07/13/2007 11:47

(Rev. 02/2003)

Image# 27930891423

FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously VA 22314 Alexandria reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00024968 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dorothy Hitchmoth, O.D. Type or Print Name of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. 07 13 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

LUMN A s Period	COLUMN B Calendar Year-to-Date
L.	380998.25
348591.72	
96450.83	394630.88
445042.55	775629.13
94028.43	424615.01
351014.12	351014.12
0.00	
0.00	
0.00	
	96450.83 445042.55 94028.43

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

^y 2 0 0 7

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:

M M M D D D T Y Y W Y TO:

To:

To:

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	55640.81	228600.73
	(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
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6.	Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	1150.79	3518.67
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	96450.83	394630.88
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	96450.83	394630.88

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(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
2. Transfers to Affiliated/Other Party		
Committees		0.00
Federal Candidates/Committeesand Other Political Committees	91000.00	414603.77
Independent Expenditure (use Schedule E)	0.00	0.00
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
That I office committees		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
9. Other Disbursements	0.00	0.00
 Federal Election Activity (2 U.S.C 431(20) (a) Shared Federal Election Activity 	u))	
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirel 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
Total Disbursements (add Lines 21(c), 2	· ·	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	. 94028.43	424615.01
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)		404645.04
from Line 31)	94028.43	424615.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. 1	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ntributions (other than loans)	95300.04	386112.21
	ntribution Refunds e 28(d))	0.00	0.00
	ibutions (other than loans) Line 34 from Line 33)	95300.04	386112.21
	eral Operating Expenditures 21(a)(i) and Line 21(b))	3028.43	10011.24
	o Operating Expenditures e 15, page 3)	0.00	0.00
•	ating Expenditures Line 37 from Line 36)	3028.43	10011.24

COUEDING A /FFC Form 2V)		1		FOR LINE NUMBER: PAGE 6 / 85
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	atomonte may	y not be cold or used by any pers	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Folia	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr John Wayne Buck			Date of Receipt
	Mailing Address 1202 Cedar			M M / D D / Y Y Y Y
				06 02 2007
	City	State	Zip Code	Transaction ID: 26008522
	Crossett	AR	71635-3616	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
	-		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			Data of Baselat
В.	Dr Elmer W Ebeck			Date of Receipt
	Mailing Address 7 Pine Brook Drive			06 01 2007
	City	State	Zip Code	
	•		•	Transaction ID: 26008732
	Cranberry Twp	PA	16066-4129	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation	1	7
	Self Employed	1	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			7
	Other (specify) ▼		250.00	
				1
_	Full Name (Last, First, Middle Initial)			
C.	Dr Steven Craig Weisfeld			Date of Receipt
	Mailing Address 2119 N Cresent Blvd			M M / D D / Y Y Y Y
	0"		7: 0 1	06 01 2007
	City	State	Zip Code	Transaction ID: 26008741
	Yardley	PA	19067	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	1	\dashv
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	, .gg. ogale	. 541 10 2410 7	1
	Other (specify)		250.00	
		0 0	1 1 1 1 1 1 1	4
	L			
_	UBTOTAL of Receipts This Page (optional)			1000.00
\vdash				

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 7 / 85
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Betailed Garminary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the I	name and add	lress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	•			
•	Full Name (Last, First, Middle Initial)			
Α.				Date of Receipt
	Mailing Address 2840 E Swiss Oaks Dr			M M / D D / Y Y Y Y
	-			06 01 2007
	City	State	Zip Code	Transaction ID: 26008742
	Sandy	UT	84093	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		363.00
		1		
	Name of Employer Self Employed	Occupation		
	· · · · · · · · · · · · · · · · · · ·		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	365.00	
	Other (specify)			
_				
ь	Full Name (Last, First, Middle Initial) Dr George Edward Ozer			Date of Descipt
В.		1		Date of Receipt
	Mailing Address 2316 Meetinghouse Roa	ad		06 01 2007
	City	State	Zip Code	
	•		•	Transaction ID: 26009012
	Boothwyn	PA	19061-3408	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation	1	
	Self Employed	Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
				1
	Full Name (Last, First, Middle Initial)			
C.	Dr Robin Rinearson			Date of Receipt
	Mailing Address 6223 Edgewater Dr			M M / D D / Y Y Y Y
				06 01 2007
	City	State	Zip Code	Transaction ID: 26009020
	Falls Church	VA	22041-1403	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer	Occupation		_
	Name of Employer Self Employed			
	Pagaint For:		Optometry Year-to-Date ▼	-
	Receipt For: Primary General	Aggregate	r rear-lu-Dale ♥	,
	Other (specify)		250.00	
	Strict (specify) ¥		1 1 1 1 1 1 1	1
_	UDTOTAL (D. 11. TIL 5			865.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	000.00
1				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 85 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Political A	Action (Committee	
A.	Middle Granville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Zip Code 12849-0106 Optometry Year-to-Date ▼ 365.00	Date of Receipt M M M / D D A / Y Y Y Y Y Transaction ID: 26018742 Amount of Each Receipt this Period 365.00
3.	Pittsfield FEC ID number of contributing federal political committee. Name of Employer Self Employed October 1997 October 19		Zip Code 01201 Optometry Year-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26018746 Amount of Each Receipt this Period 500.00
D.	West Chester FEC ID number of contributing federal political committee. Name of Employer Self Employed October 1997 October		Zip Code 19380 Optometry Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26018763 Amount of Each Receipt this Period 500.00
s	UBTOTAL of Receipts This Page (optional)		······	1365.00
T	OTAL This Period (last page this line number only).		>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 85
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Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Delmar E Spronk			Date of Receipt
	Mailing Address 1427 Elm Court			06 04 2007
	City	State	Zip Code	Transaction ID: 26018767
	Sheldon	IA	51201-1828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr Tammie Krisciunas			Date of Receipt
	Mailing Address 840 S. W. Canning St.			0 6 0 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 26018769
	Portland	OR	97201-2217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer	Occupation	า	7
	Self Employed 1	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		005.00	1
	Other (specify)		365.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Douglas M Osborne			Date of Receipt
	Mailing Address 1034 Silver Stallion Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 26040434
	Vista	CA	92081-6717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
	Receipt For:		Year-to-Date ▼	
	Primary General	-	050.00	1
	Other (specify) ▼		250.00]
	UBTOTAL of Receipts This Page (optional)			1115.00
\vdash	DETOTAL OF Necepts This Page (optional)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 10 / 85
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Don Edward Williamson			Date of Receipt
	Mailing Address 2037 Se 28Th St			0 6 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26040438
	Cape Coral	FL	33904-9640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	Optometry	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	, iggi ogalo	Tour to Bate V	1
	Other (specify) ▼		250.00	
				·
В.	Full Name (Last, First, Middle Initial) Dr David H Garbutt, Sr			Date of Receipt
	Mailing Address Po Box 698			M M / D D / Y Y Y Y
				06 07 2007
	City	State	Zip Code	Transaction ID: 26040446
	Morrisville	VT	05661-9208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	`	_
	Name of Employer Self Employed		Optometry	
	Receipt For:		Year-to-Date V	_
	Primary General	riggrogato	Total to Bate V	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			4
C.	Dr David Samuel Davis			Date of Receipt
	Mailing Address 4762 Marnell Drive			0 6 0 7 2 0 0 7
	City	State	Zip Code	Transaction ID: 26040449
	Las Vegas	NV	89121-6940	Amount of Each Receipt this Period
	FEC ID number of contributing			300.00
	federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)		300.00	
_				
				800.00
S	UBTOTAL of Receipts This Page (optional)			800.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 85
ITEMIZED RECEIPTS		or each category of the		(check only one)
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Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr John J Costello			Date of Receipt
	Mailing Address 101 Briar Wood Path			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 26040451
	Clark	NJ	07066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 3		1
	Other (specify) ▼	0 0	300.00	
— В.	Full Name (Last, First, Middle Initial) Dr Frank Edward Puckett			Date of Receipt
٥.	Mailing Address Po Box 509			M M / D D / Y Y Y Y
	City	State	Zip Code	06 07 2007
			•	Transaction ID: 26040454
	Monument	CO	80132-0509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n	7
	Self Employèd ⁵	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		500.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr Cynthia S Strawn			Date of Receipt
	Mailing Address 4785 Paulette St Ne	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26040455
	Keizer	OR	97303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
	Receipt For:	l	Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		500.00]
	LIDTOTAL of Descripto This Descriptor II			1300.00
L	UBTOTAL of Receipts This Page (optional)			

TEMIZED RECEIPTS	COUEDING A (FEC Form OV)				FOR LINE NUMBER: PAGE 12/85
TEMIZED RECEIPTS	SCHEDULE A (FEC FORM 3X)				
Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. Ary information copied from such Seports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Robert Pharr Mailing Address 130 Pharr Circle City Attalla AL 35954-5599 FEC ID number of contributing federal political committee. Name of Employer Self Employed General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ State Zip Code Amount of Each Receipt Transaction ID: 26040463 Amount of Each Receipt Trans	ITEMIZED RECEIPTS				
Apy 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)				Detailed Summary Page	
To commercial purposes, other than using the name and address of any political contributions from such committee. Name (Last, First, Middle Initial) A. Dr. Robert P Phaer Mailing Address 130 Pharr Circle City State Attalla A. 35954-5599 FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Receipt For: Primary General Other (specify) ▼ State City State C	_				
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Hobert Pinharr Maling Address 130 Pharr Circle City State Zip Code Attalla AL 35954-5599 FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Obert (San Antonio TX 78250 FEC ID number of contributing federal political committee) Full Name (Last, First, Middle Initial) B. Dr Beverly Kotara Wiarek Maling Address 5418 Timberbeach City State Zip Code San Antonio TX 78250 FEC ID number of contributing federal political committee. Name of Employer Self Self Self Self Self Self Self Self	Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Dr Robert P Pharr Maling Address 130 Pharr Circle City Attalla A. 35954 5599 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Four Name (Last, First, Middle Initial) B. Dr Beverly Kotarn Wisterek Rading Address 5418 Timberbeach City State Zip Code TX 78250 FEC ID number of contributing federal political committee. Primary General Occupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 26040463 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ State Zip Code Ty 365.00 Date of Receipt Transaction ID: 26040565 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ State Zip Code Ty 365.00 Date of Receipt Transaction ID: 26040565 Amount of Each Receipt his Period FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ ▼ Aggregate Year-to-	\setminus	NAME OF COMMITTEE (In Full)			
A. Dr Robert P Pharr Mailing Address 130 Pharr Circle City	\rangle	American Optometric Association Politic	cal Action (Committee	
City Attalla AL 35954-5599 FEC ID number of contributing federal political committee. C Name of Employer Bell Employer General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code Transaction ID: 26040457 Transaction ID: 26040463 Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt Date of Receipt Transaction ID: 26040463 Amount of Each Receipt this Period Transaction ID: 26040463 Transaction ID: 26040463 Amount of Each Receipt this Period Transaction ID: 26040463 Transaction ID: 26040465 Transaction ID: 26040465 Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt Date of Receipt Transaction ID: 26040565 Transaction ID: 26040565 Amount of Each Receipt In: Period Date of Receipt Appropriate Date of Receipt D	Α.				Date of Receipt
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Other (specify) ▼ 300.00		Receipt For:	Aggregate	Year-to-Date ▼	
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Federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00					
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Self Employèd Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Name of Employer	Occupation	า	\dashv
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or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Polit	ical Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Bronte D Baker			Date of Receipt
	Mailing Address 179 Redbird Ridge			0 6 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26040568
	Beeville	TX	78102-8465	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III			Date of Receipt
	Mailing Address 1229 Highland Lakes T	rail		M M / D D / Y Y Y Y
				06 10 2007
	City	State	Zip Code	Transaction ID: 26040570
	Birmingham	AL	35242-6886	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	·	1.		
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	300.00	
	Other (Speeliy)			1
<u> </u>	Full Name (Last, First, Middle Initial) Dr Donald W Furman			Date of Receipt
	Mailing Address 855 11Th St Place			M M / D D / Y Y Y Y
				06 10 2007
	City	State	Zip Code	Transaction ID: 26040573
	Garner	IA	50438-1847	Amount of Each Receipt this Period
	FEC ID number of contributing			45.00
	federal political committee.	C		40.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date ▼	
	Primary General	Aggregate	ו במו־נט־טמול 🔻	,
	Other (specify)		225.00	
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$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr John Frederick Amos			Date of Receipt
	Mailing Address 1240 Cedardell Circle			06 10 2007
	City	State AL	Zip Code	Transaction ID: 26040574
	Birmingham FEC ID number of contributing federal political committee.	C	35216-2049	Amount of Each Receipt this Period 42.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
3.	Full Name (Last, First, Middle Initial) Dr Markus I Barth Mailing Address 1346 Heller Drive			Date of Receipt
	City	State	Zip Code	0 6 1 0 2 0 0 7 Transaction ID: 26040576
	Yardley FEC ID number of contributing federal political committee.	PA C	19067-2714	Amount of Each Receipt this Period 66.67
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.01	
) .	Full Name (Last, First, Middle Initial) Dr Robert J Blumthal			Date of Receipt
	Mailing Address 119 Exmore Drive			06 10 7 2007
	City Springfield	State II	Zip Code 62704-3137	Transaction ID: 26040578 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	327040107	83.33
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	
s	UBTOTAL of Receipts This Page (optional)			192.00

