zip Code
Spartanburg SC 29302-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26151757

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr Leland Harold Bowen
Mailing Address 44 Lewis Clark Dr

City State Zip Code
Iva SC 29655-7682

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26151758

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr Tammy Hogan Love
Mailing Address 1648 Boyce-Fairview Rd

City State Zip Code
Alvaton KY 42122-7608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26151764

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Donald Lester Watson

Mailing Address 118 San Marco Drive

City State Zip Code
Tyber Islana GA 31328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26151769

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr James F Strieter

Mailing Address 390 Windridge Drive

City State Zip Code
Collinsville IL 62234-4760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26151772

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr John Allen Godfrey

Mailing Address 328 Manor Road

City State Zip Code
Harleysville PA 19438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26151773

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gary L Vines

Mailing Address 2058 Kirkland Blvd

City

Maryville

State

TN

Zip Code

37803-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26151774

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Wanda C Batson

Mailing Address 8120 Rock Hill Rd

City

Baker

State

FL

Zip Code

32531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26151775

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Charles S Lannom

Mailing Address 870 Old Crystal Bay Road

City

Wayzata

State

MN

Zip Code

55391

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 ▼

665.00

Date of Receipt

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

Transaction ID: 26151776

Amount of Each Receipt this Period

665.00

SUBTOTAL of Receipts This Page (optional)

1415.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeff Seeholzer

Mailing Address 1310 Cliffside Drive

City

Logan

State

UT

Zip Code

84321-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 26151780

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher J Colburn

Mailing Address 30 Winchester Rd

City

Lakewood

State

NY

Zip Code

14750-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26151781

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas A Wilson

Mailing Address 850 Newgate Ct

City

Monument

State

CO

Zip Code

80132-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26152689

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 85

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Leo Edelsberg

Mailing Address 2061 Ne 208 St

City State Zip Code
Miami FL 33179-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26152702

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Steven Howard Schwartz

Mailing Address 2832 Sylvan Ln S

City State Zip Code
Jacksonville FL 32257-6238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26152713

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Dr Warren Stephen Johnson

Mailing Address 4586 Barfield Rd

City State Zip Code
Memphis TN 38117-2414

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 ▼

1165.00

Date of Receipt

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

Transaction ID: 26152714

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Joanne Hendrick

Mailing Address Po Box 509

City State Zip Code
 Monument CO 80132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26152716

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr David P Guhl

Mailing Address 5170 Wild Rose Lane

City State Zip Code
 Colorado Springs CO 90918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26152717

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr Warren Stephen Johnson

Mailing Address 4586 Barfield Rd

City State Zip Code
 Memphis TN 38117-2414

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 ▼

1265.00

Date of Receipt

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

Transaction ID: 26152718

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Thomas William Dawson
Mailing Address 528 Sw 1St Court

City State Zip Code
Crystal River FL 34429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26152720

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr Cynthia Ann Gillum
Mailing Address 4425 Champions View #240

City State Zip Code
Colorado Springs CO 80923-7377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26152722

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Terence M Warren
Mailing Address 222 Windsor Park Drive
P O Box 247

City State Zip Code
Dobson NC 27017

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 ▼

550.00

Date of Receipt

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

Transaction ID: 26152723

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Richard E Dowdell

Mailing Address 2965 Heath Road

City State Zip Code
 Macon GA 31206-5268

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26157503

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Monique R Mikula

Mailing Address 1711 Montview Road

City State Zip Code
 Greeley CO 80631-5348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26157509

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr John Todd Cornett

Mailing Address 1301 Sherman Trail

City State Zip Code
 Amarillo TX 79124-3759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26157510

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr J. Michael Weil

Mailing Address 2653 Wimbledon Point Dr

City State Zip Code
 Virginia Beach VA 23454-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26157512

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr Kerry L Beebe

Mailing Address 12906 Knollwood Drive

City State Zip Code
 Baxter MN 56425-8373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26157515

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr Karen L Preston

Mailing Address 1432 166Th Place Ne

City State Zip Code
 Bellevue WA 98008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26157529

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 85

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Teruo Watanabe
Mailing Address 3311 S Olaf Hill Dr

City State Zip Code
Hacienda Hgths CA 91745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26157530

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr David B Gaudreau
Mailing Address 71 R I Line Road

City State Zip Code
Putnam CT 06260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26157534

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Neal S Jessup
Mailing Address 4018 Horsepen Mtn Drive

City State Zip Code
Vinton VA 24179-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 26157535

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 85

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Stephen Robert Belanger

Mailing Address 9040 Rolling Hill Rd

City State Zip Code
Holland OH 43528-9205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26157537

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr James Douglas Hemmig

Mailing Address 4208 Shadow Lane

City State Zip Code
Niceville FL 32578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26157538

