

**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

01

01

2007

through

01

31

2007

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

Type or Print Name of Treasurer

Dorothy Hitchmoth, O.D.

Signature of Treasurer

Electronically Filed by Dorothy Hitchmoth, O.D.

Date

02

15

2007

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

Office
Use
Only**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	1	0	1	2	0	0	7

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		380998.25
(b) Cash on Hand at Beginning of Reporting Period	380998.25	
(c) Total Receipts (from Line 19)	33628.05	33628.05
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	414626.30	414626.30
7. Total Disbursements (from Line 31)	120633.67	120633.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	293992.63	293992.63
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
0 1D D
0 1Y Y Y Y
2 0 0 7

To:

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

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

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.....		1133.67	1133.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		1133.67	1133.67
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		119500.00	119500.00
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))..		120633.67	120633.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		120633.67	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

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

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

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Rick Crolla Mailing Address 317 Main St City State Zip Code New Canaan CT 06840-5837 FEC ID number of contributing federal political committee. C 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		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7 Transaction ID: 25229708 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Dr Morris 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: <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 1 / 0 2 / 2 0 0 7 Transaction ID: 25229716 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr Thomas R Cheezum, Jr Mailing Address 2301 Mariners Mark Way #302 City State Zip Code Virginia Beach VA 23451-1371 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 1 / 0 4 / 2 0 0 7 Transaction ID: 25230039 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

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

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Louis E Boggs Mailing Address 3311 E Houghton Lake Dr P O Box 20 City Prudenville State MI Zip Code 48651 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 1 / 1 6 / 2 0 0 7 Transaction ID: 25303141 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr Samuel J Singleton Mailing Address 6151 Rc Servis Ln City Myrtle Beach State SC Zip Code 29588 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 1 / 1 6 / 2 0 0 7 Transaction ID: 25303145 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Dr Daniel J Brothers Mailing Address 4517 Belmont City Joplin State MO Zip Code 64804 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 1 / 1 6 / 2 0 0 7 Transaction ID: 25303151 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 37

(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 Larry J Brothers

Mailing Address 4777 Seagraves Drive

City State Zip Code
 Joplin MO 64804

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 1 / 1 6 / 2 0 0 7

Transaction ID: 25303152

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr William G Hendrix

Mailing Address 1205 Ridge Road

City State Zip Code
 Raleigh NC 27607-6834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 25303155

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Melvin M Gehrig, Jr

Mailing Address 3208 Cyprien Lane

City State Zip Code
 Lake Charles LA 70605-2253

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 1 / 0 5 / 2 0 0 7

Transaction ID: 25303161

Amount of Each Receipt this Period

250.00

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:
(check only one)

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

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Lamar G Zigler
Mailing Address 2955 Pickwick Drive

City State Zip Code
Columbus OH 43221-2925

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 1 / 1 0 / 2 0 0 7

Transaction ID: 25303176

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Neill R Marshall
Mailing Address 804 Fourth St

City State Zip Code
New Martinsville WV 26155

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 1 / 1 0 / 2 0 0 7

Transaction ID: 25303177

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Dr William Marks
Mailing Address 15638 Indianhead Lane

City State Zip Code
Strongsville OH 44136-5334

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 1 / 1 0 / 2 0 0 7

Transaction ID: 25303200

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Dennis Bryan Cave Mailing Address 6009 Mountain View Drive City State Zip Code Snyder TX 79549 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 7 Transaction ID: 25303206 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Dr Dennis W Bezold Mailing Address 7612 Hwy 43 City State Zip Code Seneca MO 64865-8350 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 1 / 1 1 / 2 0 0 7 Transaction ID: 25303288 Amount of Each Receipt this Period 250.00
C. 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: <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 1 / 0 8 / 2 0 0 7 Transaction ID: 25303294 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 11 / 37

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

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Steven W Bernstorf
Mailing Address 12 Hatteras Court

City State Zip Code
Greensboro NC 27455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 25303295

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr Jay V Gallinger
Mailing Address 150 Allen Road

City State Zip Code
Onalaska WA 98570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 25303297

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Michelle L Spittler
Mailing Address 4125 Shorebrook Dr

City State Zip Code
Columbia SC 29206-2127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 25320370

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 37

(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 Sean R Claflin

Mailing Address 613 Floral Ave

City State Zip Code
 Canon City CO 81212-5025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 25320375

Amount of Each Receipt this Period

500.00

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

Dr Warren Stephen Johnson

Mailing Address 4586 Barfield Rd

City State Zip Code
 Memphis TN 38117-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 25320381