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Ar	ny information copied from such Reports and States for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		_	
\angle	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Michael T Cron			Date of Receipt
	Mailing Address 9217 Elmwood Court			0 6 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 26040580
	Stanwood	MI	49346-9305	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		41.66
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		249.96	
В.	Full Name (Last, First, Middle Initial) Dr G. Chad Green			Date of Receipt
	Mailing Address 5960 Co Rd 19			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26040583
	Linden	AL	36748	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer	Occupation	1	_
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	1.99.19		1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			•
C.	Dr Mark J Hennen			Date of Receipt
	Mailing Address 1613 Atwater Path			06 10 7 2007
	City	State	Zip Code	Transaction ID: 26040585
	Inver Grove Height	MN	55077-1201	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		30.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
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or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Folia	cai Action v	Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr George W Hertneky			Date of Receipt
	Mailing Address 16862 County Road 28			M M / D D / Y Y Y Y
				06 10 2007
	City	State	Zip Code	Transaction ID: 26040586
	Brush	CO	80723-9424	Amount of Each Receipt this Period
	FEC ID number of contributing			10.00
	federal political committee.	C		42.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		210.00	1
	Other (specify)		210.00	
_	Full Name (Last, First, Middle Initial)			Data of Baselat
В.				Date of Receipt
	Mailing Address 50 Cedar Hill Rd	0 6 1 0 2 0 0 7		
	City	State	Zip Code	
	•		•	Transaction ID: 26040587
	Albuquerque	NM	87122-1928	Amount of Each Receipt this Period
	FEC ID number of contributing	C		100.00
	federal political committee.			
	Name of Employer	Occupation	า	\neg
	Self Employed	1	Optometry	
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	Primary General			7
	Other (specify) ▼		600.00	
				*
	Full Name (Last, First, Middle Initial)			
C.	Dr Peter H Kehoe			Date of Receipt
	Mailing Address 789 N Broad			M M / D D / Y Y Y Y
				06 10 2007
	City	State	Zip Code	Transaction ID: 26040588
	Galesburg	<u>IL</u>	61401-2766	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			100.00
	Name of Employer	Occupation	า	\dashv
	Self Employed	1 '	Optometry	
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	Primary General	, 1991 09410		7
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\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Timothy G Koop			Date of Receipt
	Mailing Address 4912 Bluff Run Drive			06 10 7 2007
	City	State	Zip Code	Transaction ID: 26040589
	Greensboro	NC	27455-2200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00]
— В.	Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski			Date of Receipt
	Mailing Address 305 Kensington Ave S			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26040590
	Kent	WA	98030-7004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa			Date of Receipt
٠.	Mailing Address 4280 Reiland Lane			M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O
	City	State	Zip Code	Transaction ID: 26040591
	Shoreview	MN	55126-3127	Amount of Each Receipt this Period
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	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
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Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee. AME OF COMMITTEE (in Full)					(cneck only one)
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 Optiometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Carry W Lastern Mailing Address 10215 N North Forest Trail City State Zip Code Peoria IL 61615-1378 FEC ID number of contributing federal political committee. Permany General Other (specify) City State Zip Code Peoria IL 61615-1378 FEC ID number of contributing federal political committee. Permany General Other (specify) City State Zip Code Highlands Ranch CO 30126-4244 FEC ID number of contributing federal political committee. CO 30126-4244 FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Permany General Other (specify) Query General Other (II EINIZED RECEIPTS			,	X 11a 11b 11c 12
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME or CoMMITTEE (in First) American Optometric Association Political Action Committee					13 14 15 16 17
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Carry 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. Name of Employer Self Employed Cocupation Doctor of Optometry Primary General Other (specify) ▼ State Zip Code Highlands Ranch CO 80126-4244 FEC. ID number of contributing federal political committee. Name of Employer Cocupation Doctor of Optometry Date of Receipt Name (Last, First, Middle Initial) B. Dr Mitheil 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. Name of Employer Other (specify) ▼ Cocupation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 26040598 Amount of Each Receipt this Period Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Name of Employer Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ ▼	Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Cary W. Lasten Mailing Address 10215 N North Forest Trail City State Zip Code Peoria IL 61615-1378 FEC. ID number of contributing federal political committee. Name of Employer Self Employed City Primary General Other (specify) ▼ Cocupation Dector of Optometry Aggregate Year-to-Date ▼ Primary City State Zip Code Highlands Ranch CO 80126-4244 FEC. ID number of contributing federal political committee. Name of Employer Cocupation Dector of Optometry Date of Receipt No. 6 1 0 1 2 2007 Transaction ID: 26040598 Amount of Each Receipt this Period Transaction ID: 26040598 Amount of Each Receipt this Period Transaction ID: 26040598 Amount of Each Receipt this Period Transaction ID: 26040598 Amount of Each Receipt this Period FEC. ID number of contributing federal political committee. Primary General Other (specify) ▼ State Zip Code Transaction ID: 26040598 Amount of Each Receipt this Period FEC. ID number of contributing federal political committee. Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	$\overline{}$	NAME OF COMMITTEE (In Full)			
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Peoria IL 61615-1378 FEC ID number of contributing federal political committee. C		Mailing Address 10215 N North Forest Trail			06 10 2007
Second Price Pric		City	State	Zip Code	Transaction ID: 26040593
Same of Employer Doctor of Optometry		Peoria	<u> </u>	61615-1378	Amount of Each Receipt this Period
Self Employed Receipt For: Primary General Other (specify) ▼			C		41.66
Receipt For:		Name of Employer Self Employed			
Primary General Other (specify) ▼		Receipt For:			
B. Dr Mitchell Todd Munson Mailing Address 9940 S Ashleigh Way City Highlands Ranch FEC ID number of contributing federal political committee. Name of Employer Self Employer Other (specify) ▼ State Zip Code CO 80126-4244 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ City Kingsport City Kingsport City State Zip Code Transaction ID: 26040598 Amount of Each Receipt this Period Doctor of Optometry Aggregate Year-to-Date ▼ Adjusted Transaction ID: 26040601 Transaction ID: 26040601 Amount of Each Receipt this Period Date of Receipt Mailing Address 2505 Rivermont Circle City Kingsport FEC ID number of contributing federal political committee. C City State Zip Code Transaction ID: 26040601 Amount of Each Receipt this Period Amount of Each Receipt this Period Each Receipt Tore Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼			00 0		1
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FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pall Name (Last, First, Middle Initial) C. Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City State Zip Code Tonumber of contributing federal political committee. Name of Employer Self Employer Self Employer Receipt For: Name of Employer Self Employer Self Employer Occupation Doctor of Optometry Aggregate Year-to-Date ▼		Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
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Primary General Other (specify) ▼ 400.00 Full Name (Last, First, Middle Initial) C. Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City Kingsport TN 37660-2392 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ 400.00 Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Receipt For:			
Other (specify) ▼ 400.00			, iggi ogato	Tour to Bate V	
C. Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City Kingsport FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O D D / 2 0 0 7 Transaction ID: 26040601 Amount of Each Receipt this Period 83.33			0 0	400.00	
City Kingsport FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ State Zip Code Transaction ID: 26040601 Amount of Each Receipt this Period 83.33 Amount of Each Receipt this Period 83.33 Amount of Each Receipt this Period 416.65	<u> </u>				Date of Receipt
Kingsport FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Amount of Each Receipt this Period 83.33 Amount of Each Receipt this Period 83.33 Amount of Each Receipt this Period 843.33		Mailing Address 2505 Rivermont Circle			
Kingsport TN 37660-2392 Amount of Each Receipt this Period		City	State	Zip Code	Transaction ID: 26040601
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 416.65		Kingsport	TN	37660-2392	
Receipt For: Primary			C		
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 416.65		Name of Employer Self Employed			
SUBTOTAL of Receipts This Page (optional)		Primary General		e Year-to-Date ▼	
	s	UBTOTAL of Receipts This Page (optional)			224.99

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 85			
TEMIZED RECEIPTS		or each category of the	(check only one)			
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17			
Any information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Optometric Association Politic	al Action (Committee				
Full Name (Last, First, Middle Initial)						
A. Dr Jack L Schaeffer			Date of Receipt			
Mailing Address 3801 River View Cr			0 6 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 26040602			
Birmingham	AL	35243	Amount of Each Receipt this Period			
FEC ID number of contributing		002.0				
federal political committee.	C		50.00			
Name of Employer Self Employed	Occupation	า	7			
Self Employed	Doctor of	Optometry				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General Other (specify)		250.00				
Cuter (Speeny) V	0 0					
Full Name (Last, First, Middle Initial) 3. Dr Jennifer E Davis			Date of Receipt			
Mailing Address 16 Pambrook Dr			M M / D D / Y Y Y Y			
			06 10 2007			
City	State	Zip Code	Transaction ID: 26040608			
<u>Fishersville</u>	VA	22939-2123	Amount of Each Receipt this Period			
FEC ID number of contributing	С		42.00			
federal political committee.						
Name of Employer Self Employed	Occupation					
		Optometry				
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1			
Other (specify)		252.00				
			4			
Full Name (Last, First, Middle Initial) Dr Richard L Foss			Date of Receipt			
Mailing Address W5224 Knobloch Road			M M / D D / Y Y Y			
City	Ct-t-	Zin Cod-	06 10 2007			
City La Crosse	State WI	Zip Code 54601-2461	Transaction ID: 26040612 Amount of Each Receipt this Period			
FEC ID number of contributing		37001 E701				
federal political committee.	C		41.66			
Name of Employer Self Employed	Occupation	1	\dashv			
Self Employed *		Optometry				
Receipt For:	Aggregate	e Year-to-Date ▼				
Primary General		249.96				
Other (specify) ▼	0 0		1			
100.00						
SUBTOTAL of Receipts This Page (optional)		·····	133.66			
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 85				
	· ·	Use separate schedule(s) or each category of the		(check only one)				
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Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	American Optometric Association Polit	ical Action (Committee					
<u>/_</u>	Full Name (Last, First, Middle Initial)							
A.	Dr Mira B Swiecicki			Date of Receipt				
	Mailing Address 450 F Street			06 10 2007				
	City	State	Zip Code	Transaction ID: 26040613				
	Blaine	WA	98230-4201	Amount of Each Receipt this Period				
	FEC ID number of contributing		0 0 0 0					
	federal political committee.	C		25.00				
	Name of Employer Self Employed	Occupation		7				
	· · · · · · · · · · · · · · · · · · ·		Optometry					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		250.00					
	Other (specify)	0 0	0 0 0 0 0 0 0	1				
В.	Full Name (Last, First, Middle Initial) Dr Ron W Roelfs			Date of Receipt				
	Mailing Address 600 3Rd St Se			M M / D D / Y Y Y Y				
	City	State	Zip Code	06 10 2007				
	•	State	•	Transaction ID: 26040615				
	Waverly	IA	50677-3516	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		35.00				
				_				
	Name of Employer Self Employed	Occupation						
		_	Optometry					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	, ,	210.00					
	Other (specify)			J				
— С.	Full Name (Last, First, Middle Initial) Dr S. Glenn Bailey			Date of Receipt				
٥.	Mailing Address 6311 Highland Drive			M M / D D / Y Y Y Y				
				06 13 2007				
	City	State	Zip Code	Transaction ID: 26064072				
	Huntington	WV	25705-2355	Amount of Each Receipt this Period				
	FEC ID number of contributing			500.00				
	federal political committee.	C		300.00				
	Name of Employer Self Employed	Occupation						
			Optometry	_				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		500.00					
	☐ Other (specify) ▼			1				
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 85
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Thomas J De Luca			Date of Receipt
	Mailing Address 884 Cahill Court			0 6 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 26066621
	Cheshire	CT	06410-3302	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	250.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr Paul J Lobby			Date of Receipt
	Mailing Address Rd 2			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Box 245	State	Zip Code	
	Ford City	PA	•	Transaction ID: 26066625
	•	FA	16226-9802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	rederal political committee.			
	Name of Employer	Occupation	า	
	Self Employed 1		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify)		200.00	
_	Full Name (Last, First, Middle Initial)			Date of Booking
C.	Dr Mark Richard Wolmer Mailing Address 25 Falls Rd			Date of Receipt
	Mailing Address 25 Falls Rd			06 14 2007
	City	State	Zip Code	Transaction ID: 26066630
	Roxbury	CT	06783-2013	Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	С		123.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		250.00	1
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				375.00
S	UBTOTAL of Receipts This Page (optional)			373.00

