### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously VA 22314 Alexandria reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00024968 Х REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: 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 0 1 0 1 2007 0 1 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dorothy Hitchmoth, O.D. Type or Print Name of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. 02 15 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

Page 2

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name American Optometric Association Political Action Committee <sup>®</sup> D " D 0 1 0 1 2007 0 1 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 380998.25 <sup>°</sup>2007 January 1 (b) Cash on Hand at 380998.25 Begining of Reporting Period ..... 33628.05 33628.05 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 414626.30 414626.30 6(a) and 6(c) for Column B) ..... 120633.67 120633.67 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 293992.63 293992.63 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E street, NW Washington, DC 20463

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

### DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

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2007

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м м 0 1 <sup>D</sup> 3 1

<sup>Y</sup> 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	17015.00	17015.00
	(ii) Unitemized	15427.39	15427.39
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	32442.39	32442.39
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	32442.39	32442.39
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	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
	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	1185.66	1185.66
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))	33628.05	33628.05
	Total Federal Receipts (subtract Line 18(c) from Line 19)	33628.05	33628.05

FEC Form 3X (Rev. 02/2003)

### **DETAILED SUMMARY PAGE**

of Disbursements

**COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 1133.67 1133.67 Expenditures..... (c) Total Operating Expenditures 1133.67 1133.67 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 119500.00 119500.00 24. Independent Expenditure 0.00 0.00 Committees (2 U.S.C. 441a(d)) 0.00 0.00 (use Schedule F)..... 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds

### 30. Federal Election Activity (2 U.S.C 431(20))

29. Other Disbursements.....

(add Lines 28(a), (b), and (c)) .........

- (a) Shared Federal Election Activity (from Schedule H6)
  - (i) Federal Share .....
- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....

0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

120633.67 120633.67

Page 4

120633.67

### **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)	32442.39	32442.39
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	32442.39	32442.39
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1133.67	1133.67
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1133.67	1133.67

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 37 (check only one)  X 11a 11b 11c 12 12 13 14 15 16 17
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 personers of any political committee to	on for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Rick Crolla			Date of Receipt
	Mailing Address 317 Main St			01 02 7 2007
	City New Canaan	State CT	Zip Code 06840-5837	Transaction ID: 25229708  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation O.D.	ı	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
— В.	Full Name (Last, First, Middle Initial) Dr Morris F Sheffer			Date of Receipt
	Mailing Address 5611 Ballinard Ln			0 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25229716
	Charlotte	NC	28277-2548	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	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Thomas R Cheezum, Jr Mailing Address 2301 Mariners Mark Way	/ #302		Date of Receipt
	City	State	Zip Code	01 04 2007
	Virginia Beach	VA	23451-1371	Transaction ID: 25230039  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
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or	for commercial purposes, other than using the n	iame 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 Politic	cal Action (	Committee	
	American Optometric Association i onto	cai Action (	Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Louis E Boggs			Date of Receipt
	Mailing Address 3311 E Houghton Lake	Dr		M M / D D / Y Y Y Y
	P O Box 20			01 16 2007
	City	State	Zip Code	Transaction ID: 25303141
	Prudenville	MI	48651	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) ▼	1 1	200.00	
D	Full Name (Last, First, Middle Initial) Dr Samuel J Singleton			Date of Receipt
Ь.				<del>-</del>
	Mailing Address 6151 Rc Servis Ln			0 1 1 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 25303145
	Myrtle Beach	SC	29588	Amount of Each Receipt this Period
		- 50	29300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	rederal political committee.			
	Name of Employer Self Employed	Occupation	1	$\neg$
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		205.00	1
	Other (specify)		365.00	
_	Full Name (Last, First, Middle Initial)	·		
Ċ.	Dr Daniel J Brothers			Date of Receipt
	Mailing Address 4517 Belmont			01 16 2007
	City	State	Zip Code	
		MO		Transaction ID: 25303151
	Joplin	IVIO	64804	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 ▼	7
	Primary General			7
	Other (specify)		250.00	
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			865.00
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SCHEDULE A (FEC Form 3X)			Harris and a sale and date (a)	FOR LINE NUMBER: PAGE 8 / 37
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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	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 Larry J Brothers			Date of Receipt
	Mailing Address 4777 Seagraves Drive			0 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 25303152
	<u>Joplin</u>	MO	64804	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	33 13		1
	Other (specify) ▼		250.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr William G Hendrix			Date of Receipt
	Mailing Address 1205 Ridge Road			M M / D D / Y Y Y Y
	City	Ctoto	Zin Codo	01 16 2007
	City	State NC	Zip Code	Transaction ID: 25303155
	Raleigh	INC	27607-6834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	1	7
	Self Employed	Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		100000	1
	Other (specify) ▼	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Melvin M Gehrig, Jr			Date of Receipt
J.	Mailing Address 3208 Cyprien Lane			M M / D D / Y Y Y Y
				01 05 2007
	City	State	Zip Code	Transaction ID: 25303161
	Lake Charles	LA	70605-2253	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 13		1
	Other (specify) ▼	1	250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
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PAGE 9/37 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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 Lamar G Zigler Mailing Address 2955 Pickwick Drive 2007 10 Zip Code City State Transaction ID: 25303176 Columbus OH 43221-2925 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 Neill R Marshall Date of Receipt Mailing Address 804 Fourth St 0.1 10 2007 City Zip Code State Transaction ID: 25303177 <u> 26155</u> New Martinsvill WV Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr William Marks Date of Receipt Mailing Address 15638 Indianhead Lane 2007 0.1 10 Citv State Zip Code Transaction ID: 25303200 Strongsville OH 44136-5334 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) 1050.00 SUBTOTAL of Receipts This Page (optional) .....