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Robert Carl Layman

Mailing Address 4937 Homerdale Avenue

City State Zip Code
Toledo OH 43623-2930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26157540

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

915.00

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 56 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert W Anderson, Jr

Mailing Address 1004 Brentwood Dr

City State Zip Code
 Lufkin TX 75901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26157541

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Sheilah S Titus

Mailing Address 2520 Greens Landing Ct

City State Zip Code
 Cameron Park CA 95682-8639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26157549

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Stephen Brent Clark

Mailing Address 10 Trenton Street

City State Zip Code
 Chattanooga TN 37415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26159766

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James J Hess

Mailing Address 9209 Tewsbury Gate

City State Zip Code
 Maple Grove MN 55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 26159776

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Dr Michael J Veliky

Mailing Address 150 Woodhaven Drive

City State Zip Code
 Wayne NJ 07470-5100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26161815

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Arol R Augsburger

Mailing Address 3315 South Throop

City State Zip Code
 Chicago IL 60608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26162046

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1175.00

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 58 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Kenneth S Lawenda
Mailing Address 8210 Santa Monica Blvd

City State Zip Code
West Hollywood CA 90046-5913

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 ▼

1500.00

Date of Receipt

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

Transaction ID: 26162048

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Dr Allan J Hudson
Mailing Address 1285 Ne Lynch

City State Zip Code
Redmond OR 97756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26162049

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Kevin L Alexander
Mailing Address 8830 Walnut Trail

City State Zip Code
Sylvania OH 43560-8990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26162050

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1550.00

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 59 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Elliott M Rosengarten

Mailing Address 7135 Shefford Lane

City

Louisville

State

KY

Zip Code

40242-2854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26162052

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Arthur Loomis

Mailing Address 40 Pin Oak Drive

City

Littleton

State

CO

Zip Code

80127-4327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26162056

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr James Mikeal Wohlgemuth

Mailing Address 210 Betty L Lane
P O Box 609

City

Burleson

State

TX

Zip Code

76028-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: 26168115

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

990.00

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 60 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Christine A Leska

Mailing Address 1103 3-1/2 Avenue Nw

City State Zip Code
 Byron MN 55920-1384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 26168117

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Shaye S Hurd

Mailing Address 102 Dominion Circle

City State Zip Code
 Goose Creek SC 29445-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 26168118

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Robert Whitney Wyman

Mailing Address 451 Swanzey Lake Road

City State Zip Code
 W Swanzey NH 03469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 26168122

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

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 61 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Staci Perea McMullen

Mailing Address 220 Holbrook St

City State Zip Code
 Colorado Sprgs CO 80921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 26168124

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr Maurice E Zadeh

Mailing Address 4498 Chattahoochee Pln Dr

City State Zip Code
 Marietta GA 30067-4672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 26168127

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr Gary Walter Upchurch

Mailing Address 216 Oak Street

City State Zip Code
 Byrdstown TN 38549-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: 26168128

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 62 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Nancy A Stehlik

Mailing Address 2701 Zambia Dr

City State Zip Code
Cedar Park TX 78613-1554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26202566

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Family Eye Care of Pontiac, LLC

Mailing Address 320 N Ladd Street

City State Zip Code
Pontiac IL 61764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: 26205025

Amount of Each Receipt this Period

1000.00

See Memo Entries: Bryan
M. Stoller, O.D. and Reid
Pettit, O.D.

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

55640.81

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

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

FOR LINE NUMBER: PAGE 63 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

United Bank

Mailing Address 3801 Wilson Blvd.

City

Arlington

State

VA

Zip Code

22203-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3393.17

Date of Receipt

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

Transaction ID: 26170056

Amount of Each Receipt this Period

1126.68

United Bank Interest 6/26-
/07

SUBTOTAL of Receipts This Page (optional)

1126.68

TOTAL This Period (last page this line number only)

1126.68

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 64 / 85

<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

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Fees 06/01/2007

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 26200450

Date of Disbursement

06 / 01 / 2007

Amount of Each Disbursement this Period

1817.70

Bank of America Fees 06/0-1/2007

B. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Fees 06/01/2007

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 26200451

Date of Disbursement

06 / 01 / 2007

Amount of Each Disbursement this Period

0.01

Bank of America Fees 06/0-1/2007

C. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Discover Service Fee 06/04/07

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 26200452

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

71.19

Discover Service Fee 06/0-4/07

SUBTOTAL of Disbursements This Page (optional)

1888.90

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 65 / 85

<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

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. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
American Express Fee 6/05/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26200453

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

107.31

American Express Fee 6/05-
/07

B. Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Wachovia Federal Service Fee 06/11/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26170054

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

1005.18

Wachovia Federal Service
Fee 06/11/07

C. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Fees 06/05/2007

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26200454

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

27.04

Bank of America Fees 06/0-
5/2007

SUBTOTAL of Disbursements This Page (optional)