Amount of Each Receipt this Period

365.00

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

Dr Warren Stephen Johnson

Mailing Address 4586 Barfield Rd

City State Zip Code
 Memphis TN 38117-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 25320382

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 37

(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 Jerry A Barcelow

Mailing Address Rfd 2 Box 26G

City State Zip Code
 South Royalton VT 05068

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 1 / 2 2 / 2 0 0 7

Transaction ID: 25320403

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Dr Warren Stephen Johnson

Mailing Address 4586 Barfield Rd

City State Zip Code
 Memphis TN 38117-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

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

Transaction ID: 25320404

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Warren Stephen Johnson

Mailing Address 4586 Barfield Rd

City State Zip Code
 Memphis TN 38117-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

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

Transaction ID: 25320405

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

425.00

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 / 37

(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 Joe Ernest Ellis

Mailing Address 179 Wood Trace

City State Zip Code
Benton KY 42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 25320407

Amount of Each Receipt this Period

1000.00

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

Mailing Address 4586 Barfield Rd

City State Zip Code
Memphis TN 38117-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

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

Transaction ID: 25320413

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr Melissa Y Brown

Mailing Address 2452 N Malang Rd

City State Zip Code
Joplin MO 64801-8613

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 1 / 2 2 / 2 0 0 7

Transaction ID: 25320415

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 37

(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 Denise L Gutman

Mailing Address 1348 Spruce Ave

City State Zip Code
 Sidney OH 45365-3453

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 1 / 2 2 / 2 0 0 7

Transaction ID: 25320422

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr John E Beigel

Mailing Address 350 Oakridge Drive

City State Zip Code
 Sidney OH 45365-8430

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 1 / 2 2 / 2 0 0 7

Transaction ID: 25320423

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Lori R Donovan

Mailing Address 3245 Queensgate Way

City State Zip Code
 Mount Pleasant SC 29466-9000

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 1 / 2 5 / 2 0 0 7

Transaction ID: 25328063

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 37

(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 Shannon L Steinhauer

Mailing Address 501 W Port Royale Ln

City State Zip Code
 Phoenix AZ 85023-5272

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 1 / 1 4 / 2 0 0 7

Transaction ID: 25351840

Amount of Each Receipt this Period

250.00

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

Dr Lee L Cornforth

Mailing Address 16430 Emory Lane

City State Zip Code
 Rockville MD 20853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 25374863

Amount of Each Receipt this Period

365.00

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

Dr Cheryl 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 Y
 0 1 / 3 1 / 2 0 0 7

Transaction ID: 25394383

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 37

(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 A Forrey

Mailing Address 4527 224Th PI Ne

City State Zip Code
 Redmond WA 98053

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 1 / 3 0 / 2 0 0 7

Transaction ID: 25395170

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Terry L Bonds

Mailing Address 601 South Pelham Road

City State Zip Code
 Jacksonville AL 36265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 25395171

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr William J Prothero

Mailing Address 19027 Second Place, Sw

City State Zip Code
 Seattle WA 98166

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 1 / 3 0 / 2 0 0 7

Transaction ID: 25395174

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 37

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Gary D Crowell
Mailing Address 1291 N. Highway 99W

City State Zip Code
McMinnville OR 97128-2720

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 1 / 3 0 / 2 0 0 7

Transaction ID: 25395181

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr David A Klibanoff
Mailing Address 238 Brook Street

City State Zip Code
Rehoboth MA 02769-1736

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 1 / 3 0 / 2 0 0 7

Transaction ID: 25395222

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Maj Corina VandePol
Mailing Address 4345 Florida St #1

City State Zip Code
San Diego CA 92104

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 1 / 3 0 / 2 0 0 7

Transaction ID: 25395224

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 37

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James P De Vleming

Mailing Address 670 Se Meadowvale

City State Zip Code
 Pullman WA 99163

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 1 / 2 3 / 2 0 0 7

Transaction ID: 25395237

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jerald F Combs

Mailing Address 472 Rt Fork Bull Creek

City State Zip Code
 Prestonsburg KY 41653-8090

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 1 / 2 9 / 2 0 0 7

Transaction ID: 25395268

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Samuel Cooper Smart

Mailing Address 7 Derby Drive

City State Zip Code
 Fredericksburg VA 22405-3315

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 1 / 2 9 / 2 0 0 7

Transaction ID: 25395271

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 20 / 37

(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 Anita Susan Keene

Mailing Address 70 Cove Hills Lane

City State Zip Code
 Wytheville VA 24382-4461

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 1 / 2 9 / 2 0 0 7

Transaction ID: 25395272

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
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 1 / 2 9 / 2 0 0 7

Transaction ID: 25395273

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)

17015.00

SCHEDULE A (FEC Form 3X) **ITEMIZED 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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

United Bank

Mailing Address 3801 Wilson Blvd.