SCHEDULE A (FEC Form 3X)			Llac concrete cohodulo(o)	FOR LINE NUMBER: PAGE 10 / 37
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or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y 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.
	NAME OF COMMITTEE (In Full)		_	
$\angle$	American Optometric Association Politic	al Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Dennis Bryan Cave			Date of Receipt
	Mailing Address 6009 Mountain View Driv	01 10 2007		
	City	State	Zip Code	Transaction ID: 25303206
	Snyder	TX	79549	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:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	300.00	]
— В.	Full Name (Last, First, Middle Initial) Dr Dennis W Bezold			Date of Receipt
	Mailing Address 7612 Hwy 43			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: 25303288
	Seneca	MO	64865-8350	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:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)	0 0	230.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Michele A Donovan			Date of Receipt
٠.	Mailing Address 1440 Harbor Mist Court			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 25303294
	Charleston	SC	29492	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Name of Employer	Occupation	n	$\dashv$
	Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
				1050.00
S	UBTOTAL of Receipts This Page (optional)			, 1000100

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 37 (check only one)  X 11a 11b 11c 12
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and 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.
$\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politic			
Full Name (Last, First, Middle Initial)  A. Dr Steven W Bernstorf				Date of Receipt
	Mailing Address 12 Hatteras Court			01 08 2007
	City	State	Zip Code	Transaction ID: 25303295
	Greensboro	NC	27455	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:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr Jay V Gallinger			Date of Receipt
	Mailing Address 150 Allen Road			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: 25303297
	Onalaska	WA	98570	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	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) Dr Michelle L Spittler			Date of Receipt
	Mailing Address 4125 Shorebrook Dr			01 22 7 2007
	City	State	Zip Code	Transaction ID: 25320370
	Columbia	SC	29206-2127	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:			
	Primary General	33 131/1	e Year-to-Date ▼	1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1300.00

PAGE 12/37 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) Date of Receipt A. Dr Sean R Claflin Mailing Address 613 Floral Ave 2007 18 City State Zip Code Transaction ID: 25320375 Canon City CO 81212-5025 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 Warren Stephen Johnson Date of Receipt Mailing Address 4586 Barfield Rd 0.1 22 2007 City State Zip Code Transaction ID: 25320381 **Memphis** TN 38117-2414 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Warren Stephen Johnson Date of Receipt Mailing Address 4586 Barfield Rd 2007 0.1 22 City State Zip Code Transaction ID: 25320382 Memphis TN 38117-2414 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 465.00 Other (specify) 965.00 SUBTOTAL of Receipts This Page (optional) .....

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/37
	ITEMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Optometric Association Political	I Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Jerry A Barcelow			Date of Receipt
	Mailing Address Rfd 2 Box 26G			01 22 7 2007
	City	State	Zip Code	Transaction ID: 25320403
	South Royalton	VT	05068	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Self Employed 1	Occupation  Doctor of	Optometry	
		Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		225.00	
3.	Full Name (Last, First, Middle Initial) Dr Warren Stephen Johnson			Date of Receipt
	Mailing Address 4586 Barfield Rd			01 22 7 2007
	City	State	Zip Code	Transaction ID: 25320404
	Memphis	TN	38117-2414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Self Employed	Occupation  Doctor of	Optometry	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	565.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr Warren Stephen Johnson			Date of Receipt
	Mailing Address 4586 Barfield Rd			0 1 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: 25320405
	Memphis	TN	38117-2414	Amount of Each Receipt this Period
Name of Employer		С		100.00
		Occupation  Doctor of	Optometry	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		665.00	
s	UBTOTAL of Receipts This Page (optional)			425.00
	. , , ,		<u>_</u>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/37
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ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
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$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Optometric Association Politic	cal Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis			Date of Receipt
	Mailing Address 179 Wood Trace	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: 25320407
	Benton	KY	42025-9400	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 ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr Warren Stephen Johnson			Date of Receipt
	Mailing Address 4586 Barfield Rd			0 1 2 2 2 2 0 0 7
	City	State	Zip Code	Transaction ID: 25320413
	Memphis	TN	38117-2414	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 Other (specify) ▼		765.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Melissa Y Brown			Date of Receipt
	Mailing Address 2452 N Malang 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: 25320415
	Joplin	MO	64801-8613	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	7
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1350.00