1139.53

TOTAL This Period (last page this line number only)

3028.43

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 85

<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

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. Lautenberg For Senate

Mailing Address Riverfront Plaza Station
PO Box 200596

City Newark State NJ Zip Code 07102

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Frank R. Lautenberg

Office Sought: ☐ House
☒ Senate
☐ President

State: NJ

District:

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

Transaction ID: 26018298

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Lautenberg For Senate

Mailing Address Riverfront Plaza Station
PO Box 200596

City Newark State NJ Zip Code 07102

Purpose of Disbursement
Void - Originally report 5/29/07

Candidate Name
Sen. Frank R. Lautenberg

Office Sought: ☐ House
☒ Senate
☐ President

State: NJ

District:

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

Transaction ID: 26095273

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

Void - Originally report
5/29/07

Full Name (Last, First, Middle Initial)

C. Mike Ferguson For Congress

Mailing Address 4 Alston Court

City Red Bank State NJ Zip Code 07701

Purpose of Disbursement
Candidate Contribution

Candidate Name
Michael Ferguson

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ

District: 7

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

Transaction ID: 26113229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Bart Gordon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TN District: 6

Transaction ID: 26113270

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Kay Granger Campaign Fund

Mailing Address 715 Jones Street Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Kay Granger

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 12

Transaction ID: 26113263

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin For Congress

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Tammy Baldwin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WI District: 2

Transaction ID: 26113158

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary Bono Committee

Mailing Address P.O. Box 3370

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Mary Bono

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 45

Transaction ID: 26113363

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Lois Capps

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Lois Capps

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 23

Transaction ID: 26113230

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City State Zip Code
New Haven CT 06511

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Rosa L. DeLauro

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CT District: 3

Transaction ID: 26113157

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Inslee For Congress

Mailing Address PO Box 33027

City
Seattle

State
WA

Zip Code
98133

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Jay Inslee

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WA District: 1

Transaction ID: 26113394

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Ron Lewis For Congress

Mailing Address PO Box 307

City
Elizabethtown

State
KY

Zip Code
42702

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Ron Lewis

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KY District: 2

Transaction ID: 26113279

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Linder For Congress

Mailing Address P. O. Box 4026

City
Duluth

State
GA

Zip Code
30096

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. John Linder

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: GA District: 7

Transaction ID: 26113377

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City
Unionville

State
PA

Zip Code
19375

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Joseph R. Pitts

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 16

Transaction ID: 26113164

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Ryan For Congress

Mailing Address P. O. Box 1919

City
Janesville

State
WI

Zip Code
53547

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Paul Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WI District: 1

Transaction ID: 26113155

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Schiff For Congress

Mailing Address 777 S. Figueroa St.
Suite 4050

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Adam B. Schiff

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 29

Transaction ID: 26113299

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Solis For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Hilda L. Solis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 32

Transaction ID: 26113289

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Souder For Congress Inc.

Mailing Address P.O. Box 40233

City Fort Wayne State IN Zip Code 46804

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Mark E. Souder

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IN District: 3

Transaction ID: 26113233

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Spratt For Congress Committee

Mailing Address PO Box 830

City York State SC Zip Code 29745

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. John M. Spratt, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: SC District: 5

Transaction ID: 26113220

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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
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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 Tanner

Mailing Address Post Office Box 1994

City State Zip Code
Union City TN 38281

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. John S. Tanner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TN District: 8

Transaction ID: 26113260

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Bennie Thompson

Mailing Address P.O. Box 100

City State Zip Code
Bolton MS 39041

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Bennie G. Thompson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MS District: 2

Transaction ID: 26113307

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City State Zip Code
Los Angeles CA 90048

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Henry A. Waxman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 30

Transaction ID: 26113281

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Wexler For Congress Committee

Mailing Address Post Office Box 810669

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Robert Wexler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 19

Transaction ID: 26113306

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Wynn For Congress

Mailing Address P.O. Box 39139

City Washington State DC Zip Code 20016

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Albert Russell Wynn

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MD District: 4

Transaction ID: 26113400

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Stephanie Tubbs Jones For Us Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Stephanie Tubbs Jones

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 11

Transaction ID: 26113227

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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. Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City
Chicago

State
IL

Zip Code
60610

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Rahm Emanuel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 5

Transaction ID: 26113398

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Blanche Lambert Lincoln

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: AR District:

Transaction ID: 26113221

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Brad Miller For United States Congress

Mailing Address P.O. Box 10322

City
Raleigh

State
NC

Zip Code
27605

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Bradley Miller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NC District: 13

Transaction ID: 26113297

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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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. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Marsha Blackburn

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TN District: 7

Transaction ID: 26113395

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Committee for a Democratic Majority

