

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

Office Use Only

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

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

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

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

05

01

2006

through

05

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Vincent Brandys, O.D.

Signature of Treasurer

Electronically Filed by Vincent Brandys, O.D.

Date

07

21

2006

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		202047.35
(b) Cash on Hand at Beginning of Reporting Period	159168.38	
(c) Total Receipts (from Line 19)	50779.55	141928.54
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	209947.93	343975.89
7. Total Disbursements (from Line 31)	64050.47	198078.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	145897.46	145897.46
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

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	29777.50	51887.50
(i) Itemized (use Schedule A)		
(ii) Unitemized	20984.40	89043.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	50761.90	140931.38
(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) ➤	50761.90	140931.38
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	17.65	997.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50779.55	141928.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50779.55	141928.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		1050.47	4578.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		1050.47	4578.43
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		63000.00	193500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		64050.47	198078.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		64050.47	198078.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50761.90	140931.38
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50761.90	140931.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1050.47	4578.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1050.47	4578.43

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr J. Scott Richardson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 142 Randall Road		Transaction ID: 23971763
City Carroll	State IA	Zip Code 51401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Dr Beverly B Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 19011 Old Baltimore Road		Transaction ID: 23971767
City Brookeville	State MD	Zip Code 20833-3223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Dr Jerald F Combs		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6
Mailing Address 472 Rt Fork Bull Creek		Transaction ID: 23971769
City Prestonsburg	State KY	Zip Code 41653-8090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr James H Tillman, Jr
Mailing Address Route 6 Box 31M

City State Zip Code
Andalusia AL 36420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23971770

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Stephen M Gross
Mailing Address 37300 Hwy 59 North

City State Zip Code
Bay Minette AL 36507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23971771

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Ian B Gaddie
Mailing Address 5600 Schuler Lane

City State Zip Code
Prospect KY 40059-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: 23971772

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Michael Douglas Jones Mailing Address 565 Autumn Bluff Drive City State Zip Code Ellisville MO 63021-5962 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 23971785 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Aggregate Year-to-Date ▼ 500.00
B. Full Name (Last, First, Middle Initial) Dr Joe Floyd Chaney, Jr Mailing Address Rt 4 Box 149 City State Zip Code Nashville AR 71852 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 23995393 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation O.D. Aggregate Year-to-Date ▼ 250.00
C. Full Name (Last, First, Middle Initial) Dr Jerry H Ellis Mailing Address 74 Isleta Dr City State Zip Code Cherokee Vlgc AR 72529-5013 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 23995395 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Melvin Jackson Mailing Address 404 Prince Of Wales Dr City State Zip Code Virginia Bch VA 23452-5758 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 23995396 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr Anita Susan Keene Mailing Address 70 Cove Hills Lane City State Zip Code Wytheville VA 24382 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 23995397 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Dr Mark K Colip Mailing Address Illinois College Of Opt 3241 S Michigan Ave City State Zip Code Chicago IL 60616 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 6 Transaction ID: 23995400 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr Gilbert G Wong

Mailing Address 7810 W Maui Lane

City State Zip Code
 Peoria AZ 85381-3414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23995440

Amount of Each Receipt this Period

300.00

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

Dr Michele A Donovan

Mailing Address 1440 Harbor Mist Court

City State Zip Code
 Charleston SC 29492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23995511

Amount of Each Receipt this Period

300.00

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

Dr Frank Edward Greteman

Mailing Address 915 Highridge Rd Apt 9

City State Zip Code
 Carroll IA 51401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23995512

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 44

(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Michael T Cady
Mailing Address 10 Winding Creek Way

City State Zip Code
Ormond Beach FL 32174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23995515

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr Darby C Chiasson
Mailing Address 231 E 26Th Place

City State Zip Code
Cut Off LA 70345-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23995520

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Michael W W Raies
Mailing Address 2915 Noddin Way

City State Zip Code
Portsmouth OH 45662-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23995521

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey E Schultz

Mailing Address 150 Jackson Drive

City State Zip Code
 Orange Village OH 44022-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23995522

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Mark E Swan

Mailing Address 474 Shaw Estates Dr Ne

City State Zip Code
 Rockford MI 49341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23995523