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 15/37
	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
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or	for commercial purposes, other than using the n	iame and add	from the sold of used by any personal stress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Optometric Association Politic	cal Action (	Committee	
	American Optometric Association Foliti	cai Action (	Sommittee	
	Full Name (Last, First, Middle Initial)			
A.	Dr Denise L Gutman			Date of Receipt
	Mailing Address 1348 Spruce Ave			M M / D D / Y Y Y Y
				01 22 2007
	City	State	Zip Code	Transaction ID: 25320422
	Sidney	OH	45365-3453	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	1
	Other (specify)		230.00	
ь	Full Name (Last, First, Middle Initial)			Data of Bassist
В.	Dr John E Beigel			Date of Receipt
	Mailing Address 350 Oakridge Drive			01 22 2007
	City	State	Zip Code	
	•	OH	•	Transaction ID: 25320423
	Sidney	Оп	45365-8430	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	1	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		250.00	
				*
	Full Name (Last, First, Middle Initial)			
C.	Dr Lori R Donovan			Date of Receipt
	Mailing Address 3245 Queensgate Way			M M / D D / Y Y Y Y
				01 25 2007
	City	State	Zip Code	Transaction ID: 25328063
	Mount Pleasant	SC	29466-9000	Amount of Each Receipt this Period
	FEC ID number of contributing	С		365.00
	federal political committee.			330.00
	Name of Employer	Occupation	<u> </u>	$\dashv$
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	, iggrogale		1
	Other (specify)		365.00	
			1 1 1 1 1 1 1	4
。	UBTOTAL of Receipts This Page (optional)			865.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 16/37
	•		Use separate schedule(s) or each category of the	(check only one)
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Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		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 Shannon L Steinhauser			Date of Receipt
	Mailing Address 501 W Port Royale Ln			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: 25351840
	Phoenix	AZ	85023-5272	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -5		1
	Other (specify) ▼		250.00	
				d .
В.	Full Name (Last, First, Middle Initial) Dr Lee L Cornforth			Date of Receipt
	Mailing Address 16430 Emory 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: 25374863
	Rockville	MD	20853	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
	Name of Employer	Occupation	1	
	Self Employed 1	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify)	0 0	303.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Cheryl Archer			Date of Receipt
	Mailing Address 216 Orange Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	01 31 2007
	Wapakoneta	OH	•	Transaction ID: 25394383
	•	ОП	45895-1352	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	1	
	Seir Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
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				1115.00
Ls	UBTOTAL of Receipts This Page (optional)		······	
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S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/37
ıт	EMIZED RECEIPTS	or each category of the	(check only one)
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Δ	ny information copied from such Reports and Statements r	nay not be sold or used by any perso	
or	for commercial purposes, other than using the name and	address of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)		
$  \rangle$	American Optometric Association Political Action	n Committee	
$\angle$			
Α.	Full Name (Last, First, Middle Initial) Dr Jeffrey A Forrey		Date of Receipt
Α.	Mailing Address 4527 224Th PI Ne		M M / D D / Y Y Y Y
	Walling / (ddi 655 452 / 224 III FI Ne		01 30 2007
	City State	Zip Code	Transaction ID: 25395170
	Redmond WA	98053	Amount of Each Receipt this Period
	FEC ID number of contributing		500.00
	federal political committee.		300.00
	Name of Employer Occupa Self Employed Dectar	tion	7
	Seir Employed Doctor	of Optometry	
		ate Year-to-Date ▼	
	Primary General	500.00	1
	Other (specify) ▼		J
_	Full Name (Last, First, Middle Initial)		
В.	Dr Terry L Bonds		Date of Receipt
	Mailing Address 601 South Pelham Road		01 30 2007
	City State	Zip Code	Transaction ID: 25395171
	Jacksonville AL	36265	Amount of Each Receipt this Period
	EEO ID words and found that the		
	federal political committee.		1000.00
	Name of Employer Occupa	tion	_
	Self Employed	of Optometry	
		ate Year-to-Date ▼	
	Primary General		7
	Other (specify) ▼	1000.00	
_			
C.	Full Name (Last, First, Middle Initial) Dr William J Prothero		Date of Receipt
	Mailing Address 19027 Second Place, Sw		M M / D D / Y Y Y Y
			01 30 2007
	City State	Zip Code	Transaction ID: 25395174
	<u>Seattle</u> WA	98166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		365.00
	rederal political confirmitee.		
	Name of Employer Occupa Self Employed Dectar		
	Doctor	of Optometry	_
		ate Year-to-Date ▼	_
	Primary General Other (specify) ▼	365.00	
	□ Other (Specify) ♥	0 0 0 0 0 0 0	1
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s	UBTOTAL of Receipts This Page (optional)		1865.00
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SCHEDULE A (FEC Form 3X)	Llee cond	arate schedule(s)	FOR LINE NUMBER: PAGE 18/3/
ITEMIZED RECEIPTS		ategory of the	(check only one)
	Detailed S	Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and State	ements may not be sold	or used by any perso	
or for commercial purposes, other than using the na	me and address of any	political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Political	al Action Committee		
Full Name (Last, First, Middle Initial) Dr Gary D Crowell			Date of Receipt
Mailing Address 1291 N. Highway 99W			01 30 7 2007
City	State Zip Coo	de	Transaction ID: 25395181
McMinnville	OR 97128-	2720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation O.D.		
Receipt For:	Aggregate Year-to-Dat	te 🔻	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)  3. Dr David A Klibanoff			Date of Receipt
Mailing Address 238 Brook Street			01 30 7 2007
City	State Zip Coo	de	Transaction ID: 25395222
Rehoboth	MA 02769-	1736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation		
	O.D.	- <del>-</del>	_
Receipt For: Primary General	Aggregate Year-to-Dat	e ▼	
Other (specify)	0 0 0 0	250.00	
Full Name (Last, First, Middle Initial)  C. Maj Corina VandePol			Date of Receipt
Mailing Address 4345 Florida St #1			01 30 7 2007
City	State Zip Coo	de	Transaction ID: 25395224
San Diego	CA 92104		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Self Employed	Occupation		7
	Doctor of Optometry		_
Receipt For:	Aggregate Year-to-Dat	te 🔻	
Primary General Other (specify) ▼		365.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1115.00
TOTAL This Period (last page this line number on	w)	<b>.</b>	