Mailing Address 301 4th Street, N.E.
Suite 202

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 26113323

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

4000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City
Barrington

State
IL

Zip Code
60010

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Melissa L. Bean

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 8

Transaction ID: 26113388

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

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<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 Dave Reichert

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. David George Reichert

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 8

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

Transaction ID: 26113161

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Kennedy For Senate 2012

Mailing Address 301 4th St Ne Suite 202

City Washington State DC Zip Code 20002

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Edward M. Kennedy

Office Sought: ☐ House
☒ Senate
☐ President

State: MA District:

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 26113355

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Progressive Choices PAC

Mailing Address PO Box 58

City Evanston State IL Zip Code 60204

Purpose of Disbursement
Committee Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 26113162

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bob Corker For Senate

Mailing Address 518 Georgia Ave 2nd Floor

City Chatanooga State TN Zip Code 37403

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Robert Corker

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: 26113156

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Whitehouse 06

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Sheldon Whitehouse

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: RI District:

2006 Debt Retirement

Transaction ID: 26113171

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Ronald Klein

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 22

Transaction ID: 26113272

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

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. Bachmann For Congress

Mailing Address Box 49756

City Blaine State MN Zip Code 55449

Purpose of Disbursement
Candidate Contribution

Candidate Name
Michele Bachmann

Office Sought: ☒ House
☐ Senate
☐ President

State: MN District: 6

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

Transaction ID: 26113170

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Phil Hare

Mailing Address 313 17th Street
P.O. Box 4183

City Rock Island State IL Zip Code 61202

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Philip Hare

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 17

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

Transaction ID: 26113287

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Walberg For Congress

Mailing Address 6769 Teachout Rd.

City Tipton State MI Zip Code 49287

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Tim Walberg

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 7

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

Transaction ID: 26113389

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patrick Murphy For Congress

Mailing Address P.O. Box 868

City
Levittown

State
PA

Zip Code
19058

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Patrick Murphy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 8

Transaction ID: 26113403

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. SYNERGY PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City
McLean

State
VA

Zip Code
22101

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 26116662

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

3000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Hall For Congress Committee

Mailing Address Post Office Box 711

City
Rockwall

State
TX

Zip Code
75087

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Ralph M. Hall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 4

Transaction ID: 26118908

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

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)

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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. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City
Columbia

State
SC

Zip Code
29211

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. James E. Clyburn

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: SC District: 6

Transaction ID: 26117437

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Diana DeGette For Congress Inc.

Mailing Address P.O. Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Diana DeGette

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CO District: 1

Transaction ID: 26119709

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City
Rochester

State
NY

Zip Code
14615

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Thomas M. Reynolds

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 26

Transaction ID: 26120623

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

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 Re-Elect Nydia M. Velazquez To Congr.

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Nydia M. Velazquez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 12

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

Transaction ID: 26120626

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

B. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael C. Burgess, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 26

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

Transaction ID: 26120628

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Thelma Drake For Congress

Mailing Address P.O. Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Thelma D. Drake

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 2

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

Transaction ID: 26120286

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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. Carney For Congress

Mailing Address PO Box A

City
Clarks Summit

State
PA

Zip Code
18411

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Christopher Carney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 10

Transaction ID: 26120627

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Perlmuter For Congress

Mailing Address 3440 Youngfield St #264

City
Wheat Ridge

State
CO

Zip Code
80033

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Edwin Perlmuter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CO District: 7

Transaction ID: 26120653

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Castor For Congress

Mailing Address 301 W. Platt Street #385

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Katherine Castor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 11

Transaction ID: 26120624

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keeping America's Promise, Inc.

Mailing Address 10 G Street, N.E.
Suite 710

City Washington State DC Zip Code 20002

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 26117367

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Tim Johnson For South Dakota Inc

Mailing Address PO Box 1859

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Tim Johnson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: SD District:

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

Transaction ID: 26127316

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Jenny Oropeza For Congress

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Candidate Contribution

Candidate Name
Jenny Oropeza

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 37

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

Transaction ID: 26127532

Date of Disbursement

06 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

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. Tim Johnson For South Dakota Inc

Mailing Address PO Box 1859

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Tim Johnson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: SD District:

Transaction ID: 26144778

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Giffords For Congress

Mailing Address PO Box 27565

City
Tucson

State
AZ

Zip Code
85726

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Gabrielle Giffords

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AZ District: 8

Transaction ID: 26151230

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Progress, Vision and Commitment PAC

Mailing Address P O Box 30561

City
Albuquerque

State
NM

Zip Code
87190

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 26159638

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

5000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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<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 Mike Ferguson

Mailing Address C/O Ron Gravino P.O. Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Mike Ferguson

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 7

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

011
Category/
Type

Transaction ID: 26161978

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

91000.00