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Kelly Lynn Raies

Mailing Address 2915 Noddin Way

City State Zip Code
 Portsmouth OH 45662-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23995524

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr Joseph W W Myers

Mailing Address 511 5Th St

City State Zip Code
Moundsville WV 26041-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23995526

Amount of Each Receipt this Period

250.00

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

Marilyn Myers

Mailing Address 801 Wheeling Avenue

City State Zip Code
Glen Dale WV 26038-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23995527

Amount of Each Receipt this Period

250.00

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

Dr John N Breiwa

Mailing Address 2032 Honeysuckle Court

City State Zip Code
Bowling Green KY 42104-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23995529

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Deborah A Long
Mailing Address 1115 John Short Rd

City State Zip Code
Fort Mill SC 29715-7633

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 24024169

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr Kathy C Yang-Williams
Mailing Address 2505 Ne 92Nd St

City State Zip Code
Seattle WA 98115-3469

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 24024227

Amount of Each Receipt this Period

187.50

C. Full Name (Last, First, Middle Initial)
Dr Lilien Anna Vogl
Mailing Address 13603 W La Reata Ave

City State Zip Code
Goodyear AZ 85338-9771

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 24024228

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1552.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Alan H Stone Mailing Address 119 Crown Lane City Bellingham State WA Zip Code 98229-5933 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6 Transaction ID: 24024236 Amount of Each Receipt this Period 225.00
B. Full Name (Last, First, Middle Initial) Dr Richard Barton Payne Mailing Address 9508 S E 95Th St City Vancouver State WA Zip Code 98664 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6 Transaction ID: 24024237 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Dr Randall Hoch Mailing Address Rri Box 1621 City Lewistown State MT Zip Code 59457-1621 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6 Transaction ID: 24024242 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr Thomas Tell Tyl Thompson

Mailing Address Po Box 250406

City State Zip Code
 Little Rock AR 72225-0406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 24044731

Amount of Each Receipt this Period

250.00

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

Dr Paul W Bohac

Mailing Address 5775 Wyncliff Drive

City State Zip Code
 N Charleston SC 29418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044733

Amount of Each Receipt this Period

350.00

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

Dr Gilan L Cockrell

Mailing Address 739 Road 200

City State Zip Code
 Emporia KS 66801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044734

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Samuel Cooper Smart

Mailing Address 7 Derby Drive

City State Zip Code
Fredricksburg VA 22405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044735

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Donald Ray Murphy

Mailing Address 4750 Ranchwood Road

City State Zip Code
Akron OH 44333-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044736

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Jerry P Davidoff

Mailing Address 13 Katie Way

City State Zip Code
West Chester PA 19380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 24044738

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph C Maycock

Mailing Address Po Box 311

City State Zip Code
 Gillette WY 82717-0311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044739

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dana Mc Dermott

Mailing Address 2423 12Th Avenue

City State Zip Code
 Forest Grove OR 97116-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044740

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Roger L L Jordan

Mailing Address 3329 Paintbrush

City State Zip Code
 Gillette WY 82718-7568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044742

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Robert Leroy Mills

Mailing Address 907 Fairway Dr

City State Zip Code
Gillette WY 82718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044743

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Carol D Record

Mailing Address 1700 Lambs Road

City State Zip Code
Charlottesville VA 22901-8910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044744

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Joanne Hendrick

Mailing Address Po Box 509

City State Zip Code
Monument CO 80132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044746

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Candace D D Hamel Mailing Address Po Box 358 405 Ne Main St City Estacada State OR Zip Code 97023 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 24044748 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr Riley F Uglum Mailing Address P O Box 470 City New Hampton State IA Zip Code 50659 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 24044826 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr Scott A Jens Mailing Address 6 Boulder Creek Circle City Madison State WI Zip Code 53717-2702 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 24044828 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr Kristine M Eng

Mailing Address 49 La Campana

City State Zip Code
Orinda CA 94563-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044829

Amount of Each Receipt this Period

500.00

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

Dr Jeffery James Dutch

Mailing Address 16 Cottage St

City State Zip Code
Belfast ME 04915-0209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044830

Amount of Each Receipt this Period

500.00

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

Dr Morris F F Sheffer

Mailing Address 5611 Ballinard Ln

City State Zip Code
Charlotte NC 28277-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044832