PAGE 19/37 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 James P De Vleming Date of Receipt Mailing Address 670 Se Meadowvale 0.1 23 2007 City State Zip Code Transaction ID: 25395237 Pullman WA 99163 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 Jerald F Combs Date of Receipt Mailing Address 472 Rt Fork Bull Creek 0.1 29 2007 City State Zip Code Transaction ID: 25395268 Prestonsburg KY 41653-8090 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 Samuel Cooper Smart Date of Receipt Mailing Address 7 Derby Drive 2007 0.1 29 Citv State Zip Code Transaction ID: 25395271 Fredericksburg VA 22405-3315 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 ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional) .....

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

PAGE 20/37 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 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 Anita Susan Keene Mailing Address 70 Cove Hills Lane 0.1 29 2007 City State Zip Code Transaction ID: 25395272 Wytheville VA 24382-4461 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) Full Name (Last, First, Middle Initial) B. Dr. Karen Riccio Date of Receipt Mailing Address 2683 Berwick Blvd 0 1 29 2007 City Zip Code State Transaction ID: 25395273 Columbus OH 43209-2917 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 ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u>,</u>	17015.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 37 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any perso address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Political Action	on Committee	
Full Name (Last, First, Middle Initial) United Bank Mailing Address 3801 Wilson Blvd.  City State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Arlington VA  FEC ID number of contributing federal political committee.  Name of Employer Occupa	22203-1919 ation	Amount of Each Receipt this Period  1164.30
Receipt For:  Primary  Other (specify) ▼  Aggree	gate Year-to-Date ▼ 1164.30	United Bank Interest 01/0-4/07

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1164.30
TOTAL This Period (last page this line number only)	<u> </u>	1164.30

S	CHEDULE B (FEC Form 3X)	llee sene	erate schedule(s)			E NUMBE	R:	R: PAGE 22/37				
IT	EMIZED DISBURSEMENTS	for each	category of the (		(check or X) 21b	nly one) 22	$\overline{}$	23	<u> </u>	 24 Г	7 25	☐ 26
		Detailed :	Summary Page		27	28a	Н	28b		28c	29	30k
	y Information copied from such Reports and Statem											ns
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and addres	ss of any political	con	imittee to s	Olicit contr	ibuti	ons tro	om st	ich com	ımıttee	
$\rangle$	American Optometric Association Political	Action Co	mmittee									
Α.	Full Name (Last, First, Middle Initial) Bank of America							on ID: sburse	_	53819		
	Mailing Address PO Box 790251								<sup>D</sup> 2		Ý 0 Ď	7 <sup>Y</sup>
	,	State	Zip Code			Amou	nt o	Each	Disb	urseme	nt this	Period
	St. Louis  Purpose of Disbursement	МО	63179			-					508.	47
	Bank of America Fee 01/02/07				001				_			
	Candidate Name			С	ategory/ Type							
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	State: District:											
В.	Full Name (Last, First, Middle Initial) Bank of America					Date of	of Di	sburse	men			
	Mailing Address PO Box 790251					0 <sup>M</sup> 1	M	0	2	/ Y	ž 0 ŏ :	7 <sup>Y</sup>
		State MO	Zip Code 63179			Amou	nt o	Each	Disb	urseme	nt this	Period
	Purpose of Disbursement Bank of America Service Fee 01/02/07			Γ	001		0				0.	01
	Candidate Name			С	ategory/ Type							
	Senate President	ement For: Primary Other (spe	General  cify) ▼			Bank Fee 0	of <i>F</i> 1/0	Americ 2/07	ca S	ervice		
	State: District: Full Name (Last, First, Middle Initial)					_			05.4	50004		
C.	Bank of America					Date of		sburse	men		V	V
	Mailing Address PO Box 790251					0 1		0	2	´ L'	ž 0 ŏ	7
		State MO	Zip Code 63179			Amou	nt o	Each	Disb	urseme		
	Purpose of Disbursement American Express Fee 01/02/07			Γ	001				_		28.	93
	Candidate Name			С	ategory/ Type							
	Senate President	ement For: Primary Other (spe	General ecify) ▼			Ameri 2/07	icar	Expr	ess	Fee 01	/0-	
State: District:												
s	UBTOTAL of Disbursements This Page (optional)				<b>&gt;</b>						537.	41
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SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)			E NUMBI ily one)	=H:		[P	AGE	23 / 3	/
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X		22 28a	П	23 28b	24 28c	П	25 29	26 30
Any Information copied from such Reports and Stater										;
or for commercial purposes, other than using the name	e and address of any political co	mmitt	ee to s	olicit cont	ributi	ons tro	m sucn	comn	nittee	
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee									
Full Name (Last, First, Middle Initial)				Trans	sacti	on ID:	254538	335		
Bank of America					of Di	sburse		V * V	V	V
Mailing Address PO Box 790251				0 <sup>M</sup> 1	IVI	້ 0	2 /	<u>'</u> 2	0 ŏ 7	
City	State Zip Code			Amo	unt of	f Each	Disburse	emen	t this P	eriod
St. Louis Purpose of Disbursement	MO 63179								7.1	3
American Express Fee 01/02/07		00	1		-	-	-			
Candidate Name	(	Categ Typ								
Senate President	ement For: Primary General Other (specify)			Amei 2/07	ricar	ı Expr	ess Fe	e 01/	0-	
State: District:  Full Name (Last, First, Middle Initial)										
Bank of America						on ID: sburse	254538 ment	321		
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Mailing Address PO Box 790251								•		
City St. Louis	State Zip Code MO 63179			Amoi	unt o	f Each	Disburse	emen	t this P	eriod
Purpose of Disbursement	Г	-		† L.					8.5	5
Discover Service Fee 01/03/07		00.								
Candidate Name		Categ Typ	-							
Office Sought:  Senate President  State:  Disburse	ement For: Primary General Other (specify)			Disco 3/07	over	Servi	ce Fee	01/0	-	
Full Name (Last, First, Middle Initial)				Trans	eacti	on ID:	254426	3/1		
Wachovia Federal				_		sburse		ודכ		
Mailing Address 1650 Tyson Blvd.				0 <sup>M</sup> 1	М	<sup>1</sup> 1	0 /	Ý Ž	0 ŏ 7	Y
City McLean	State Zip Code VA 22102			Amo	unt o	f Each	Disburse	emen	t this P	eriod
Purpose of Disbursement Wachovia Bank Fee 1/10/07	Г	00	1	Ī L.					542.0	5
Candidate Name		Categ Typ	ory/							
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)			Wac	hovia	a Bani	k Fee 1	/10/0	)7	
SUBTOTAL of Disbursements This Page (optional)			<u> </u>		•				557.7	3
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE I		PAGE 24/37
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)  American Optometric Association Political				<u></u>
Full Name (Last, First, Middle Initial)  A. Bank of America			Transaction ID Date of Disburs	
Mailing Address PO Box 790251			01 / 0	1 1 7 2 0 0 7
City St. Louis	State Zip Code MO 63179		Amount of Each	n Disbursement this Period
Purpose of Disbursement American Express Fee 1/11/07 Candidate Name	[	001		0.57
Office Sought: House Disburse	ement For:	Category/ Type	American Exp	ress Fee 1/11-
Senate President State: District:	Primary General Other (specify) ▼		/07	
Full Name (Last, First, Middle Initial)  Bank of America			Transaction ID Date of Disburs	
Mailing Address PO Box 790251			01 / 0	12 7 2007
City St. Louis	State Zip Code MO 63179		Amount of Each	Disbursement this Period
Purpose of Disbursement American Express Fee 01/12/07 Candidate Name		001 Category/ Type		3.17
Office Sought:  Senate  President  State:  Disburse	ement For: Primary General Other (specify)		American Exp 2/07	ress Fee 01/1-
Full Name (Last, First, Middle Initial)  Bank of America			Transaction ID Date of Disburs	ement
Mailing Address PO Box 790251			01 / 0	1 6 Y 2 0 0 7 Y
City St. Louis	State Zip Code MO 63179		Amount of Each	Disbursement this Period
Purpose of Disbursement American Express Fee 01/16/07 Candidate Name		001 Category/ Type		1.19
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		American Exp 6/07	ress Fee 01/1-
SUBTOTAL of Disbursements This Page (optional)				4.93
TOTAL This Period (last page this line number only)				