City

Arlington

State

VA

Zip Code

22203-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1164.30

Date of Receipt

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

Transaction ID: 25453696

Amount of Each Receipt this Period

1164.30

United Bank Interest 01/0-
4/07

SUBTOTAL of Receipts This Page (optional)

1164.30

TOTAL This Period (last page this line number only)

1164.30

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 22 / 37

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Fee 01/02/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25453819

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

508.47

Bank of America Fee 01/02-
/07

B. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Service Fee 01/02/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25453820

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

0.01

Bank of America Service
Fee 01/02/07

C. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
American Express Fee 01/02/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25453834

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

28.93

American Express Fee 01/0-
2/07

SUBTOTAL of Disbursements This Page (optional)

537.41

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 23 / 37

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
American Express Fee 01/02/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25453835

Date of Disbursement

01 / 02 / 2007

Amount of Each Disbursement this Period

7.13

American Express Fee 01/0-2/07

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
Discover Service Fee 01/03/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25453821

Date of Disbursement

01 / 03 / 2007

Amount of Each Disbursement this Period

8.55

Discover Service Fee 01/0-3/07

Full Name (Last, First, Middle Initial)

C. Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Wachovia Bank Fee 1/10/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25442641

Date of Disbursement

01 / 10 / 2007

Amount of Each Disbursement this Period

542.05

Wachovia Bank Fee 1/10/07

SUBTOTAL of Disbursements This Page (optional)

557.73

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 24 / 37

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
American Express Fee 1/11/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25453815

Date of Disbursement

01 / 11 / 2007

Amount of Each Disbursement this Period

0.57

American Express Fee 1/11-
/07

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
American Express Fee 01/12/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25453816

Date of Disbursement

01 / 12 / 2007

Amount of Each Disbursement this Period

3.17

American Express Fee 01/1-
2/07

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
American Express Fee 01/16/07

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 25453817

Date of Disbursement

01 / 16 / 2007

Amount of Each Disbursement this Period

1.19

American Express Fee 01/1-
6/07

SUBTOTAL of Disbursements This Page (optional)

4.93

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Service Fee 01/16/07

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25453823

Date of Disbursement

01 / 16 / 2007

Amount of Each Disbursement this Period

27.90

Bank of America Service
Fee 01/16/07

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
American Express Fee 01/19/07

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25453818

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

5.70

American Express Fee 01/1-
9/07

SUBTOTAL of Disbursements This Page (optional)

33.60

TOTAL This Period (last page this line number only)

1133.67

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw Suite 800
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement
2008 Primary Election

Candidate Name
Sen. Mary L. Landrieu

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District: 1

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

Transaction ID: 25233051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

2008 Primary Election

Full Name (Last, First, Middle Initial)

B. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
2006 Debt Retirement

Candidate Name
Mr. Jon Tester

Office Sought: ☐ House
☒ Senate
☐ President

State: MT District: 2

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

2006 Debt Retirement

Transaction ID: 25233052

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

2006 Debt Retirement

Full Name (Last, First, Middle Initial)

C. Democratic National Committee

Mailing Address 430 South Capitol Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25295269

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic National Committee

Mailing Address 430 South Capitol Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25295270

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

B. Democratic National Committee

Mailing Address 430 South Capitol Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25295271

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25295556

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

SUBTOTAL of Disbursements This Page (optional)

15000.00

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. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25295559

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25295561

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25295266

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

SUBTOTAL of Disbursements This Page (optional)

15000.00

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
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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. Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295267

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295268

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Marshall

Mailing Address 586 Orange Street

City Macon State GA Zip Code 31201

Purpose of Disbursement
2008 Primary Election

Candidate Name
Rep. Jim Marshall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: GA District: 8

Transaction ID: 25295820

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

2008 Primary Election

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Mailing Address 320 First Street, S.E

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295562

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, S.E

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295564

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Mailing Address 320 First Street, S.E

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295565

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

SUBTOTAL of Disbursements This Page (optional)

15000.00

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. Republican National Committee

Mailing Address 310 First Street, S.E.

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295573

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

B. Republican National Committee

Mailing Address 310 First Street, S.E.

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295574

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

C. Republican National Committee

Mailing Address 310 First Street, S.E.