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Lance I Alpert Mailing Address 195 Mohawk Drive City State Zip Code West Hartford CT 06117 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 24044833 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr Karen Riccio Mailing Address 2683 Berwick Blvd City State Zip Code Columbus OH 43209-2917 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 24044835 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr David J Dexter Mailing Address 56 Lake View Drive City State Zip Code Oswego NY 13126-6014 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: 24044836 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Dr Barry J Barresi
 Mailing Address 11 Clarendon Rd

City State Zip Code
 Belmont MA 02478

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 24044837

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
 Dr Steven L Compton
 Mailing Address 210 Monterey Road

City State Zip Code
 Franklin KY 42134

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044838

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
 Dr Troy W Crist
 Mailing Address 1180 College Drive

City State Zip Code
 Madisonville KY 42431

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 24044840

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Lisa Sanford A Howard

Mailing Address 1302 Gloucester Ave

City State Zip Code
Middlesboro KY 40965-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044841

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Wiley Curtis

Mailing Address 3340 Thorntree Court

City State Zip Code
Arlington TX 76016-2065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 24044843

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr Cheryl Runkle Runkle Archer

Mailing Address 216 Orange Drive

City State Zip Code
Wapakoneta OH 45895-1352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24044850

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr Joseph C Mallinger

Mailing Address 28417 Tricia Pl

City State Zip Code
 Escondido CA 92026-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 24046108

Amount of Each Receipt this Period

500.00

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

Dr Gene D Calkins

Mailing Address 1150 Capitol Dr #47

City State Zip Code
 San Pedro CA 90732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 24046111

Amount of Each Receipt this Period

365.00

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

Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City State Zip Code
 San Jose CA 95120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 24046115

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Abie R Chadderdon
Mailing Address 2005 Timberline Rd

City State Zip Code
Marshalltown IA 50158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.25

Date of Receipt

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

Transaction ID: 24046174

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Dr Connie C Long
Mailing Address 40332 Grubbs Springs Road

City State Zip Code
Hamilton MS 39746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 24047532

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
Dr Susan A Driscoll
Mailing Address 717 St Dunstan Way

City State Zip Code
Winter Park FL 32792-4851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24065352

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Frank Edward Puckett

Mailing Address Po Box 509

City State Zip Code
Monument CO 80132-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24065362

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr David P Guhl

Mailing Address 5170 Wild Rose Lane

City State Zip Code
Colorado Sprngs CO 90918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 24065785

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Susan Betts

Mailing Address 9576 Cedar Lane

City State Zip Code
Seaford DE 19973-8616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 24065786

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr William E Dolan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 2900 High Point Rd		
City	State	Zip Code
Greensboro	NC	27403-3150
FEC ID number of contributing federal political committee.		Transaction ID: 24065787
Name of Employer Self Employed		Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

B. Full Name (Last, First, Middle Initial) Dr Blaine A Littlefield		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 27 Wilderness Drive		
City	State	Zip Code
Freeport	ME	04032
FEC ID number of contributing federal political committee.		Transaction ID: 24065789
Name of Employer Self Employed		Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial) Dr Samuel J Baron		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address Po Box 1543		
City	State	Zip Code
Golden	CO	80402-1543
FEC ID number of contributing federal political committee.		Transaction ID: 24065790
Name of Employer Self Employed		Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 44

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Larry V Downer
Mailing Address 1419 Butte View Circle

City State Zip Code
Emmett ID 83617-2757

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: 24065794

Amount of Each Receipt this Period

240.00

B. Full Name (Last, First, Middle Initial)
Dr S. Glenn Bailey
Mailing Address 6311 Highland Drive

City State Zip Code
Huntington WV 25705

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 24084213

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Jack D Miller, Sr
Mailing Address 1900 W Park

City State Zip Code
Eunice LA 70535

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 6

Transaction ID: 24084224

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

29777.50

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 44

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of American Service Fee 05/01/2006

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24155306

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

30.00

Bank of American Service
Fee 05/01/2006

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of American Bank Fee 05/01/2006

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24155307

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

0.01

Bank of American Bank Fee
05/01/2006

Full Name (Last, First, Middle Initial)

C. Wachovia Non Corporate

Mailing Address 1650 Tyson Blvd.