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
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or	for commercial purposes, other than using the	name and add	froit be sold of used by any personal stress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	ical Action (Committee	
	American Optometric Association Folia	icai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Zoey K Loomis			Date of Receipt
	Mailing Address 3750 Highway 144			M M / D D / Y Y Y Y
				06 14 2007
	City	State	Zip Code	Transaction ID: 26066631
	Weldona	CO	80653-9107	Amount of Each Receipt this Period
	FEC ID number of contributing			150.00
	federal political committee.	C		150.00
				_
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	11
	Other (specify)			1
В.	Full Name (Last, First, Middle Initial) Dr Lars A Gentry			Date of Receipt
υ.	Mailing Address 101 Greenbriar Dr			M M / D D / Y Y Y Y
	Maining Address TOT Greenbrial Di	06 14 2007		
	City	State	Zip Code	Transaction ID: 26066632
	Carmi	IL	62821-1510	Amount of Each Receipt this Period
			32321 1010	Amount of Each recorpt this i chea
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation	1	
	Sell Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr Robert Spencer Christensen			Date of Receipt
Ċ.	·			M M / D D / Y Y Y Y
	Mailing Address 179 Del Oro Lagoon			06 12 2007
	City	State	Zip Code	Transaction ID: 26078219
	Novato	CA	94949	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		450.00
	Name of Employer Self Employed	Occupation		
			Optometry	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		450.00	1
	Other (specify)	0 0	450.00	1
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				725.00
S	UBTOTAL of Receipts This Page (optional)			/25.00
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SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 23 / 85
•		Use separate schedule(s) or each category of the		(check only one)
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Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any person	on for the purpose of soliciting contributions
01		ariie ariu auu	liess of any political committee to	Solicit Contributions from Such Committee.
	NAME OF COMMITTEE (In Full)	al Aatian (Do wa wa itt a a	
\angle	American Optometric Association Politic	al Action C	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr David P Dozack			Date of Receipt
	Mailing Address 228 Timothy Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26078224
	Horseheads	NY	14845-1837	Amount of Each Receipt this Period
			14040 1007	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	-
	Primary General	, igg. oguto	1 1 1 1 1 1 1 1	1
	Other (specify)		500.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr David T Gubman			Date of Receipt
	Mailing Address 9 Cobblestone Rd			M M / D D / Y Y Y Y
				06 12 2007
	City	State	Zip Code	Transaction ID: 26078225
	Cherry Hill	NJ	08003-1420	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	9		
	Name of Employer	Occupation	1	
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)		200.00	J
_	Full Name (Last, First, Middle Initial)			D. (D.).
C.	Dr Kent G Yount Mailing Address 9063 S Arrowgrass Way			Date of Receipt
	Walling Address 9063 S Arrowgrass Way			06 12 2007
	City	State	Zip Code	Transaction ID: 26078226
	Highlands Ranch	CO	80126-2640	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date ▼	
	Primary General	Ayyreyale	TOUT TO DUIC ¥	1
	Other (specify)		500.00	
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s	UBTOTAL of Receipts This Page (optional)			1250.00
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SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 24 / 85
· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	n for the purpose of soliciting contributions
\	NAME OF COMMITTEE (In Full)	arrie ariu auu	iless of any political committee to	Solicit Contributions from Such Committee.
	American Optometric Association Politic	nal Action (Committoo	
	American Optometric Association Folitic	ai Action C	Johnnidee	
_	Full Name (Last, First, Middle Initial)			
Α.	Dr Kenneth K Sakazaki			Date of Receipt
	Mailing Address 3210 Yosemite Park Wa	ıy		06 12 2007
	City	State	Zip Code	Transaction ID: 26078232
	Elk Grove	CA	95758-4688	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation	1	
	Seil Employed		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	
	Other (specify) ▼	0 0	000.00	
В.	Full Name (Last, First, Middle Initial) Dr Reid A Pettit			Date of Receipt
٥.	Mailing Address 1809 Meadowlark Dr			M M / D D / Y Y Y Y
				06 12 2007
	City	State	Zip Code	Transaction ID: 26078233
	Pontiac	<u>IL</u>	61764	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			555.55
	Name of Employer	Occupation	1	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	[MEMO ITEM]
	Primary General		500.00	Partnership Cont. see Fam-
	Other (specify)		000.00	ily Eye Care of Pontiac, LLC 6/12/07
_	Full Name (Last, First, Middle Initial)			Date of Baselin
C.	Dr Bryan Matthew Stoller Mailing Address 29835 N 3360 East Rd			Date of Receipt
	Z9835 N 3360 East Ru			06 12 2007
	City	State	Zip Code	Transaction ID: 26078234
	Chenoa	<u>IL</u>	61726-9165	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	<u>C</u>		300.00
	Name of Employer Self Employed	Occupation		
		1	Optometry Veer to Date T	-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	[MEMO ITEM]
	Other (specify)		500.00	Partnership Cont. see Fam- ily Eye Care of Pontiac.
	calci (opcony) 🔻			ily Eye Care of Pontiac, LLC 6/12/07
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s	UBTOTAL of Receipts This Page (optional)		.	365.00
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SCHEDULE A (FEC Form 3X)		Llee concrete - sheets/s/	FOR LINE NUMBER: PAGE 25 / 85		
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
Assistance the second force and Boundary	N-1		13 14 15 16 17		
Any information copied from such Reports and S or for commercial purposes, other than using the	e name and ad	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Optometric Association Poli	itical Action	Committee			
Full Name (Last, First, Middle Initial) A. Dr Michael G Blake			Date of Receipt		
Mailing Address P O Box 2859			06 15 7 2007		
City	State	Zip Code	Transaction ID: 26080615		
<u>Gallup</u>	NM	87305-2859	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		100.00		
Name of Employer Self Employed	Occupation Doctor of	n f Optometry			
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General		450.00	1		
Other (specify) ▼		450.00			
Full Name (Last, First, Middle Initial) 3. Dr Craig F Clatanoff			Date of Receipt		
Mailing Address 3537 Newcastle Dr Se	M M / D D / Y Y Y Y				
	06 15 2007				
City	State	Zip Code	Transaction ID: 26080628		
Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		100.00		
Name of Employer Self Employed	Occupatio	n f Optometry			
Receipt For:		e Year-to-Date $lacktriangleright$	-		
Primary General	7.99.094.0		1		
Other (specify) ▼		300.00			
Full Name (Last, First, Middle Initial) Dr Joseph H Phillips			Date of Receipt		
Mailing Address 13308 Cedar Trail			M M / D D / Y Y Y		
			06 15 2007		
City	State	Zip Code	Transaction ID: 26096988		
Oklahoma City	OK	73131-1801	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		312.50		
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry			
Receipt For:		e Year-to-Date ▼			
Primary General		210 50	1		
Other (specify)		312.50			
CURTOTAL of Possints This Page (anti-co-1)		_	512.50		
SUBTOTAL of Receipts This Page (optional)		·····			

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_				FOR LINE NUMBER BACE 22 / 22
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 85 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	y not be sold or used by any pedress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Matthew L Scott			Date of Receipt
	Mailing Address 800 S Locust			06 15 7 2007
	City	State	Zip Code	Transaction ID: 26099118
	Shattuck	OK	73858	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n f Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	7.99.094.0		_
	Other (specify) ▼	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Dr David P Yaniglos			Date of Receipt
	Mailing Address 7629 West Lake Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26099119
	Kent	ОН	44240-6342	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr Thomas Matthew Bobst			Date of Receipt
	Mailing Address 21285 Avalon Drive			06 15 7 2007
	City	State	Zip Code	Transaction ID: 26099120
	Rocky River	OH	44116-1121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	-	e Year-to-Date ▼	
	Primary General	13 0		
	Other (specify) ▼		250.00	
	UBTOTAL of Receipts This Page (optional)			1250.00
1 3	DEIDIAL OF HOUSIPLE THIS FAYE (OPHOHAI)			

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 85
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	TI LIVIIZED TILOLII 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Michael L Tashner			Date of Receipt
	Mailing Address 925 Golfview Drive			06 15 2007
	City	State	Zip Code	Transaction ID: 26099125
	Platteville	WI	53818-9783	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		005.00	1
	Other (specify) ▼	0 0	365.00	
В.	Full Name (Last, First, Middle Initial) Dr James D Schrader			Date of Receipt
	Mailing Address 3304 214Th Sw			0 6 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 26099128
	Brier	WA	98036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Self Employed	Occupation	1	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify) ▼		300.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Margaret Placen Johnston			Date of Receipt
	Mailing Address 7405 Old Dominion Dr			0 6 1 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 26099131
	Mc Lean	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General	-	F00.00	1
	Other (specify) ▼		500.00]
	LIDTOTAL of Descripto This Descriptor's			1165.00
L	UBTOTAL of Receipts This Page (optional)			

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action C	Committee	
٩	ull Name (Last, First, Middle Initial) Or Dennis Ray Brinkerhoff			Date of Receipt
Ν	Mailing Address 4301 Seeley Court			0 6 1 8 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26099567
_	Anchorage	AK	99502-1957	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		300.00
<u>N</u>	lame of Employer Self Employed		Optometry	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		300.00	
	rull Name (Last, First, Middle Initial)			Date of Receipt
_	Mailing Address 1733 2Nd St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ċ	Dity	State	Zip Code	Transaction ID: 26100062
1	Douglas	AK	99824	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
1	lame of Employer Self Employed	Occupation	Optometry	
F	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) Or James Curtis Graves			Date of Receipt
Mailing Address 750 Knights Bridge Road				0 6 1 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 26100080
	Fairbanks	AK	99709-2477	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
1	lame of Employer Self Employed	Occupation Doctor of	Optometry	
F	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
SU	BTOTAL of Receipts This Page (optional)			1300.00
	. 3 (17			

SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 85
ITEMIZED RECEIPTS	,	or each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association			
Full Name (Last, First, Middle Initial) A. Dr Kevin C Berg			Date of Receipt
Mailing Address 3252 East Serendi		7in Codo	06 18 2007
City <u>Wasilla</u>	State AK	Zip Code 99654-2826	Transaction ID: 26100298 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr Robert J Fleckenstein	I		Date of Receipt
Mailing Address 1830 Rebel Ridge	06 18 2007		
City	State	Zip Code	Transaction ID: 26100300
<u>Anchorage</u>	AK	99504-2900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr Robert D O'Connell			Date of Receipt
Mailing Address Box 3187			0 6 1 8 2 0 0 7
City	State	Zip Code	Transaction ID: 26100317
<u>Kenai</u>	AK	99611-3187	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed		f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	al)		1665.00
TOTAL This Period (last page this line num	nber only)		

C		1		FOR LINE NUMBER: PAGE 30 / 85
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	atomonte mov	y not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Folia	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr John T Shank			Date of Receipt
	Mailing Address P O Box 827			M M / D D / Y Y Y Y
				06 18 2007
	City	State	Zip Code	Transaction ID: 26100339
	Kodiak	AK	99615-0827	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	300.00	1
	Other (specify)	0 0		
В.	Full Name (Last, First, Middle Initial) Dr Aharon Sternberg			Date of Receipt
Ь.	-			-
	Mailing Address 3231 Sleeping Lady Lar	0 6 1 8 2 0 0 7		
	City	State	Zip Code	Transaction ID: 26100345
	Anchorage	AK	99515-2419	Amount of Each Receipt this Period
		AIX	99313-2419	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	rederal political committee.			
	Name of Employer	Occupation	ำ	
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr Aharon Sternberg			Date of Receipt
	Mailing Address 3231 Sleeping Lady Lar	ne		06 18 2007
	City	Ctoto	Zin Codo	
	City	State	Zip Code	Transaction ID: 26100354
	Anchorage	AK	99515-2419	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.			
	Name of Employer	Occupation	<u> </u>	7
	Self Employed	1 '	Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General	22 0		1
	Other (specify) ▼		2000.00	
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s	UBTOTAL of Receipts This Page (optional)		_	2300.00
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SCHEDULE A (FEC Form 3X)			Llos concrete cobadulo(o)	FOR LINE NUMBER: PAGE 31 / 85
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements mag name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Jeffrey G Keene			Date of Receipt
	Mailing Address P O Box 671047	06 18 7 2007		
	City	State	Zip Code	Transaction ID: 26100383
	Chugiak	AK	99567-1047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr Steven Scott Dobson			Date of Receipt
	Mailing Address 12001 Lilac Drive			06 18 2007
	City	State	Zip Code	Transaction ID: 26100437
	Anchorage	AK	99516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Jeffrey A Gonnason			Date of Receipt
	Mailing Address 6721 Gloucester			M M / D D / Y Y Y Y Y Y Y Y 18 18 2007
	City	State	Zip Code	Transaction ID: 26100542
	Anchorage	AK	99504-3343	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:		e Year-to-Date ▼	-
	Primary General	gg. ogait		1
	Other (specify) ▼	0 0	1000.00	
	LIPTOTAL of Descripto This Descriptoral			2000.00
1 3	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUM	BER: PAGE 32/85
TEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	🗆 🗎
			Detailed Summary Page	X 11a 1	1b 11c 12 4 15 16 17
An	by information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions	from such committee.
\	NAME OF COMMITTEE (In Full)		_		
	American Optometric Association Politic	cal Action (Committee		
۹.	Full Name (Last, First, Middle Initial) Dr John William Wood			Date of Rece	ipt
	Mailing Address 31555 Lindero Cyn Rd 1	5		0 6	23 2007
	City	State	Zip Code	Transaction I	ID: 26128184
	Westlake Village	CA	91361-4744		ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			125.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For:	1	e Year-to-Date ▼	1	
	Primary General	33 0 11		ıl	
	Other (specify)		250.00		
3.	Full Name (Last, First, Middle Initial) Dr David George Helsing			Date of Rece	ipt
	Mailing Address 3306 Delprado Court			0 6	23 2007
	City	State	Zip Code	Transaction	ID: 26128186
	Tampa	FL	33614-2721	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupation			
		1	Optometry Vacate Data	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	. [
	Other (specify)		500.00		
).	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva			Date of Rece	ipt
	Mailing Address 57 Pebblebrook Ct			0 6	24 2007
	City	State	Zip Code	Transaction	ID: 26128241
	Bloomington	IL	61704-6300	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	С			85.00
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry		
	Receipt For:	1	e Year-to-Date ▼	7	
	Primary General		255.00	1	
	Other (specify)		235.00		
s	UBTOTAL of Receipts This Page (optional)		·····		460.00
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T	OTAL This Period (last page this line number or	ווy)	>		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 85
	EMIZED RECEIPTS	or each category of the		(check only one)
II EIVIIZED NEGEIP I 3			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Flavel Josef Heyman, III			Date of Receipt
	Mailing Address 20 Bayles Court			06 22 7 2007
	City	State	Zip Code	Transaction ID: 26128527
	Paxton	IL	60957	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry	7
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify)		365.00	
— В.	Full Name (Last, First, Middle Initial) Dr Douglas W Johnson			Date of Receipt
	Mailing Address 11400 N. 6Th Avenue	M M / D D / Y Y Y Y		
				06 22 2007
	City	State	Zip Code	Transaction ID: 26128533
	Hillsboro	IL	62049	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n	
	Sell Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	☐ Other (specify) ▼	0 0	250.00	
— С.	Full Name (Last, First, Middle Initial)			Data of Descript
U .	Dr John Howard Muto Mailing Address 3146 North 24Th Way			Date of Receipt
	Mailing Address 3146 North 24Th Way		06 22 2007	
	City	State	Zip Code	Transaction ID: 26128537
	Boise	ID	83702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry	7
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 33	1 1 1 1 1 1 1	1
	Other (specify)		300.00	
			0 0 0 0 0 0 0	1
١.				915.00
_ s	UBTOTAL of Receipts This Page (optional)		······	310.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 85
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Star or for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		,,	
American Optometric Association Politic	cal Action	Committee	
Full Name (Last, First, Middle Initial) A. Dr Joseph D Conigliaro			Date of Receipt
Mailing Address 1121 Herkimer Rd			06 22 7 2007
City	State	Zip Code	Transaction ID: 26128540
<u>Utica</u>	NY	13502-2706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) 3. Dr David P Mertzlufft			Date of Receipt
Mailing Address 4705 E Trails Dr			06 22 7 2007
City	State	Zip Code	Transaction ID: 26128547
<u>Sarasota</u>	<u>FL</u>	34232-3483	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation	n f Optometry	
Receipt For:		e Year-to-Date ▼	-
Primary General	00 0		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Edward Clifton Hyre			Date of Receipt
Mailing Address 115 Wilton Ave			06 22 7 2007
City	State	Zip Code	Transaction ID: 26128551
Elkins	WV	26241-3260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1750.00
TOTAL This Period (last page this line number or	nlv)		