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295576

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

SUBTOTAL of Disbursements This Page (optional)

15000.00

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
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295567

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution to National Party Committee

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25295570

Date of Disbursement

01 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution to National
Party Committee

Full Name (Last, First, Middle Initial)

C. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
2008 Primary Election

Candidate Name
Rep. Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 31

Transaction ID: 25315188

Date of Disbursement

01 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

2008 Primary Election

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement
2008 Primary Election

Candidate Name
Rep. Ike Skelton

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 4

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

Transaction ID: 25313917

Date of Disbursement

01 / 22 / 2007

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

2008 Primary Election

Full Name (Last, First, Middle Initial)

B. McConnell Majority Committee; The

Mailing Address PO BOX 75103

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Contribution to Joint Fundraising Commit

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25320030

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

10000.00

011
Category/
Type

Contribution to Joint Fun-
draising Committee

Full Name (Last, First, Middle Initial)

C. Democratic Freshmen PAC

Mailing Address 236 Massachusetts Ave., NE
#508

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution to Federal PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 25320584

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

Contribution to Federal
PAC

SUBTOTAL of Disbursements This Page (optional)

17000.00

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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☐ 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. Bob Filner For Congress

Mailing Address P.O. Box 127868

City
San Diego

State
CA

Zip Code
92112

Purpose of Disbursement
2008 Primary Election

Candidate Name
Rep. Bob Filner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 51

Transaction ID: 25390142

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

2008 Primary Election

Full Name (Last, First, Middle Initial)

B. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City
Houston

State
TX

Zip Code
77222

Purpose of Disbursement
2008 Primary Election

Candidate Name
Rep. Gene Green

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 29

Transaction ID: 25390140

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

2008 Primary Election

Full Name (Last, First, Middle Initial)

C. Blue Dog PAC

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

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution to Federal PAC

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 25390069

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution to Federal
PAC

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
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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. Nathan Deal For Congress

Mailing Address PO Box 902

City Gainesville State GA Zip Code 30503

Purpose of Disbursement
2008 Primary Election

Candidate Name
Rep. Nathan Deal

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 9

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

Transaction ID: 25390023

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2008 Primary Election

Full Name (Last, First, Middle Initial)

B. Lobiondo For Congress

Mailing Address PO Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement
2008 Primary Election

Candidate Name
Rep. Frank A. LoBiondo

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 2

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

Transaction ID: 25390148

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

2000.00

011
Category/
Type

2008 Primary Election

Full Name (Last, First, Middle Initial)

C. Alan Mollohan For Congress Committee

Mailing Address P. O. Box 1343

City Fairmont State WV Zip Code 26555

Purpose of Disbursement
2006 Debt Retirement

Candidate Name
Rep. Alan B. Mollohan

Office Sought: ☒ House
☐ Senate
☐ President

State: WV District: 1

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

2006 Debt Retirement

Transaction ID: 25390092

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2006 Debt Retirement

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Weiner

Mailing Address 1 Ascan Avenue #31
Suite 31

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement
2008 Primary Election

Candidate Name
Rep. Anthony D. Weiner

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 9

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

Transaction ID: 25390011

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

2008 Primary Election

Full Name (Last, First, Middle Initial)

B. Wynn For Congress

Mailing Address P. O. Box 39139

City Washington State DC Zip Code 20016

Purpose of Disbursement
2008 Primary Election

Candidate Name
Rep. Albert Russell Wynn

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 4

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

Transaction ID: 25390144

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

2008 Primary Election

Full Name (Last, First, Middle Initial)

C. Tim Ryan For Congress

Mailing Address 80 F St Nw
Suite 804

City Washington State DC Zip Code 20001

Purpose of Disbursement
2008 Primary Election

Candidate Name
Mr. Timothy J. (Tim) Ryan

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 17

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

Transaction ID: 25390139

Date of Disbursement

01 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

2008 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 PageFOR 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. Cole For Congress

Mailing Address P.O. Box 722256

City
NormanState
OKZip Code
73070Purpose of Disbursement
2008 Primary ElectionCandidate Name
Rep. Thomas Cole011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 4

Transaction ID: 25390147

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

2008 Primary Election

Full Name (Last, First, Middle Initial)

B. Ben Chandler For Congress

Mailing Address P. O. Box 12678

City
LexingtonState
KYZip Code
40508Purpose of Disbursement
2008 Primary ElectionCandidate Name
Rep. Benjamin Chandler011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 6

Transaction ID: 25390143

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

2008 Primary Election

Full Name (Last, First, Middle Initial)

C. Lot of People for David Obey

Mailing Address PO Box 1322

City
WausauState
WIZip Code
54402Purpose of Disbursement
2008 Primary ElectionCandidate Name
David Obey011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 7

Transaction ID: 25390099

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

2008 Primary Election

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

119500.00