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Wachovia Bank Fee 05/09/2006

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24155013

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

455.75

Wachovia Bank Fee 05/09/2-
006

SUBTOTAL of Disbursements This Page (optional)

485.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 44

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of American Bank Fee 05/15/2006

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24155303

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

22.17

Bank of American Bank Fee
05/15/2006

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of American Bank Fee 04/3/2006

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24037679

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

0.01

Bank of American Bank Fee
04/3/2006

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of American Service Fee 05/31/2006

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24166203

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

542.53

Bank of American Service
Fee 05/31/2006

SUBTOTAL of Disbursements This Page (optional)

564.71

TOTAL This Period (last page this line number only)

1050.47

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 44

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. HALPAC (Help America's Leaders PAC)

Mailing Address 1155 21st Street, NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
HALPAC (Help America's Leaders PAC)

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 24043465

Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

5000.00

HALPAC (Help America's Leaders PAC)

B. Sali For Congress

Mailing Address PO Box 71

City Kuna State ID Zip Code 83634

Purpose of Disbursement
2006 Primary Election

Candidate Name
Mr. William Sali

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: ID District: 1

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

Transaction ID: 23995685

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

2006 Primary Election

C. Citizens For Gillmor

Mailing Address P.O. Box 150

City Old Fort State OH Zip Code 44861

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. Paul E. Gillmor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 5

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

Transaction ID: 24033701

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 44

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Elect Gary Ackerman

Mailing Address 100 Jericho Quadrangle
Suite 233

City Jericho State NY Zip Code 11753

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Gary L. Ackerman

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 5

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

Transaction ID: 24034881

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. Eric I. Cantor

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 7

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

Transaction ID: 24033702

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

4000.00

011
Category/
Type

2006 General Election

Full Name (Last, First, Middle Initial)

C. Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Lois Capps

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 23

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

Transaction ID: 24035224

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 44

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chafee for Senate

Mailing Address PO Box 623

City
Providence

State
RI

Zip Code
02901

Purpose of Disbursement
2006 Primary Election

Candidate Name
John H. Chafee

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: RI District: 0

Transaction ID: 24033696

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Lucas For Congress

Mailing Address Post Office Box 1726

City
Oklahoma City

State
OK

Zip Code
73101

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Frank D. Lucas

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OK District: 3

Transaction ID: 24035478

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Rush Holt For Congress

Mailing Address PO Box 782

City
Pennington

State
NJ

Zip Code
08534

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Rush D. Holt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 12

Transaction ID: 24035002

Date of Disbursement

05 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. John T. Doolittle For Congress

Mailing Address 2150 River Plaza Dr. #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. John T. Doolittle

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 4

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

011
Category/
Type

Transaction ID: 24037292

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Jd Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. J.D. Hayworth

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 5

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

011
Category/
Type

Transaction ID: 24037320

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Hulshof For Congress - District 09 Missouri

Mailing Address PO Box 1621

City Columbia State MO Zip Code 65205

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. Kenny C. Hulshof

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 9

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

011
Category/
Type

Transaction ID: 24037346

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City
Uwchland

State
PA

Zip Code
19480

Purpose of Disbursement
2006 General Election

011

Category/
Type

Candidate Name
Rep. James W. Gerlach

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 6

Transaction ID: 24037290

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

2500.00

2006 General Election

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Trent Franks To Congress

Mailing Address 12416 N. 57th Drive

City
Glendale

State
AZ

Zip Code
85304

Purpose of Disbursement
2006 Primary Election

011

Category/
Type

Candidate Name
Rep. Trent Franks

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AZ District: 2

Transaction ID: 24037319

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Schmidt For Congress Committee

Mailing Address 771 Wards Corner Road

City
Loveland

State
OH

Zip Code
45140

Purpose of Disbursement
Reported 06/2005 - Void - Wrong designat

011

Category/
Type

Candidate Name
Jeannette Schmidt

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: OH District: 2 2005 Special - Gener