91	CHEDULE B (FEC Form 3X)										
	· · · · · · · · · · · · · · · · · · ·		erate schedule(s)		OR LINE heck on	E NUMBER:	PA	GE	25 / 3	37	
IT	EMIZED DISBURSEMENTS		category of the			□ 22 □ 23	□ 24	$\Box$	25		1 26
		Detailed S	Summary Page	−II≏	27	$\begin{array}{c c} - & 22 \\ 28a \end{array}$	28c	Н	29	$\vdash$	30b
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	for commercial purposes, other than using the name										
Λ	NAME OF COMMITTEE (In Full)										
$\backslash$	American Optometric Association Political	Action Co	mmittee								
	Full Name (Last, First, Middle Initial)					Transaction ID:	2545382	23			
A.	Bank of America					Date of Disburse					
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	Mailing Address PO Box 790251					0 1 1	6	. 2	007		
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	St. Louis	MO	63179					-	-		
	Purpose of Disbursement				-	1 L			27.	90	
	Bank of America Service Fee 01/16/07			Q(	)1.						
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	Office Sought: House Disburse	ment For:				Bank of Americ	ca Servic	<u>.</u>			
	Senate	Primary	General			Fee 01/16/07	Ja 00. 110				
	President	Other (spe	cify)								
	State: District:										
Ь	Full Name (Last, First, Middle Initial)					Transaction ID:	254538	18			
В.	Bank of America					Date of Disburse	ement				
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	Mailing Address PO Box 790251								007		
		State	Zip Code			Amount of Each	Disburser	nen	t this F	Perio	od
	St. Louis	MO	63179							70	
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	Senate	Primary	General			9/07		/			
	President	Other (spe	city) 🔻								

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	33.60
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al Action Committee  ite 800  State Zip Code DC 20005  sement For: 2008 X Primary Genera	011 Category Type	Transaction ID: 25233051 Date of Disbursement  M M / D D D / Y Y Y O Y O T  Amount of Each Disbursement this Period
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		Transaction ID: 25233052 Date of Disbursement
		01 1 0 5 7 2 0 0 7
State Zip Code MT 59624		Amount of Each Disbursement this Period
	011	1000.00
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sement For: 2006 Primary Genera X Other (specify)	l	2006 Debt Retirement
Debt Retirement		
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et, S.E		0 1 M / D 1 7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State Zip Code DC 20003		Amount of Each Disbursement this Period
	011	5000.00
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	l	Contribution to National Party Committee
		7500.00
-	rsement For: Primary General Other (specify)	State Zip Code DC 20003  011 Catego Type rsement For: Primary General

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$ \rangle$	NAME OF COMMITTEE (In Full)  American Optometric Association Political	Action Committee												
$\angle$														
A.	Full Name (Last, First, Middle Initial) Democratic National Committee								on ID: sburs	_		0		
	Mailing Address 430 South Capitol Street	, S.E					0 <sup>M</sup> 1	М	1	<sup>D</sup> 7	/ Y	ž	0 ŏ 7	, <sup>Y</sup>
	City Washington	State Zip Code DC 20003					Amou	int o	f Each	Dist	ursen	nent	this F	Period
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_	Full Name (Last, First, Middle Initial)						Trans	anti	on ID:	252	0527	'1		
В.	Democratic National Committee						Date		sburs				Υ	Υ
	Mailing Address 430 South Capitol Street	, S.E					0 1		1	7		2	0 ŏ 7	
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	State: District: Full Name (Last, First, Middle Initial)													
C.	Democratic Senatorial Campaign Commit	tee					Date	of D	on ID: sburs	emen		_		
	Mailing Address 120 Maryland Avenu, N.	 E.					0 <sup>M</sup> 1	М	<b>1</b>	<sup>D</sup> 7	/ L	ž	0 ŏ 7	, <sup>Y</sup>
	City Washington	State Zip Code DC 20002					Amou	int o	f Each	Disb	ursen	nent	this F	Period
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$\rangle$	American Optometric Association Political	Action Committee										
_	Full Name (Last, First, Middle Initial)					Trans	sact	ion ID:	: 252	95559		
Α.	Democratic Senatorial Campaign Committ	ee					of D	isburs			V V	
	Mailing Address 120 Maryland Avenu, N.E	Ξ.				0 <sup>M</sup> 1	IVI	/ D	7	<u> </u>	žoŏ	7
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В.	Democratic Senatorial Campaign Committ	ee						ion ID: isburs	_		V * V	V
	Mailing Address 120 Maryland Avenu, N. E	Ξ.				0 1	IVI	์้1	7	Ľ.	žoŏ	7
	•	State Zip Code DC 20002				Amo	unt o	f Each	Disb	urseme		
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	Full Name (Last, First, Middle Initial)					<b>T</b>		ID	050	25000		
C.	Democratic Congressional Campaign Com	ımittee						isburs		95266		
	Mailing Address 430 S. Capitol Street, S.I	<u> </u>				0 <sup>M</sup> 1	М	/ D	7	Υ	ž 0 ŏ	7 <sup>Y</sup>
	City Washington	State Zip Code DC 20003				Amo	unt o	f Each	Disb	urseme	nt this	Period
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	y Information copied from such Reports and Staten for commercial purposes, other than using the name												S			
	NAME OF COMMITTEE (In Full)	, p														
$ \rangle$	American Optometric Association Political	Action Committee														
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID:	2529	5267					
Α.	Democratic Congressional Campaign Con	nmittee					Date of Disbursement									
	Mailing Address 430 S. Capitol Street, S.	E.					0 <sup>M</sup> 1	М	1	7	2	ž o ŏ 7	· Y			
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	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID:	: 2529	5268					
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	Mailing Address 430 S, Capitol Street, S.						0 1	М	/ D	7 <sup>D</sup> /	Y	ž 0 ŏ 7	, Y			
	Mailing Address 430 S. Capitol Street, S.I	⊑.														
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	President	Other (specify) ▼	-				гану	CO		.ee						
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C.	Full Name (Last, First, Middle Initial)									2529	5820					
Ο.	Friends Of Jim Marshall							of D	isburse	ement	V	v	V			
	Mailing Address 586 Orange Street						0 1		´ _ 1	7	. 2	ž o ŏ 7				
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American Optometric Association Political	Action Committee									
Full Name (Last, First, Middle Initial)				Trans	sactio	on ID:	252955	62		
National Republican Congressional Commi	ttee				of Dis	sburse		v v	V	V
Mailing Address 320 First Street, S.E				0 <sup>M</sup> 1	/	1	7 /	2	0 ŏ 7	
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Mailing Address 320 First Street, S.E				0 1						
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National Republican Congressional Comm	ttee				_	sburse				_
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Full Name (Last, First, Middle Initial)				Tr	ansact	tion ID:	252955	573		
A. Republican National Committee						Disburse / D		V V	V	V
Mailing Address 310 First Street, S.E.					) <b>1</b>	1	<sup>D</sup> /	<u>'</u> 2	0 ŏ 7	
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Republican National Committee						Disburse	ement			
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$ \rangle$	American Optometric Association Political	Action Committee												
_	Full Name (Last, First, Middle Initial)					Т	rans	acti	on ID:	252	29556	7		
Α.	National Republican Senatorial Committee	•				Date of Disbursement								
	Mailing Address 425 2nd Street, NE						0 1	VI /	1	<sup>D</sup> 7	/ L	žoŏ	7 *	
		State Zip Code				А	moui	nt of	Each	Disk	oursem	ent this	Period	
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	Mailing Address 425 2nd Street, NE								1	7	L	žoŏ	7	
	City Washington	State Zip Code DC 20002				_ A	Amount of Each Disbursement this Period 5000.00							
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	Full Name (Last, First, Middle Initial)						rono	o o ti	on ID	. 252	31518	0		
C.	Becerra For Congress								sburs			b		
	Mailing Address P.O. Box 261060						М 1	M	D 2	2 2	/ Y	žoŏ	7 <sup>Y</sup>	
	City Los Angeles	State Zip Code CA 90026				A	moui	nt of	Each	Disk	oursem	ent this		
	Purpose of Disbursement 2008 Primary Election			Ó	11			_			-	1000	0.00	
	Candidate Name Rep. Xavier Becerra				egory/ vpe									
		ement For: 2008 Primary General Other (specify)			<u>.                                      </u>	20	)08 I	Prin	nary	Elec	tion			
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American Optometric Association Political	Action Committee									
Full Name (Last, First, Middle Initial)				ction ID:		917				
Ike Skelton For Congress Committee				f Disburse		v v		V		
Mailing Address P.O. Box A			01	2	2 '	2 (	o ŏ 7			
	State Zip Code MO 64701		Amour	nt of Each	Disburse	ement	this Pe	eriod		
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2008 Primary Election		011								
Candidate Name Rep. Ike Skelton		Category/ Type								
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Full Name (Last, First, Middle Initial)			Transa	ection ID:	252200	130				
3. MCConnell Majority Committee; The				f Disburse		130				
Mailing Address PO BOX 75103			0 1 N	<sup>1</sup> / <sup>2</sup>	3 /	ž (	) ŏ 7	Y		
•	State Zip Code DC 20013		Amour	nt of Each	Disburse			-		
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Full Name (Last, First, Middle Initial)			Transa	ction ID:	253205	84				
Democratic Freshmen PAC				f Disburse				_		
Mailing Address 236 Massachusetts Ave., #508	NE		0 1 N	2	4 /	ž	o ŏ 7	Y		
•	State Zip Code DC 20002		Amour	nt of Each	Disburse	ement	this Pe	eriod		
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Candidate Name	١,	Category/ Type								
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Ame	erican Optometric Ass	sociation Political	Action Co	mmittee														
	Name (Last, First, Middle Filner For Congress	Initial)				Transaction ID: 25390142 Date of Disbursement												
Mailir	ng Address P.O. Bo	x 127868			01													
City San	Diego		State CA	Zip Code 92112				Amount of Each Disbursement this Period										
	ose of Disbursement Primary Election				Г	011						10	0.000	00				
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B. Gene	e Green Congression	al Campaign						Transaction ID: 25390140 Date of Disbursement  0 1 3 0 2 0 7										
	ng Address PO Box							0 1		3	0	2	0 0 7					
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	Name (Last, First, Middle Dog PAC	Initial)						Date o	of Dis	n ID: 2 burser	25390 ment	069						
Mailir	ng Address 227 Mas Suite 10	ssachusetts Aven	ue, N.E.					0 <sup>M</sup> 1	M /	<sup>D</sup> 3	0 /	ž	0 ŏ 7	Y				
City Was	shington		State DC	Zip Code 20002				Amou	nt of	Each [	Disburs	sement		-				
Contr	ose of Disbursement ribution to Federal PAC					011		L.	_		•	10	0.00.0	00				
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Office State	e Sought: House Senate Preside District:		ement For: Primary Other (spe	General cify) ▼				Contri PAC	ibuti	on to	Feder	al						
		This Days (sail "										30	0.00	00				
	TAL of Disbursements T	· · · · · · ·					<u> </u>	<del> </del>	-	•	-		33.0					

SCHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s) (check only one)							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	22 28a	X 23 28b	24 28c	25 29	26 30b
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NAME OF COMMITTEE (In Full)	e and address of any political co	minite	10 50	icit coriti	ibulions	TIOTH SUCH	COMMINICIE	<del></del>
American Optometric Association Political	Action Committee							
Full Name (Last, First, Middle Initial)						<b>D</b> : 253900	23	
Nathan Deal For Congress						rsement	v	· v
Mailing Address PO Box 902				0 <sup>M</sup> 1		30 /	ŽOŎ	7
City Gainesville	State Zip Code			Amou	nt of Ea	ch Disburse	ement this	Period
Purpose of Disbursement	GA 30503						1000	.00
2008 Primary Election		011					-	
Candidate Name Rep. Nathan Deal		Categor Type	y/					
Senate X President	ement For: 2008 Primary General Other (specify)			2008	Primar	y Election		
State: GA District: 9  Full Name (Last, First, Middle Initial)						<b>-</b> 050004	40	
3. Lobiondo For Congress				Date of	of Disbu	<b>D</b> : 253901 rsement		* V
Mailing Address PO Box 775				0 <sup>M</sup> 1	W / L	30 /	ŽOŎ	7
City Marmora	State Zip Code NJ 08223			Amou	nt of Ea	ch Disburse		
Purpose of Disbursement		044					2000	0.00
2008 Primary Election Candidate Name Rep. Frank A. LoBiondo		011 Categor Type	y/					
9 1	ement For: 2008 Primary General Other (specify)			2008	Primar	y Election		
Full Name (Last, First, Middle Initial)  Alan Mollohan For Congress Committee						<b>D</b> : 253900 rsement	92	
				М		30	žoŏ	7 Y
Mailing Address P. O. Box 1343				0 1				
City Fairmont	State Zip Code WV 26555			Amou	nt of Ea	ch Disburse	ement this	Period
Purpose of Disbursement 2006 Debt Retirement		011		L.			1000	.00
Candidate Name Rep. Alan B. Mollohan		Categor Type	y/					
Senate President X	ement For: 2006 Primary General Other (specify)  ebt Retirement			2006	Debt R	etirement		
SUBTOTAL of Disbursements This Page (optional)			<b>•</b>				4000	.00
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SCHEDOLL B (I LOT OHII 3A)	Use seperate schedule(s)	(check onli	NUMBER:	PAGE 36/3/					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X	23 24 28b 28c	25 29	26 30b			
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam						5			
NAME OF COMMITTEE (In Full)	and address of any political co	ommittee to sc	IICIL CONTRIDUTIO	ons from such c	ommittee				
American Optometric Association Political	Action Committee								
Full Name (Last, First, Middle Initial)			Transactio	on ID: 253900	11				
Friends Of Weiner				sbursement	V V V	V			
Mailing Address 1 Ascan Avenue #31 Suite 31			01	D 3 0 Y	ž 0 0 7				
City Forest Hills	State Zip Code NY 11375		Amount of	Each Disburser		-			
Purpose of Disbursement 2008 Primary Election	Г	011			1000.0	00			
Candidate Name Rep. Anthony D. Weiner		Category/ Type							
X	ment For: 2008 Primary General Other (specify)		2008 Prin	nary Election					
Full Name (Last, First, Middle Initial)			Transaction	on ID: 2539014	14				
Wynn For Congress				sbursement					
Mailing Address P. O. Box 39139			01	3 0 Y	ž 0 ŏ 7	Y			
City Washington	State Zip Code DC 20016		Amount of	Each Disburser		-			
Purpose of Disbursement 2008 Primary Election		011			1000.0	00			
Candidate Name Rep. Albert Russell Wynn		011 Category/ Type							
, <u>, , , , , , , , , , , , , , , , , , </u>	ment For: 2008 Primary General Other (specify)		2008 Prin	nary Election					
Full Name (Last, First, Middle Initial)				on ID: 253901	39				
Tim Ryan For Congress			M M /	sbursement	YY	Υ			
Mailing Address 80 F St Nw Suite 804			0 1	3 0 Y	ž 0 ŏ 7				
City Washington	State Zip Code DC 20001		Amount of	Each Disburser	ment this P	eriod			
Purpose of Disbursement 2008 Primary Election		011			1000.0	00			
Candidate Name Mr. Timothy J. (Tim) Ryan		Category/ Type							
· —	ment For: 2008 Primary General Other (specify)		2008 Prin	nary Election					
SUBTOTAL of Disbursements This Page (optional)					3000.0	0			
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or	for commercial purposes, other than using the nar	ne and address of any politica	u com	ım	ittee to s	solicit cont	ribut	ions tr	om suc	n com	mittee	
$ \rangle$	NAME OF COMMITTEE (In Full)  American Optometric Association Politica	I Action Committee										
L	American Optometric Association Folitica	Action Committee										
٨	Full Name (Last, First, Middle Initial)							-	2539	0147		
Α.	Cole For Congress					Date	_	isburs	D /	V	V V	V
	Mailing Address P.O. Box 722256					0 1	IVI	′ <u></u> 3	3 Ŏ /	2	ž o ŏ 7	7 '
	City	State Zip Code				Amou	unt o	f Each	Disbu	rseme	nt this I	Period
	Norman	OK 73070								•	1000.	00
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	Candidate Name				egory/							
	Rep. Thomas Cole			Ty	/ре							
	X	sement For: 2008  C Primary General				2008	Pri	mary	Election	on		
	President	Other (specify)										
	State: OK District: 4											
В.	Full Name (Last, First, Middle Initial)					Trans	sact	ion ID:	: 2539	0143		
Ь.	Ben Chandler For Congress						_	isburs		V.	· · · · ·	V/
	Mailing Address P. O. Box 12678					0 <sup>M</sup> 1	М	<sup>′</sup> 3	3 O /	2	ž o ŏ 7	7
	City	State Zip Code				Amou	unt o	f Each	Disbu	rseme	nt this I	Period
	Lexington	KY 40508								-	1000.	00
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	Candidate Name			_	egory/							
	Rep. Benjamin Chandler			Ty	/pe							
		sement For: 2008  C Primary General				2008	Pri	mary	Election	on		
	President	Other (specify)										
	State: KY District: 6											
C.	Full Name (Last, First, Middle Initial) Lot of People for David Obey							ion ID:	: 2539 ement	0099		
	Mailing Address PO Box 1322					0 <sup>M</sup> 1	М	/ D3	3 O /	Y	ž o ŏ 7	7 <sup>Y</sup>
	City	State Zip Code				Amoi	ınt o	f Fach	Dishu	rseme	nt this I	Period
	Wausau	WI 54402										
	Purpose of Disbursement 2008 Primary Election			^	11	<u> </u>					1000.	00
	Candidate Name			_	egory/							
	David Obey				/pe							
	0 1	sement For: 2008				2008	Pri	mary	Election	on		
	Senate President	C Primary General Other (specify) ▼						•				
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