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 85 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Phillip D Stuart			Date of Receipt
	Mailing Address 127 Fairmount Drive			06 22 7 2007
	City	State	Zip Code	Transaction ID: 26128552
	Madison	IN	47250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr Daniel T Nowak			Date of Receipt
	Mailing Address N2986 Herman Lane			0 6 2 2 2 2 0 0 7
	City	State	Zip Code	Transaction ID: 26128553
	Hortonville	WI	54944-9773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry	7
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	365.00	
C .	Full Name (Last, First, Middle Initial) Dr Wayne M Hudson			Date of Receipt
	Mailing Address 124 N 4Th Street			06 22 7 2007
	City	State	Zip Code	Transaction ID: 26128559
	Douglas	WY	82633-2402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
S	UBTOTAL of Receipts This Page (optional)			1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 85
TEMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED TILOLII 13		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S	Statements may	v not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Poli	tical Action	Committee	
Full Name (Last, First, Middle Initial) A. Dr Charles W Harrill			Date of Receipt
Mailing Address 8010 Strawhorn Drive			06 22 7 2007
City	State	Zip Code	Transaction ID: 26128564
Mechanicsville	VA	23116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
Other (specify)	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) 3. Dr Mary Ann Masters			Date of Receipt
Mailing Address 206 Barker Ten Mile R	M M / D D / Y Y Y Y		
O.	06 22 2007		
City Lumberton	State NC	Zip Code 28358-5883	Transaction ID: 26128575
		20330-3003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupatio		
		f Optometry e Year-to-Date ▼	_
Receipt For: Primary General	Aggregate	e real-lo-Dale 🔻	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) C. Dr William E Dolan			Date of Receipt
Mailing Address 2900 High Point Rd			0 6 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26128576
Greensboro	NC	27403-3150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		400.00	1
Other (specify) ▼		100.00	1
	I		
SUBTOTAL of Receipts This Page (optional)			965.00

C	COUEDINE A (FEO Forms OV)			FOR LINE NUMBER: PAGE 37 / 85
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and Sta	ntomonte mou	y not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politic	cal Action (Committee	
	American Optometric Association Folia	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Mark Joseph Roy, III			Date of Receipt
	Mailing Address 2198 Highway 20			M M / D D / Y Y Y Y
				06 25 2007
	City	State	Zip Code	Transaction ID: 26128618
	Vacherie	LA	70090-5473	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00] [
	Other (specify) ▼	0 0	200.00	J.
В.	Full Name (Last, First, Middle Initial) Dr Christopher Mar Card			Date of Receipt
Ь.				-
	Mailing Address 2003 Howard			06 22 2007
	City	State	Zip Code	Transaction ID: 26128692
	Caldwell	ID	83605-4873	Amount of Each Receipt this Period
		ID	83003-4873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer	Occupation	ำ	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
Ċ.	Dr Albert E Germain			Date of Receipt
	Mailing Address 255 Morris Town Line R	ld		06 22 2007
	City	State	Zip Code	
	-	CT	·	Transaction ID: 26128699
	Watertown	UI	06795-1013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederai politicai committee.			
	Name of Employer	Occupation	า	
	Self Employed	Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General	1 1		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 85
	EMIZED RECEIPTS		or each category of the	(check only one)
11	TI LIVIIZED TIEGEIT 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Ronald J Serra			Date of Receipt
	Mailing Address 46 Sherwood Drive			06 22 7 2007
	City	State	Zip Code	Transaction ID: 26128700
	Westerly	RI	02891-3702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Dr T. Joel Byars			Date of Receipt
	Mailing Address 100 Augusta Drive			0 6 2 2 2 2 0 0 7
	City	Zip Code	Transaction ID: 26128716	
	Mcdonough	GA	30253	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Charles Bartels			Date of Receipt
	Mailing Address 606 North Parrott Ave			0 6 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26128718
	Okeechobee	FL	34974	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General		Year-to-Date ▼	
	Other (specify) ▼		250.00	
	LIDTOTAL of Descripto This Day (1911)			750.00
LS	UBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 85
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	TEMMELD REGENTO		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	nents may ne and add	ress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Political	Action C	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Paul B La Point, Sr			Date of Receipt
	Mailing Address 300 S Weir	-		06 25 2007
	City	State	Zip Code	Transaction ID: 26139576
	Bunkie	LA	71322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Self Employed	Occupation Octor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr William P Beeaker			Date of Receipt
٥.	Mailing Address 461 Upper St			M M / D D / Y Y Y Y
				06 25 2007
	City	State	Zip Code	Transaction ID: 26139577
	Turner	ME	04282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Solf Employed	Occupation		
			Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		400.00	
		0 0		·
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr Russell T Simmons			Date of Receipt
	Mailing Address 2925 Hot Springs Highway	/		M M / D D / Y Y Y Y
	011	01-1-	7's Oads	06 25 2007
	City	State	Zip Code	Transaction ID: 26139582
	Benton	AR	72015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Self Employed	Occupation Octor of	Optometry	
	4 !		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	1 1	365.00	
Г				045.00
S	UBTOTAL of Receipts This Page (optional)	<u></u>		815.00
_	OTAL This Period (last page this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any personness of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Daniel R Beckner			Date of Receipt
	Mailing Address 66724 Brooks Road			06 25 2007
	City Imbler	State OR	Zip Code 97841-8100	Transaction ID: 26139584 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00]
В.	Full Name (Last, First, Middle Initial) Dr William E Sterling, Jr			Date of Receipt
	Mailing Address 1540 Ariana Blvd.			0 6 2 5 2 0 0 7
	City Auburndale	State FL	Zip Code 33823-2001	Transaction ID: 26139587
	FEC ID number of contributing federal political committee.	C	33023-2001	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr William C Sutherland Mailing Address 114 Will Scarlett Lane			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26139606
	Williamsburg	VA	23185-5021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	IIRTOTAL of Receipts This Page (optional)			1115.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 / 85
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou Guillina, i ago	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Stephen A Feltus			Date of Receipt
	Mailing Address 77 Old Coach Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26139608
	Lyndonville	VT	05851	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500,00	1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			+
В.				Date of Receipt
	Mailing Address 3025 W Beverly Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26139612
	Phoenix	AZ	85053-3050	Amount of Each Receipt this Period
		7 (2	30000 3030	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	 1	_
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Larry John Keyser			Date of Receipt
J .	Mailing Address 410 Union Place			M M / D D / Y Y Y Y
				06 25 2007
	City	State	Zip Code	Transaction ID: 26139618
	Colorado Springs	CO	80906-4723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation	1	7
	Self Employed *		Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
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				1115.00
S	UBTOTAL of Receipts This Page (optional)		······	1113.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 42/85	
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
•••	TI EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciti solicit contributions from s	ng contributions such committee.
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		
$ \rangle$	American Optometric Association Politi	cal Action (Committee		
	7 and real option on a 7 too condition i on a				
_	Full Name (Last, First, Middle Initial)				
Α.	Dr John B Whitlow			Date of Receipt	
	Mailing Address 1233 Stovall Road			06 25	2007
	City	State	Zip Code	Transaction ID: 26	
	Lagrange	GA	30241-9097	Amount of Each Red	
			00211 0007	Amount of Each flee	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self Employed	Occupation			
	-		Optometry		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
	cc. (cpcc)/ \	0 0			
	Full Name (Last, First, Middle Initial)				
В.	Dr Melissa L Binder			Date of Receipt	
	Mailing Address 81 Old Well Rd			M M / D D	7 Y Y Y Y
	Cit.	Ctata	7:n Oada	06 25	2007
	City	State	Zip Code	Transaction ID: 26	
	Irmo	SC	29063-2115	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			400.00
	Name of Employer Self Employed	Occupation			
			Optometry		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	400.00		
	Otrier (specify)	0 0			
_	Full Name (Last, First, Middle Initial)				
C.	Ms Saundra Gragg-Naifeh			Date of Receipt	
	Mailing Address Oklahoma Assn Of Opt	Physicins		M M / D D	/ Y Y Y Y Y
	4850 N Lincoln Blvd St		7'. 0. 4.	06 26	2007
	City Oklahama City	State	Zip Code	Transaction ID: 26	
	Oklahoma City	OK	73105	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			200.00
	10113				
			Director		
			Year-to-Date ▼		
			400.00		
	Other (specify)	0 0 0 0 0 0 0			
Г					
s	UBTOTAL of Receipts This Page (optional)			. L	850.00
\vdash	ago (optional)				
T	OTAL This Period (last page this line number o	nly))		

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS			or each category of the	
		Detailed Summary Page		
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Michael Andrew Durant			Date of Receipt
	Mailing Address 1213 Yorkshire Estates			06 26 27
	City	State	Zip Code	Transaction ID: 26151742
	London	KY	40741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr Mark Keith Davis			Date of Receipt
	Mailing Address 2215 Fawn Mist Lane			M M / D D / Y Y Y Y
		06 26 2007		
	City	State	Zip Code	Transaction ID: 26151745
	San Antonio	TX	78248-1908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	1	
		Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date	
	Primary General		500.00	1
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
Ċ.	Dr William Lee Whitaker			Date of Receipt
	Mailing Address 1000 Honeysuckle Rd			06 26 2007
	City	State	Zip Code	Transaction ID: 26151746
	Dublin	GA	31021-2624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	1
	Primary General	55. 55410	10 = 0110	1
	Other (specify)		250.00	
				4
1				1250.00
Ls	UBTOTAL of Receipts This Page (optional)			1200.00
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0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 44 / 85
	CHEDULE A (FEC Form 3X)	Use separate schedule(s) or each category of the		(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
/	American Optometric Association Politica	al Action (Committee	
^	Full Name (Last, First, Middle Initial) Dr Elise F D'Amiano			Date of Receipt
Α.	Mailing Address 20 Alden Road			M M / D D / Y Y Y Y
				06 26 2007
	City	State	Zip Code	Transaction ID: 26151747
	Wayland	MA	01778	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation	n	7
			Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
				1
R	Full Name (Last, First, Middle Initial) Dr Thomas A Vogelpohl			Date of Receipt
٥.	Mailing Address 670 W Wentworth			M M / D D / Y Y Y Y
				06 26 2007
	City	State	Zip Code	Transaction ID: 26151748
	Mendota Heights	MN	55118-2830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	-
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Guilli (epecily) 🔻			1
С.	Full Name (Last, First, Middle Initial) Dr Steven Thomas Reed			Date of Receipt
	Mailing Address 4550 Simpson Hwy 28 W	,		M M / D D / Y Y Y Y
	City	State	Zip Code	06 26 2007
	Magee	MS	39111-5187	Transaction ID: 26151751 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	n	┪
	Self Employed		Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	'''	500.00	
	☐ Otilei (specily) ▼			1
Г				
s	UBTOTAL of Receipts This Page (optional)			1000.00

0	COLLED III E A (EEO E a vera OV)			FOR LINE NUMBER: PAGE 45 / 85
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	
			Detailed Summary Page	
_				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Alva S Pack, III			Date of Receipt
	Mailing Address 111 Spring Lake Drive			06 26 2007
	City	State	Zip Code	Transaction ID: 26151757
	Spartanburg	SC	29302-3686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	365.00	
В.	Full Name (Last, First, Middle Initial) Dr Leland Harold Bowen			Date of Receipt
	Mailing Address 44 Lewis Clark Dr			06 26 2007
	City	State	Zip Code	Transaction ID: 26151758
	<u>lva</u>	SC	29655-7682	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Tammy Hogan Love			Date of Receipt
	Mailing Address 1648 Boyce-Fairview Ro	1		06 26 YYYYY 2007
	City	State	Zip Code	Transaction ID: 26151764
	Alvaton	KY	42122-7608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)			980.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 46 / 85	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso		
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
Λ	NAME OF COMMITTEE (In Full)				
	American Optometric Association Polit	ical Action (Committee		
_	Full Name (Last, First, Middle Initial)			Data of Danaist	
Α.	Dr Donald Lester Watson Mailing Address 118 San Marco Drive			Date of Receipt	/ Y Y Y Y
	Mailing Address 118 San Marco Drive			06 26	
	City	State	Zip Code	Transaction ID: 26	6151769
	Tyber Islana	GA	31328	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
	Receipt For:		e Year-to-Date ▼		
	Primary General	-	500.00	1	
	☐ Other (specify) ▼		300.00	J.	
В.	Full Name (Last, First, Middle Initial) Dr James F Strieter			Date of Receipt	
	Mailing Address 390 Windridge Drive			06 26	
	City	State	Zip Code	Transaction ID: 26	6151772
	Collinsville	IL	62234-4760	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer Self Employed	Occupation			
	Receipt For:		f Optometry e Year-to-Date ▼		
	Primary General	Aggregate	e real-lo-Dale V	7	
	Other (specify) ▼		365.00		
_	Full Name (Last, First, Middle Initial)			Data of Danaist	
C.	Dr John Allen Godfrey Mailing Address 328 Manor Road			Date of Receipt	/ Y Y Y Y
	320 Marior Hoad			0 6 2 6	
	City	State	Zip Code	Transaction ID: 26	6151773
	<u>Harleysville</u>	PA	19438	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
	Receipt For:		e Year-to-Date ▼		
	Primary General		500.00	1	
	U Other (specify) ▼	0 0	300.00	1	
s	UBTOTAL of Receipts This Page (optional)				1365.00
\vdash			•	-	
T	OTAL This Period (last page this line number of	only)			

0	COUEDING A (FEC Form 2V)			FOR LINE NUMBER: PAGE 47 / 85
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	atomonte mov	y not be cold or used by any pers	
or	for commercial purposes, other than using the r	name and add	froit be sold of used by any persi dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	aal Aatian (Committee	
	American Optometric Association Foliti	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Gary L Vines			Date of Receipt
	Mailing Address 2058 Kirkland Blvd			M M / D D / Y Y Y Y
				06 26 2007
	City	State	Zip Code	Transaction ID: 26151774
	Maryville	TN	37803-3600	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	250.00	1
	Other (specify)	0 0	200.00	
D	Full Name (Last, First, Middle Initial) Dr Wanda C Batson			Date of Receipt
υ.				-
	Mailing Address 8120 Rock Hill Rd			06 26 2007
	City	State	Zip Code	Transaction ID: 26151775
	Baker	FL	32531	Amount of Each Receipt this Period
			32301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	1	
	Sell Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		500.00	7
	Other (specify) ▼	0 0	300.00	
_	Full Name (Last, First, Middle Initial) Dr Charles S Lannom			Date of Receipt
Ċ.				M M / D D / Y Y Y Y
	Mailing Address 870 Old Crystal Bay Ro	au		06 26 2007
	City	State	Zip Code	Transaction ID: 26151776
	Wayzata	MN	55391	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		665.00
	Name of Employer Self Employed	Occupation		
			Optometry	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		665.00	11
	Other (specify)	0 0	000.00	1
_				
				1415.00
S	UBTOTAL of Receipts This Page (optional)			1413.00
				-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 85	
TEMIZED RECEIPTS		or each category of the	(check only one)	
TI LIMIZED TIEOLII 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and State or for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	name and add	iless of any political confinitiee to	Solicit contributions from Such committee.	
American Optometric Association Politi	ical Action (Committee		
Full Name (Last, First, Middle Initial) A. Dr Jeff Seeholzer			Date of Receipt	
Mailing Address 1310 Cliffside Drive			06 26 7 2007	
City	State	Zip Code	Transaction ID: 26151780	
Logan	UT	84321-3432	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		365.00	
Name of Employer Self Employed	Occupation Doctor of	n Optometry		
Receipt For: Primary General	Aggregate	Year-to-Date ▼ 465.00	1	
Other (specify) ▼	0 0	465.00		
Full Name (Last, First, Middle Initial) Dr Christopher J Colburn			Date of Receipt	
Mailing Address 30 Winchester Rd	06 26 2007			
City	State	Zip Code	Transaction ID: 26151781	
Lakewood	NY	14750-1734	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Self Employed	Occupation Doctor of	n Optometry		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		500.00		
Full Name (Last, First, Middle Initial) Dr Thomas A Wilson			Date of Receipt	
Mailing Address 850 Newgate Ct			0 6 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 26152689	
Monument	CO	80132-2832	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00	
Name of Employer Self Employed	Occupation Doctor of	n Optometry		
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		500.00		
SUBTOTAL of Receipts This Page (optional)			1365.00	
1				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49/85
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Politic	cal Action (Committee	
Full Name (Last, First, Middle Initial) Dr Leo Edelsberg			Date of Receipt
Mailing Address 2061 Ne 208 St			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 26152702
<u>Miami</u>	FL	33179-1623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation	Optometry	
Receipt For:		Year-to-Date ▼	+
Primary General	33 -3		1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) 3. Dr Steven Howard Schwartz			Date of Receipt
Mailing Address 2832 Sylvan Ln S			06 26 7 2007
City	State	Zip Code	Transaction ID: 26152713
<u>Jacksonville</u>	FL	32257-6238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Self Employed	Occupation		
-		Optometry	_
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr Warren Stephen Johnson			Date of Receipt
Mailing Address 4586 Barfield Rd			M M / D D / Y Y Y Y
			06 26 2007
City	State	Zip Code	Transaction ID: 26152714
Memphis	TN	38117-2414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Self Employed	Occupation		7
Receipt For: Aggregat		Optometry	
		Year-to-Date ▼	. [
Primary General Other (specify) ▼		1165.00	
			1
SUBTOTAL of Receipts This Page (optional)	<u>.</u>		900.00
TOTAL This Period (last nage this line number of	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 85			
ıт	EMIZED RECEIPTS		or each category of the	(check only one)			
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
abla	NAME OF COMMITTEE (In Full)						
\rangle	American Optometric Association Politic	al Action (Committee				
Α.	Full Name (Last, First, Middle Initial) Dr Joanne Hendrick			Date of Receipt			
	Mailing Address Po Box 509			06 26 4 2007			
	City	State	Zip Code	Transaction ID: 26152716			
	Monument	CO	80132	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For: Primary General		Year-to-Date ▼				
	Other (specify)		500.00				
В.	Full Name (Last, First, Middle Initial) Dr David P Guhl			Date of Receipt			
	Mailing Address 5170 Wild Rose Lane			0 6 2 6 2 0 0 7			
	City	State	Zip Code	Transaction ID: 26152717			
	Colorado Sprngs	CO	90918	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:		Year-to-Date ▼				
	Primary General	33 -3					
	Other (specify) ▼		500.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr Warren Stephen Johnson			Date of Receipt			
	Mailing Address 4586 Barfield Rd			M M / D D / Y Y Y Y Y O O O O O			
	City	State	Zip Code	Transaction ID: 26152718			
	Memphis	TN	38117-2414	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	33.17	100.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1265.00				
s	UBTOTAL of Receipts This Page (optional)			1100.00			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 85 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) Dr Thomas William Dawson Mailing Address 528 Sw 1St Court City Crystal River FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code FL 34429 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / 26 / 2007 Transaction ID: 26152720 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr Cynthia Ann Gillum Mailing Address 4425 Champions View City Colorado Springs	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Dr Terence M Warren Mailing Address 222 Windsor Park Drive P O Box 247 City Dobson FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NC 27017 C Occupation Doctor of Optometry Aggregate Year-to-Date 550.00	Date of Receipt M M M / 26 / 2007 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 of	only)	

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SCHEDULE A (FEC F	orm 3X)	Llas apparata aphadula(a)	FOR LINE NUMBER: PAGE 52 / 85
ITEMIZED RECEIPTS	•	Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and Statements n		, not be cold or used by any par	13 14 15 16 17
or for commercial purposes, other	than using the name and add	dress of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Fi	•	o '''	
American Optometric Ass	ociation Political Action (Committee	
Full Name (Last, First, Middle I A. Dr Richard E Dowdell	nitial)		Date of Receipt
Mailing Address 2965 Heat	h Road		0 6 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26157503
Macon	GA	31206-5268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary Genera		365.00	
Other (specify) ▼			_
Full Name (Last, First, Middle I B. Dr Monique R Mikula	nitial)		Date of Receipt
Mailing Address 1711 Mont	tview Road		06 27 2007
City	State	Zip Code	Transaction ID: 26157509
Greeley	CO	80631-5348	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:		e Year-to-Date ▼	
Primary Genera	00 0		7
Other (specify) ▼		500.00	
Full Name (Last, First, Middle I C. Dr John Todd Cornett	nitial)		Date of Receipt
Mailing Address 1301 Sher	man Trail		0 6 27 2 0 0 7
City	State	Zip Code	Transaction ID: 26157510
Amarillo	TX	79124-3759	Amount of Each Receipt this Period
FEC ID number of contributing		10.2.0.00	
federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
Receipt For:		e Year-to-Date ▼	\dashv
Primary Genera	""		
Other (specify)	0 0	500.00	
SUBTOTAL of Receipts This Page	ge (optional)		1365.00

TOTAL This Period (last page this line number only)

PAGE 53 / 85 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr J. Michael Weil Date of Receipt Mailing Address 2653 Wimbledon Point Dr 06 27 2007 Zip Code City State Transaction ID: 26157512 Virginia Beach VA 23454-1171 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Kerry L Beebe Date of Receipt Mailing Address 12906 Knollwood Drive 0 6 27 2007 City Zip Code State Transaction ID: 26157515 Baxter MN 56425-8373 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Karen L Preston Date of Receipt Mailing Address 1432 166Th Place Ne 2007 06 27 Zip Code City State Transaction ID: 26157529 Bellevue WA 98008 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 85
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)
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				13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politica	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Teruo Watanabe			Date of Receipt
	Mailing Address 3311 S Olaf Hill Dr			06 27 7 2007
	City	State	Zip Code	Transaction ID: 26157530
	Hacienda Hghts	CA	91745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Dr David B Gaudreau			Date of Receipt
	Mailing Address 71 R I Line Road			0 6 2 7 2 0 0 7
	City	State	Zip Code	Transaction ID: 26157534
	Putnam	CT	06260	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self Employed	Occupation	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	, iggi ogalo	Tour to Buto V	1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Neal S Jessup			Date of Receipt
	Mailing Address 4018 Horsepen Mtn Drive)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26157535
	Vinton	VA	24179-1128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			350.00
	Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		350.00	
	UBTOTAL of Receipts This Page (optional)		_	965.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 55 / 85
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Stephen Robert Belanger			Date of Receipt
	Mailing Address 9040 Rolling Hill Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26157537
	Holland	ОН	43528-9205	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	7 199. 09u.0		1
	Other (specify)	l	365.00	
В.	Full Name (Last, First, Middle Initial) Dr James Douglas Hemmig			Date of Receipt
	Mailing Address 4208 Shadow Lane			M M / D D / Y Y Y Y
				06 27 2007
	City	State	Zip Code	Transaction ID: 26157538
	Niceville	<u>FL</u>	32578	Amount of Each Receipt this Period
	FEC ID number of contributing		0 0 0 0	250.00
	federal political committee.	С		250.00
	Name of Employer	Occupation		_
	Self Employed		Optometry	
	Receipt For:		Year-to-Date V	
	Primary General	riggrogato	Total to Bate V	1
	Other (specify) ▼		250.00	
		0 0		
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Robert Carl Layman			Date of Receipt
	Mailing Address 4937 Homerdale Avenue)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26157540
	Toledo	ОН	43623-2930	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation	1	
	Seir Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	000.00	1
	Other (specify)		300.00	
				045.00
s	UBTOTAL of Receipts This Page (optional)			915.00
\vdash			·	

PAGE 56 / 85 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Robert W Anderson, Jr Date of Receipt Mailing Address 1004 Brentwood Dr 06 27 2007 City State Zip Code Transaction ID: 26157541 Lufkin TX 75901 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Sheilah S Titus Date of Receipt Mailing Address 2520 Greens Landing Ct 0 6 27 2007 City State Zip Code Transaction ID: 26157549 Cameron Park CA 95682-8639 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Stephen Brent Clark Date of Receipt Mailing Address 10 Trenton Street 2007 06 27 Citv State Zip Code Transaction ID: 26159766 Chattanooga TN 37415 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 85 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		o	
/	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr James J Hess			Date of Receipt
	Mailing Address 9209 Tewsbury Gate			M M / D D / Y Y Y Y
	City	State	Zip Code	0 6 2 7 2 0 0 7 Transaction ID: 26159776
	Maple Grove	MN	55311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		175.00
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
— В.	Full Name (Last, First, Middle Initial) Dr Michael J Veliky			Date of Receipt
	Mailing Address 150 Woodhaven Drive			0 6 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 26161815
	Wayne	NJ	07470-5100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Arol R Augsburger			Date of Receipt
	Mailing Address 3315 South Throop			0 6 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: 26162046
	Chicago	<u> </u>	60608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry e Year-to-Date ▼	_
	Primary General	Aggregate	; rear-lu-Dale ▼	1
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional))	1175.00

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 58 / 85
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and Sta	atomonte may	y not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
	American Optometric Association Politi	ool Action (Committee	
	American Optometric Association Foliti	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Kenneth S Lawenda			Date of Receipt
	Mailing Address 8210 Santa Monica Blve			M M / D D / Y Y Y Y
		-		06 28 2007
	City	State	Zip Code	Transaction ID: 26162048
	West Hollywood	CA	90046-5913	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation		
	-		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1500.00	1
	Other (specify)	0 0	1000.00	J.
В.	Full Name (Last, First, Middle Initial) Dr Allan J Hudson			Date of Receipt
Ь.				─ │
	Mailing Address 1285 Ne Lynch			06 28 2007
	City	State	Zip Code	Transaction ID: 26162049
	Redmond	OR	97756	Amount of Each Receipt this Period
		OII	97730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer	Occupation	า	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr Kevin L Alexander			Date of Receipt
	Mailing Address 8830 Walnut Trail			06 28 2007
	City	Ctoto	Zin Codo	
	City	State	Zip Code	Transaction ID: 26162050
	Sylvania	OH	43560-8990	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			
	Name of Employer	Occupation	<u> </u>	┪
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	1	300.00	
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s	UBTOTAL of Receipts This Page (optional)			1550.00
\vdash	ago (optional)			-

SCHEDULE A (FEC Form 3X)	Use separ	ate schedule(s)	FOR LINE NUMBER: PAGE 59 / 85		
ITEMIZED RECEIPTS		tegory of the	(check only one)		
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			13 14 15 16 17		
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold o me and address of any p	or used by any person olitical committee to s	of for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	а а				
American Optometric Association Politic	al Action Committee				
/ American optometric Accordation Folitic	ar Action Committee				
Full Name (Last, First, Middle Initial)					
A. Dr Elliott M Rosengarten			Date of Receipt		
Mailing Address 7135 Shefford Lane			06 28 2007		
City	State Zip Code	<u> </u>	Transaction ID: 26162052		
Louisville	KY 40242-2		Amount of Each Receipt this Period		
FEC ID number of contributing					
federal political committee.			125.00		
	0 "		-		
Name of Employer Self Employed	Occupation Doctor of Optometry				
Receipt For:	Aggregate Year-to-Date	▼	-		
Primary General	Aggregate rear-to-bate				
Other (specify)		250.00			
care (epocary) 🗸	0 0 0 0				
Full Name (Last, First, Middle Initial)			1		
Dr Steven Arthur Loomis			Date of Receipt		
Mailing Address 40 Pin Oak Drive	06 28 2007				
City	State Zip Code	<u> </u>			
Littleton	CO 80127-4		Transaction ID: 26162056 Amount of Each Receipt this Period		
	00 00127-4	321	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			500.00		
·					
Name of Employer Self Employed	Occupation				
	Doctor of Optometry		4		
Receipt For: Primary General	Aggregate Year-to-Date	•			
Other (specify) ▼		500.00			
Curior (openity)	0 0 0 0				
Full Name (Last, First, Middle Initial)			1		
Dr James Mikeal Wohlgemuth			Date of Receipt		
Mailing Address 210 Betty L Lane			06 29 2007		
P O Box 609 City	State Zip Code	<u> </u>	Transaction ID: 26168115		
Burleson	TX 76028-3		Amount of Each Receipt this Period		
FEC ID number of contributing					
federal political committee.	C		365.00		
Name of Employer	Occupation		4		
Name of Employer Self Employed	Doctor of Optometry				
Receipt For:	Aggregate Year-to-Date		†		
Primary General	33. 13.10 Tal to Buto				
Other (specify)		365.00			
SUBTOTAL of Receipts This Page (optional)			990.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		PAGE 60/85
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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					5 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting solicit contributions from suc	contributions h committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Optometric Association Politic	cal Action (Committee		
Α.	Full Name (Last, First, Middle Initial) Dr Christine A Leska			Date of Receipt	
	Mailing Address 1103 3-1/2 Avenue Nw			0 6 2 9	2007
	City	State	Zip Code	Transaction ID: 2616	8117
	Byron	MN	55920-1384	Amount of Each Receip	
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	1	
	Receipt For:		Year-to-Date ▼	7	
	Primary General				
	Other (specify) ▼	0 0	500.00		
В.	Full Name (Last, First, Middle Initial) Dr Shaye S Hurd			Date of Receipt	
	Mailing Address 102 Dominion Circle			0 6 2 9	2007
	City	State	Zip Code	Transaction ID: 2616	8118
	Goose Creek	SC	29445-5512	Amount of Each Receip	ot this Period
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	1	
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr Robert Whitney Wyman			Date of Receipt	
	Mailing Address 451 Swanzey Lake Road	t		0 6 2 9	2007
	City	State	Zip Code	Transaction ID: 2616	8122
	W Swanzey	NH	03469	Amount of Each Receip	
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry]	
	Receipt For:		Year-to-Date ▼		
	Primary General		300.00		
	Other (specify)				
s	UBTOTAL of Receipts This Page (optional)		>		900.00

PAGE 61 / 85 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 17 13 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) Dr Staci Perea McMullen Date of Receipt Mailing Address 220 Holbrook St 06 29 2007 City State Zip Code Transaction ID: 26168124 Colorado Sprgs CO 80921 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Maurice E Zadeh Date of Receipt Mailing Address 4498 Chattahoochee Pln Dr 0 6 29 2007 City State Zip Code Transaction ID: 26168127 Marietta GA 30067-4672 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Gary Walter Upchurch Date of Receipt Mailing Address 216 Oak Street 2007 06 29 Citv State Zip Code Transaction ID: 26168128 Byrdstown TN 38549-2444 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

City

City

Pontiac

Receipt For:

Primary

Other (specify)

General

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

PAGE 62/85 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 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 Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Nancy A Stehlik Mailing Address 2701 Zambia Dr 06 07 2007 State Zip Code Transaction ID: 26202566 Cedar Park TX 78613-1554 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Family Eye Care of Pontiac, LLC Date of Receipt Mailing Address 320 N Ladd Street 06 12 2007 State Zip Code Transaction ID: 26205025 IL 61764 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation

1000.00

SUBTOTAL of Receipts This Page (optional)	•	1365.00
TOTAL This Period (last page this line number only)	•	55640.81

Aggregate Year-to-Date ▼

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

S	SCHEDULE A (FEC Form 3X)		Llas asperata asbadula(a)	FOR LINE NUMBER: PAGE 63 / 85
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 X 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action (Committee	
۹.	Full Name (Last, First, Middle Initial) United Bank			Date of Receipt
	Mailing Address 3801 Wilson Blvd.			06 26 2007
	City	State	Zip Code	Transaction ID: 26170056
	Arlington	VA	22203-1919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1126.68
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	3393.17	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 FOIII 3X)	Use seperate schedule(s)	FOR LINE (check only		F	PAGE 64/	85
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 28a	23 24 28b 28c	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam						ıs
NAME OF COMMITTEE (In Full) American Optometric Association Political	· · · · · · · · · · · · · · · · · · ·					
Full Name (Last, First, Middle Initial) Bank of America				tion ID: 26200 Disbursement	450 Ý Ž 0 Ď 7	7 ^Y
Mailing Address PO Box 790251			0 0	Ų I	200	
City St. Louis	State Zip Code MO 63179		Amount o	of Each Disburs		
Purpose of Disbursement Bank of America Fees 06/01/2007 Candidate Name		001 Category/			1817.	70
Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)	Туре	Bank of 1/2007	America Fee	s 06/0-	
Full Name (Last, First, Middle Initial) Bank of America			Date of D	ion ID: 26200 Disbursement		
Mailing Address PO Box 790251			06	01	žoŏ	7 ^Y
City St. Louis	State Zip Code MO 63179		Amount o	of Each Disburs		
Purpose of Disbursement Bank of America Fees 06/01/2007 Candidate Name		001 Category/ Type			0.	01
Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)		Bank of 1/2007	America Fee	s 06/0-	
Full Name (Last, First, Middle Initial) Bank of America			Date of D	ion ID: 26200 Disbursement	452	
Mailing Address PO Box 790251			0 ^M 6 M	$\begin{bmatrix} 0 & 4 \end{bmatrix}$	y žoó	7 ^Y
City St. Louis	State Zip Code MO 63179		Amount o	of Each Disburs	ement this	Period
Purpose of Disbursement Discover Service Fee 06/04/07		001			71.	19
Candidate Name		Category/ Type				
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		Discover 4/07	Service Fee	06/0-	
SUBTOTAL of Disbursements This Page (optional)					1888.	90
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC FOIII 3X)	Use seperate schedule(s) (check of	NE NUMBER: PAGE 65 / 85		
ITEMIZED DISBURSEMENTS	Detailed Summary Page X 21b 27	22 23 24 25 26 28a 28b 28c 29 30		
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) American Optometric Association Politica	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 26200453 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 790251		06 05 2007		
City St. Louis	State Zip Code MO 63179	Amount of Each Disbursement this Period		
Purpose of Disbursement American Express Fee 6/05/07 Candidate Name	001 Category/ Type	107.31		
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼	American Express Fee 6/05- /07		
Full Name (Last, First, Middle Initial) B. Wachovia Federal		Transaction ID: 26170054 Date of Disbursement		
Mailing Address 1650 Tyson Blvd.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City McLean	State Zip Code VA 22102	Amount of Each Disbursement this Period		
Purpose of Disbursement Wachovia Federal Service Fee 06/11/07				
Candidate Name	Category/ Type			
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	Wachovia Federal Service Fee 06/11/07		
Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 26200454 Date of Disbursement		
Mailing Address PO Box 790251		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City St. Louis	State Zip Code MO 63179	Amount of Each Disbursement this Period		
Purpose of Disbursement Bank of America Fees 06/05/2007 Candidate Name	001 Category/	27.04		
Office Sought: House Senate President State: District:	Type sement For: Primary General Other (specify)	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		

SCHEDOLL B (I LOT OHII 3A)	Use seperate schedule(s)			E NUMBE	:K:	_ F	AGE	66 / 8	5			
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American Optometric Association Political	Action Committee											
Full Name (Last, First, Middle Initial)				Trans	action	ID : 26018	298					
Lautenberg For Senate						ursement	V V	V .	V			
Mailing Address Riverfront Plaza Station PO Box 200596				0 ^M 6		05	2	0 Ď 7				
City Newark	State Zip Code NJ 07102			Amou	ınt of Ea	ach Disburs	ement	this P	eriod			
Purpose of Disbursement			-	1 L.			1	0.00	0			
Candidate Contribution		01										
Candidate Name Sen. Frank R. Lautenberg		Categ Typ										
Office Sought: House X Senate President Disburse X			Cand	idate C	Contributio	on						
State: NJ District: Full Name (Last, First, Middle Initial)				_			070					
3. Lautenberg For Senate						ID: 26095 ursement	2/3					
Mailing Address Riverfront Plaza Station PO Box 200596				0 ^M 6	Y							
City Newark	State Zip Code NJ 07102			Amou	Amount of Each Disbursement this Period							
Purpose of Disbursement Void - Originally report 5/29/07	Γ	0.1	1		-1000.00							
Candidate Name Sen. Frank R. Lautenberg	L	01 Categ Typ	ory/	1								
	ment For: 2008 Primary General Other (specify)			Void - Originally report 5/29/07								
Full Name (Last, First, Middle Initial)						ID: 26113	229					
Mike Ferguson For Congress				Date	of Disbu	ursement	V ° V		V			
Mailing Address 4 Alston Court				0 6		^D 1 9 /		0 ŏ 7				
City Red Bank	State Zip Code NJ 07701			Amou	ınt of Ea	ach Disburs	ement	this P	eriod			
Purpose of Disbursement Candidate Contribution	Γ	01	1	† L.			1	0.000	0			
Candidate Name Michael Ferguson		Categ	ory/									
· —	ment For: 2008 Primary General Other (specify)			Cand	idate C	Contributio	on					
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or for comm			- 1		27	28a	Ħ	28b	igsquare	8c	29	26 30b
NAME												S
I \		e and address of any politica	ı com	nmı	ittee to so	DIICIT CONT	ributi	ons tro	om su	cn con	ımıttee	
/	DF COMMITTEE (In Full) an Optometric Association Political	Action Committee										
_	ne (Last, First, Middle Initial)					Trans	sacti	on ID:	2611	13270		
A. Congre	essman Bart Gordon Committee						_	sburse				
Mailing /	Address P.O. Box 2008					06 19 / 2007						
City		State Zip Code				Amou	ınt of	Each	Disbu	ırseme	nt this I	Period
Murfree		TN 37133	1				-			•	1500.	00
	of Disbursement te Contribution		011				-			-	1000.	
	te Name art Gordon		Ca		gory/							
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	ne (Last, First, Middle Initial)					Tuese	41	ID-	0011	10000		
_	anger Campaign Fund					Date		sburse	ement		Y Y	Y
Mailing /	Address 715 Jones Street Suite 1	01				0 6		1	9 /	Ľ.	žoŏ	7
City Fort W	orth	State Zip Code TX 76102				Amou	ınt of	Each	Disbu	ırseme	nt this	
	Purpose of Disbursement Candidate Contribution 011						0				1000.	00
	Candidate Name Rep. Kay Granger Category/ Type											
Office S	Senate X President	ement For: 2008 Primary General Other (specify)				Cand	idate	e Cor	ntribu	tion		
Full Nan	ne (Last, First, Middle Initial) y Baldwin For Congress									13158		
	y baldwill i or congress					M	M /	sburse	D /		Y Y	Y
Mailing /	Address P.O. Box 696					0.6		1	9		ž 0 ŏ 7	
City Madiso	on	State Zip Code WI 53701				Amou	ınt of	Each	Disbu	ırseme	nt this I	
	of Disbursement te Contribution			01	11	L.		•		•	1000.	00
	te Name ammy Baldwin			ate Ty	gory/ pe							
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	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)				R LINE NUMBER: PAGE 6 ck only one)				68 /	85				
	EMIZED DISBURSEMENTS	Detailed \$	category of the Summary Page		È	21b 27	22 28	a Ba	X	23 28l	b	24 28	Sc	25 29		26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name														าร	
\setminus	NAME OF COMMITTEE (In Full)		<u> </u>													
$ \rangle$	American Optometric Association Political	Action Co	mmittee													
Α.	Full Name (Last, First, Middle Initial) Mary Bono Committee						Transaction ID: 26113363 Date of Disbursement									
	Mailing Address P.O. Box 3370						ď	6	М	/	^D 1 9	9 /	Υ	ž 0 Ŏ	7 ^Y	
		State CA	Zip Code 92263				An	nou	nt o	f Ea	ach D	isbur	seme	nt this	Perio	t
	Purpose of Disbursement Candidate Contribution			Г	0	11								2500.	00	_
	Candidate Name Rep. Mary Bono			С		gory/ pe										
	Senate X President	Senate X Primary General President Other (specify) ▼						Candidate Contribution								
_	State: CA District: 45 Full Name (Last, First, Middle Initial)						Tra	ans	acti	ion	ID: 2	2611	3230			
B.	Friends Of Lois Capps								of D		ırsen	D /	Υ	ž 0 Ŏ	7 Y	
	Mailing Address PO Box 23940	Ctoto	7in Codo							<u> </u>	^					
	Santa Barbara	State CA	Zip Code 93121				An	nou	nt o	ī Ea	ach L	risbur	seme	nt this		ג
	Purpose of Disbursement Candidate Contribution Candidate Name				0			•						1000.		
	Rep. Lois Capps			C		gory/ pe										
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<u> </u>	Full Name (Last, First, Middle Initial) Friends Of Rosa Delauro											-	3157			
	Mailing Address 12 Trumbull Street						Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
		State	Zip Code				An	nou	nt o	f Ea	ach D	isbur	seme	nt this	Perio	d
	New Haven Purpose of Disbursement	СТ	06511	_		'	[1000	00	
	Candidate Contribution Candidate Name Rep. Rosa L. DeLauro			С	ate	gory/										
	Office Sought: X House Disburse	ement For: Primary Other (spe	2008 General		.,	<u> </u>	Ca	ndi	dat	te C	Conti	ributi	on			
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NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee								
Full Name (Last, First, Middle Initial)			Transaction	n ID : 2611339	94				
Inslee For Congress			Date of Disk						
Mailing Address PO Box 33027			06	1 9 / Y	ž 0 ŏ 7	Y			
City Seattle	State Zip Code WA 98133		Amount of E	ach Disbursen	nent this P	eriod			
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Candidate Name Rep. Jay Inslee		Category/ Type							
Office Sought: X House Disbursi Senate X President State: WA District: 1		Candidate Contribution							
Full Name (Last, First, Middle Initial)			Tururration	ID- 0011007	70				
3. Ron Lewis For Congress			Date of Disk			V			
Mailing Address PO Box 307			0 6 1	1 9 / Y	ž 0 ŏ 7				
City Elizabethtown	State Zip Code KY 42702		Amount of Each Disbursement this Period						
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Candidate Name Rep. Ron Lewis		Category/ Type							
X III	ement For: 2008 Primary General Other (specify)		Candidate Contribution						
Full Name (Last, First, Middle Initial)			T	- ID 0044007	77				
Linder For Congress			Date of Disk		7				
Mailing Address P. O. Box 4026			06	1 9 / Y	ž 0 ŏ 7	Y			
City Duluth	State Zip Code GA 30096		Amount of E	ach Disbursen	nent this P	eriod			
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Candidate Name Rep. John Linder		Category/ Type							
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· \	NAME OF COMMITTEE (In Full) American Optometric Association Politica	Action Committee												
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	Full Name (Last, First, Middle Initial)						Trans			_	_	64		
Λ.	Friends Of Joe Pitts							of D м	isburs		nt	,	V	V
Ī	Mailing Address PO Box 775						0 6	IVI		1 9	′ L'	2	οŏ	7 '
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	Unionville	PA 19375					Τ.		-			1	500.	00
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	Candidate Name				gory/	-								
	Rep. Joseph R. Pitts			Ту	/ре									
(X	sement For: 2008 X Primary General					Cand	idat	e Co	ntrib	ution	1		
	President State: PA District: 16	Other (specify)												
	Full Name (Last, First, Middle Initial)										4404			
_	Ryan For Congress							of D	isburs	eme				
Ī	Mailing Address P. O. Box 1919						0 ^M 6	М	/ D	1 9	/ L	ž	0 ŏ 7	7 ^Y
	City Janesville	State Zip Code WI 53547					Amou	ınt o	f Each	n Dis	burse	men	t this	Period
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	Candidate Name Rep. Paul Ryan				egory/									
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;	State: WI District: 1	Canon (opening)												
_	Full Name (Last, First, Middle Initial) Schiff For Congress						Trans		on ID			99		
Ī	Mailing Address 777 S. Figueroa St.							М	/ D	1 9	/ Y	ž	οŏ	7 ^Y
-	Suite 4050 City	State Zip Code					Amoi	ınt o	f Each	n Die	hurse	men	t this l	Period
	Los Angeles	CA 90017					711100		Laoi	1 010	buise			
	Purpose of Disbursement Candidate Contribution			0	11		L.					. 1	000.	00
	Candidate Name Rep. Adam B. Schiff				egory/									
	Senate President	sement For: 2008 X Primary General Other (specify)					Cand	idat	e Coi	ntrib	ution	1		
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American Optometric Association Politica	I Action Committee									
Full Name (Last, First, Middle Initial)			Transaction ID: 26113289							
Solis For Congress			Date of Disbursement	v						
Mailing Address 6380 Wilshire Blvd. #16	12		06 06 7 19 7 2007							
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Los Angeles Purpose of Disbursement	CA 90048		1000.0	0						
Candidate Contribution		011		-						
Candidate Name Rep. Hilda L. Solis	C	Category/ Type								
X X	ement For: 2008 Primary General Other (specify)		Candidate Contribution							
Full Name (Last, First, Middle Initial)			Tuesday ID 00440000							
Souder For Congress Inc.			Transaction ID: 26113233 Date of Disbursement	V						
Mailing Address P.O. Box 40233			06 19 7 2007							
City Fort Wayne	State Zip Code IN 46804		Amount of Each Disbursement this Pe	-						
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X	ement For: 2008 Primary General Other (specify)	71	Candidate Contribution							
Full Name (Last, First, Middle Initial) Spratt For Congress Committee			Transaction ID: 26113220 Date of Disbursement							
			M M / D D / Y Y Y	Υ						
Mailing Address PO Box 830										
City York	State Zip Code SC 29745		Amount of Each Disbursement this Pe	eriod						
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Candidate Name Rep. John M. Spratt, Jr.	Candidate Name Category/									
	ement For: 2008 Primary General Other (specify)		Candidate Contribution							
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American Optometric Association Political	Action Committee							
Full Name (Last, First, Middle Initial)			Transaction ID: 2					
Friends Of John Tanner			Date of Disburser					
Mailing Address Post Office Box 1994			06 1	9 2007				
•	State Zip Code		Amount of Each [Disbursement this Period				
Union City Purpose of Disbursement	TN 38281			1000.00				
Candidate Contribution		011						
Candidate Name Rep. John S. Tanner		Category/ Type						
X	ment For: 2008 Primary General Other (specify)		Candidate Cont	ribution				
Full Name (Last, First, Middle Initial)				20112027				
Friends Of Bennie Thompson			Transaction ID: 2 Date of Disburser	ment				
Mailing Address P.O. Box 100			06 1	9 7 2007				
City Bolton	State Zip Code MS 39041		Amount of Each [Disbursement this Period				
Purpose of Disbursement Candidate Contribution	Г	011	1000.00					
Candidate Name Rep. Bennie G. Thompson		Category/ Type						
v /	ment For: 2008 Primary General Other (specify)		Candidate Contribution					
Full Name (Last, First, Middle Initial)			Transaction ID: (06110001				
Congressman Waxman Campaign Comm	ttee		Transaction ID: 2 Date of Disburser	ment				
Mailing Address 6380 Wilshire Blvd. #161	2		06 1	9 7 2007				
City Los Angeles	State Zip Code CA 90048		Amount of Each [Disbursement this Period				
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Candidate Name Rep. Henry A. Waxman		Category/ Type						
	ment For: 2008 Primary General Other (specify)		Candidate Cont	ribution				
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American Optometric Association Po	cal Action Committee												
Full Name (Last, First, Middle Initial)						Trans	sact	ion II	D: 26	3113	306		
Robert Wexler For Congress Commit	е					Date	_						
Mailing Address Post Office Box 810	69					0 6	М	/ D	19]	Ý 2	žoŏ	7 *
City	State Zip Code					Amou	ınt c	of Eac	h Di	sburs	eme	nt this	Period
Boca Raton	FL 33431									•		1000.	00
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Candidate Name Rep. Robert Wexler		Ca		gory/									
Office Sought: X House Senate President State: FL District: 19	rsement For: 2008 X Primary General Other (specify) ▼	•				Cand	idat	te Co	ontri	butio	on		
Full Name (Last, First, Middle Initial)						Tron	200	ion II	7. 26	2110	400		
Wynn For Congress						Trans Date			sem	ent		YYY	Υ
Mailing Address P.O. Box 39139						0 6		L	19		2	ŽOŎ	7
City Washington	State Zip Code DC 20016					Amou	ınt c	f Eac	h Di	sburs			Period
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Candidate Name Rep. Albert Russell Wynn		Ca	-	gory/									
Office Sought: X House Senate President State: MD District: 4	rrsement For: 2008 X Primary General Other (specify) ▼					Cand	idat	te Co	ontri	butio	on		
Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For Us Congr	SS					Trans Date					227		
Mailing Address 3729 Silsby Rd						0 ^M 6	М	/ D			Y	žoŏ	7 ^Y
City University Heights	State Zip Code OH 44118					Amou	ınt c	of Eac	h Di	sburs	semei	nt this	Period
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Candidate Name Rep. Stephanie Tubbs Jones			ate Ty	gory/ pe									
Office Sought: X House Senate President State: OH District: 11	x Primary General Other (specify) ▼	1				Cand	idat	te Co	ontri	butio	on		
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\rangle	American Optometric Association Politica	l Action Committee												
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 26	1133	98		
Α.	Friends Of Rahm Emanuel							of D	isburs		nt	V	· V	V
	Mailing Address P.O. Box 101124						0 ^M 6	IVI	′ [1	1 9	/ _ 1	ž	o ŏ 7	7 '
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	Chicago	IL 60610	1									5	000.	00
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	Candidate Name Rep. Rahm Emanuel		Ca	ate	egory/									
	The state of the s	ement For: 2008 C Primary General Other (specify)					Cand	idat	e Coi	ntrib	oution	l		
	Full Name (Last, First, Middle Initial)						Trans	eacti	on ID	. 26	1132	21		
В.	Friends Of Blanche Lincoln						Date		isburs	eme	_		Y	Y
	Mailing Address PO Box 3197						0 6		L	1 9		2	o ŏ 7	7
	City Little Rock	State Zip Code AR 72203					Amou	ınt o	f Each	n Dis	burse	-		
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	Candidate Name Sen. Blanche Lambert Lincoln		Ca	ate	egory/ pe	-								
	9 🗎 –	ement For: 2010 (Primary General Other (specify)					Cand	idat	e Coi	ntrib	oution	l		
	Full Name (Last, First, Middle Initial)						T		ID	- 00	1100	07		
C.	Brad Miller For United States Congress						Date		isburs	eme	11329 nt		· \/ ·	V
	Mailing Address P.O. Box 10322						0 6	IVI	′1	1 9		2	o ŏ 7	7
	City Raleigh	State Zip Code NC 27605					Amou	ınt o	f Each	n Dis	burse	ment	t this I	Period
	Purpose of Disbursement Candidate Contribution			Ó	11.	7	L.	-	-			1	000.	00
	Candidate Name Rep. Bradley Miller				egory/									
	Senate >	ement For: 2008 (Primary General Other (specify)	•				Cand	idat	e Coi	ntrik	oution	1		
	State: NC District: 13						_	_		_		_		
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American Optometric Association Political	Action Committee					
Full Name (Last, First, Middle Initial)				n ID: 2611339)5	
Marsha Blackburn For Congress Inc.			Date of Dis		V V	Y
Mailing Address PO Box 682185			06 6	1 9 / Y	ž 0 0 7	
City Franklin	State Zip Code TN 37068		Amount of I	Each Disbursen	nent this Pe	eriod
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Candidate Contribution		011				
Candidate Name Rep. Marsha Blackburn	'	Category/ Type				
X	ment For: 2008 Primary General Other (specify)		Candidate	Contribution		
Full Name (Last, First, Middle Initial)			Transactio	n ID: 2611332) Q	
3. Committee for a Democratic Majority			Date of Dis	bursement		V
Mailing Address 301 4th Street, N.E. Suite 202			0 6 7	1 9 / Y	ž 0 ŏ 7	
City Washington	State Zip Code DC 20002		Amount of I	Each Disbursen		-
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Committee Contribution Candidate Name		011 Category/ Type				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Committee	e Contributior	1	
Full Name (Last, First, Middle Initial)				n ID: 2611338	38	
Melissa Bean For Congress			Date of Dis		· V · V ·	v
Mailing Address Post Office Box 3068			0 6 1	1 9 / Y	ž 0 ŏ 7	
City Barrington	State Zip Code IL 60010		Amount of I	Each Disbursen	nent this Po	eriod
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Candidate Name Rep. Melissa L. Bean	١,	Category/ Type				
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NAME OF COMMITTEE (In Full)								
/ American Optometric Association Poli	ical Action Committee							
Full Name (Last, First, Middle Initial)			Transa	action ID:	261131	61		
Friends Of Dave Reichert				f Disburse		, v	V ° \	
Mailing Address P. O. Box 53322			0 6		9 /	20	ŏ̃7`	
City	State Zip Code		Amour	nt of Each	Disburse	ment th	nis Pe	eriod
Bellevue Purpose of Disbursement	WA 98015		-			100	00.00	0
Candidate Contribution		011						
Candidate Name		Category/						
Rep. David George Reichert Office Sought: X House Dis	oursement For: 2008	Туре	-					
Senate	Primary X General		Candid	date Cor	ntribution	1		
President	Other (specify) ▼							
State: WA District: 8								
Full Name (Last, First, Middle Initial) Kennedy For Senate 2012				action ID: of Disburse		55		
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Mailing Address 301 4th St Ne Suite	202		0.6		9	20	0 7	
City Washington	State Zip Code DC 20002		Amour	nt of Each	Disburse	ment th	nis Pe	eriod
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Candidate Contribution		011						
Candidate Name Sen. Edward M. Kennedy		Category/ Type						
	oursement For: 2012		Candi	date Cor	ntribution	,		
X Senate	X Primary General		Carion	Jale Coi	itiibutioi			
State: MA District:	Other (specify)							
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Progressive Choices PAC				f Disburse				
Mailing Address PO Box 58			06	/ D	9 /	ž0	ŏ7	Y
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Evanston	IL 60204		-			100	00.00)
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Candidate Name		Category/ Type						
	oursement For:		Comm	nittee Co	ntributio	n		
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American Optometric Association Political	Action Committee					
Full Name (Last, First, Middle Initial)			Transactio	on ID: 2611315	56	
Bob Corker For Senate				sbursement	· v · v ·	V
Mailing Address 518 Georgia Ave 2nd Flo	or		06	1 9 / Y	ž 0 ŏ 7	
City	State Zip Code		Amount of	Each Disburser	ment this P	eriod
Chatanooga Purpose of Disbursement	TN 37403				2500.0	0
Candidate Contribution		011				
Candidate Name Mr. Robert Corker		Category/ Type				
X Senate X President	ement For: 2012 Primary General Other (specify)		Candidate	• Contribution		
State: TN District:						
Full Name (Last, First, Middle Initial) Whitehouse 06				on ID: 2611317 sbursement	71	
Mailing Address PO Box 40280			06	1 9 / Y	ž 0 ŏ 7	Y
City Providence	State Zip Code RI 02940		Amount of	Each Disburser		
Purpose of Disbursement Candidate Contribution		011			2500.0	0
Candidate Name Mr. Sheldon Whitehouse		Category/ Type				
X Senate President X	ment For: 2006 Primary General Other (specify)		Candidate	Contribution		
State: RI District: 2006 D Full Name (Last, First, Middle Initial)	ebt Retirement				70	
Klein For Congress			Date of Dis	on ID: 2611327 sbursement		v
Mailing Address 21301 Powerline Road S	uite 204		06	19 / Y	ž 0 ŏ 7	
City Boca Raton	State Zip Code FL 33433		Amount of	Each Disburser	nent this P	eriod
Purpose of Disbursement Candidate Contribution		011			1000.0	0
Candidate Name Rep. Ronald Klein		Category/ Type				
	ment For: 2008 Primary General Other (specify)		Candidate	• Contribution		
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/ American Optometric Association Political	Action Committee										
Full Name (Last, First, Middle Initial)				Trans	saction	on ID:	261131	70			
Bachmann For Congress					of Di	sburse		,	V	V	
Mailing Address Box 49756				0 6	IVI /	1	9 /	2	0 ŏ 7		
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Full Name (Last, First, Middle Initial)				Trans	sactio	on ID:	261132	87			
Friends Of Phil Hare				Date	of Di	sburse	ment				
Mailing Address 313 17th Street P.O. Box 4183				0 ^M 6	M /	1	9 /	ž	0 ŏ 7	Y	
City Rock Island	State Zip Code IL 61202			Amou	unt of	Each	Disburse	ement	this P	erio	t
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Candidate Name Mr. Philip Hare		Categ Typ	•								
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Full Name (Last, First, Middle Initial)				Trans	sactio	on ID:	261133	89			_
Walberg For Congress						sburse					
Mailing Address 6769 Teachout Rd.				0 ^M 6	M /	1	9 /	ž	0 ŏ 7	Y	
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American Optometric Association Politica	l Action Committee								
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Patrick Murphy For Congress					Disburse				_
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City Levittown	State Zip Code PA 19058			Amoun	t of Each	Disburse	ement	this P	eriod
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Rep. Patrick Murphy		Category/ Type							
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3. SYNERGY PAC					Disburse		.0_		
Mailing Address 6849 Old Dominion Driv	/e			0 6 M	/ D	9 /	ž	0 ŏ 7	Y
City McLean	State Zip Code VA 22101			Amoun	t of Each	Disburse	ement	this P	eriod
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Hall For Congress Committee					Disburse	: 261189 ement	100		
Mailing Address Post Office Box 711				0 ^M 6 M	[/] 2	20 /	ž	0 ŏ 7	Y
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	e and address of any political col	ITIITIILLEE TO SO	icit contributions from suc	ar committee
NAME OF COMMITTEE (In Full) American Optometric Association Politica	Action Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: 2611	7437
Friends Of Jim Clyburn			Date of Disbursement	
Mailing Address PO Box 12567			06 / 20	y žoŏ7
City	State Zip Code		Amount of Each Disbur	rsement this Period
Columbia Purpose of Disbursement	SC 29211			2500.00
Candidate Contribution		011		
Candidate Name Rep. James E. Clyburn	C	Category/ Type		
X	ement For: 2008 Primary General Other (specify)		Candidate Contributi	ion
Full Name (Last, First, Middle Initial)				
3. Diana Degette For Congress Inc.			Transaction ID: 26119 Date of Disbursement	9709
Mailing Address P.O. Box 61337			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix}$	2007
City	State Zip Code		Amount of Each Disbur	reamont this Pariod
Denver	CO 80206		Amount of Each Disbut	
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Candidate Name Rep. Diana DeGette		Category/ Type		
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Full Name (Last, First, Middle Initial)			Transaction ID: 2612	0633
Reynolds For Congress			Date of Disbursement	0023
Mailing Address PO Box 15388 Pittsford			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix}$	^Y 2007
City Rochester	State Zip Code NY 14615		Amount of Each Disbur	rsement this Period
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Candidate Name Rep. Thomas M. Reynolds		Category/ Type		
	ement For: 2008 Primary General Other (specify)		Candidate Contributi	ion
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American Optometric Association Political	Action Committee					
Full Name (Last, First, Middle Initial)				on ID: 261206	26	
Committee To Re-Elect Nydia M. Velazque	z To Congr.			sbursement	V V	V
Mailing Address 315 Inspiration Lane			06	^D 20 / Y	ž 0 0 7	
,	State Zip Code		Amount of	Each Disburse	ment this P	eriod
Gaithersburg Purpose of Disbursement	MD 20878				1500.0	0
Candidate Contribution		011				
Candidate Name Rep. Nydia M. Velazquez	C	Category/ Type				
Office Sought: X House Senate President State: NY District: 12	nent For: 2008 Primary General Other (specify)		Candidate	e Contribution	ı	
Full Name (Last, First, Middle Initial)				ID 004000		
3. Michael Burgess For Congress			Date of Dis	on ID: 261206 sbursement		V
Mailing Address PO Box 2334			06	20	ž 0 ŏ 7	Ť
,	State Zip Code TX 76202		Amount of	Each Disburse		-
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Candidate Name Rep. Michael C. Burgess, M.D.	C	Category/ Type				
President	ment For: 2008 Primary General Other (specify)		Candidate	e Contribution	ı	
State: TX District: 26						
Full Name (Last, First, Middle Initial) Thelma Drake For Congress			Date of Dis	on ID: 261202 sbursement		
Mailing Address P.O. Box 61480			06		ž 0 ŏ 7	Y
,	State Zip Code VA 23466		Amount of	Each Disburse	ment this P	eriod
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Candidate Name Rep. Thelma D. Drake		Category/ Type				
Office Sought: X House Senate President State: VA District: 2	ment For: 2008 Primary General Other (specify)		Candidate	e Contribution	1	
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Full Name (Last, First, Middle Initial)				Transa	action ID	: 261206	327			
Carney For Congress				Date o	f Disburs		V V		V	
Mailing Address PO Box A				0 6		20	2	0 Ď 7		
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Clarks Summit Purpose of Disbursement	PA 18411						2	0.00	0	٦
Candidate Contribution		011								_
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Mr. Christopher Carney Office Sought: X House Disbur	sement For: 2008	Туре								
	X Primary General			Candid	date Co	ntributio	n			
President	Other (specify)									
State: PA District: 10										
Full Name (Last, First, Middle Initial) 3. Perlmutter For Congress					action ID	: 261206	353			
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Mailing Address 3440 Youngfield St #26	34			0 6		20	2	007	_	
City Wheat Ridge	State Zip Code CO 80033			Amour	nt of Each	n Disburse	ement	this P	erio	t
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	X Primary General			Candio	aale Co	ntributio	n			
President State: CO District: 7	Other (specify)									
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Castor For Congress					f Disburs) _ 4			
Mailing Address 301 W. Platt Street #38	25			0 6 N	/ D	20 /	Y Y	0 ŏ 7	Υ	
JOT W. Fratt Street #30										
City Tampa	State Zip Code FL 33606			Amour	nt of Each	Disburse	ement	this P	erio	t L
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Candidate Name Rep. Katherine Castor		Category/ Type								
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American Optometric Association Political	Action Committee									
Full Name (Last, First, Middle Initial)				Trans	sactio	n ID:	261173	67		
Keeping America's Promise, Inc.						burse		/ · V	V	V
Mailing Address 10 G Street, N.E. Suite 710				0 ^M 6	,	^D 2	Ŏ	2	0 ŏ 7	
	State Zip Code DC 20002			Amou	unt of	Each I	Disburse	ement	this Pe	eriod
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Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc						on ID: : sburse	261273	16		
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Mailing Address PO Box 1859				0.6						
,	State Zip Code SD 57101			Amou	unt of	Each	Disburse	ement	this Pe	eriod
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Full Name (Last, First, Middle Initial) Jenny Oropeza For Congress					of Dis	burse				_
Mailing Address 6380 Wilshire Blvd #1612	2			0 6	M /	^D 2	2 /	ž	0 ŏ 7	Y
,	State Zip Code CA 90048			Amou	unt of	Each I	Disburse	-		-
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American Optometric Association Political	Action Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: 2	
Tim Johnson For South Dakota Inc			Date of Disburser	
Mailing Address PO Box 1859			06 7 2	6 7 2007
	itate Zip Code SD 57101		Amount of Each [Disbursement this Period
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Candidate Name Sen. Tim Johnson		Category/ Type		
President	nent For: 2008 Primary General Other (specify)		Candidate Cont	ribution
State: SD District:				
Full Name (Last, First, Middle Initial) Giffords For Congress			Transaction ID: 2 Date of Disburser	
Mailing Address PO Box 27565			06 / 2	7 2007
•	itate Zip Code AZ 85726		Amount of Each [Disbursement this Period
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Candidate Name Rep. Gabrielle Giffords		Category/ Type		
President	nent For: 2008 Primary General Other (specify)		Candidate Cont	ribution
State: AZ District: 8 Full Name (Last, First, Middle Initial)				
Progress, Vision and Commitment PAC			Transaction ID: 2 Date of Disburser	ment
Mailing Address P O Box 30561			06 / 28	8 7 2007
•	itate Zip Code VM 87190		Amount of Each [Disbursement this Period
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Candidate Name		Category/ Type		
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/	American Optometric Association	rican Optometric Association Political Action Committee																
	Full Name (Last, First, Middle Initial)						Transaction ID: 26161978											
۹.	· Friends Of Mike Ferguson							Date of Disbursement										
	Mailing Address C/O Ron Gravino	Box 225						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										
	City Colonia	State NJ	Zip Code 07067					Amou	nt o	f Each	Dis	burse	ment	this f	Perio	od		
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	Candidate Name Rep. Mike Ferguson			1	teg Typ	ory/ e												
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