Transaction ID: 24037347

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

-1000.00

Reported 06/2005 - Void -
Wrong designation

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Mark A. Foley

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 16

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

Transaction ID: 24061241

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Blue Dog PAC

Mailing Address 227 Massachusetts Avenue, N.E.
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement
Event 5/10/06, Contributions to Federal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 24061221

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

Event 5/10/06, Contributions to Federal PACS (204)

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. John A. Boehner

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 8

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

Transaction ID: 24061564

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Boswell For Congress

Mailing Address PO Box 6220

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Leonard L. Boswell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IA District: 3

Transaction ID: 24061244

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

1500.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. KOMPAC

Mailing Address P O B 20209

City
Alexandria

State
VA

Zip Code
22320

Purpose of Disbursement
Contributions to Federal PACS (204)

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24061206

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

5000.00

Contributions to Federal
PACS (204)

Full Name (Last, First, Middle Initial)

C. Norwood For Congress

Mailing Address PO Box 499

City
Evans

State
GA

Zip Code
30809

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Charles W. Norwood

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: GA District: 9

Transaction ID: 24061245

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress Inc.

Mailing Address Pob 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. William J. Pascrell, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 8

Transaction ID: 24061242

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Earl Pomeroy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: ND District: 1

Transaction ID: 24061565

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

1500.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Snyder For Congress Campaign Committee

Mailing Address PO Box 250998

City
Little Rock

State
AR

Zip Code
72225

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Vic Snyder

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AR District: 2

Transaction ID: 24061243

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rob Bishop For Congress

Mailing Address PO Box 2004

City Bringham City State UT Zip Code 84302

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Robert Bishop

Office Sought: ☒ House
☐ Senate
☐ President

State: UT District: 1

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

Transaction ID: 24061246

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Kevin Mccarthy For Congress

Mailing Address 455 Capitol Mall Suite 801

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2006 Primary Election

Candidate Name
Mr. Kevin McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 22

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

Transaction ID: 24061563

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Jeb Bradley For Congress

Mailing Address 645 South Main Street

City Wolfeboro State NH Zip Code 03894

Purpose of Disbursement
2006 General Election

Candidate Name
Mr. Jeb Bradley

Office Sought: ☒ House
☐ Senate
☐ President

State: NH District: 1

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

Transaction ID: 24064771

Date of Disbursement

05 / 30 / 2006

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrews For Congress Committee

Mailing Address 215 Fourth Avenue
Suite 200

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Robert E. Andrews

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 1

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

Transaction ID: 24083398

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. A Lot Of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
2006 Primary Election

Candidate Name
Sen. Jeff Bingaman

Office Sought: ☐ House
☒ Senate
☐ President

State: NM District: 2

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

Transaction ID: 24110552

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Norwood For Congress

Mailing Address PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Charles W. Norwood

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 9

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

Transaction ID: 24083698

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ros-Lehtinen For Congress

Mailing Address P O Box 52-2784

City State Zip Code
Miami FL 33152

Purpose of Disbursement
Replace check 9213/reported 9/05

Candidate Name
Rep. Ileana Ros-Lehtinen

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

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

011
Category/
Type

Transaction ID: 24083909

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Replace check 9213/reported 9/05

Full Name (Last, First, Middle Initial)

B. Ros-Lehtinen For Congress

Mailing Address P O Box 52-2784

City State Zip Code
Miami FL 33152

Purpose of Disbursement
Reported 9-5 -Void - Bank lost Check

Candidate Name
Rep. Ileana Ros-Lehtinen

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

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

011
Category/
Type

Transaction ID: 24165987

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

-1000.00

Reported 9-5 -Void - Bank lost Check

Full Name (Last, First, Middle Initial)

C. Hawkeye PAC

Mailing Address P.O. Box 7255

City State Zip Code
Des Moines IA 50309

Purpose of Disbursement
Hawkeye PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

011
Category/
Type

Transaction ID: 24083716

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

5000.00

Hawkeye PAC

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. COLDPAC

Mailing Address P O BOX 40385

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
COLDPAC Leadership Pac

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24083614

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

COLDPAC Leadership Pac

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

63000.00

Image# 26950374528

Form/Schedule: **F3XA**

The committee (AOA-PAC) moved from manual processing of credit card contributions to on line electronic processing. The bank applied all American Express transactions to someone else's account.

Transaction ID:
