10/15/2008 13:01

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 Alexandria ٧A 22314 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00024968 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2008 09 3 0 2008 through Covering Period 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. 10 15 2008 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. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

F		9 01 2008	To: 0 9 3 0 7 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1		495385.22
	(b) Cash on Hand at Begining of Reporting Period	439294.96	
	(c) Total Receipts (from Line 19)	91423.87	693781.47
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	530718.83	1189166.69
	Total Disbursements (from Line 31)	136865.37	795313.23
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	393853.46	393853.46
).	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on	0.00	
	Schedule C and/or Schedule D)	0.00	

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. 06/2004) Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

0 1 3^D0 М М 2008 м м 0 9 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 410601.64 59146.84 (i) Itemized (use Schedule A) 27251.99 264738.46 (ii) Unitemized (iii) TOTAL (add 86398.83 675340.10 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 86398.83 675340.10 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 5000.00 16500.00 Political Committees 17. Other Federal Receipts 25.04 1941.37 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 91423.87 693781.47 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 91423.87 693781.47 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

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 1060.67 17872.53 Expenditures..... (c) Total Operating Expenditures 1060.67 17872.53 (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..... 135804.70 769290.70 24. Independent Expenditure 0.00 0.00 0.00 0.00 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 1650.00 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 0.00 1650.00 (add Lines 28(a), (b), and (c)) 0.00 6500.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 136865.37 795313.23 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 136865.37 795313.23

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)	86398.83	675340.10
34.	Total Contribution Refunds (from Line 28(d))	0.00	1650.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	86398.83	673690.10
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1060.67	17872.53
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1060.67	17872.53

FE6AN026

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	0	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Dr Zoey K Loomis Mailing Address 3750 Highway 144			Date of Receipt Date of Receipt 0 9 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 28513249
	Weldona FEC ID number of contributing federal political committee.	C	80653-9107	Amount of Each Receipt this Period 150.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	_ '	on If Optometry e Year-to-Date 300.00	
– В.	Full Name (Last, First, Middle Initial) Dr Mark J Cook Mailing Address 5698 Mountain Road	Date of Receipt 0 9 0 6 2 0 0 8		
	City	State	Zip Code	Transaction ID: 28518586
	Brighton	MI	48116-9732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.00
	Name of Employer Self Employed	- t	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 660.00	
- C.	Full Name (Last, First, Middle Initial) Nathaniel Roland			Date of Receipt
	Mailing Address 10001 Admiral Emers	son Avenue r	NE	09 07 2008
	City	State	Zip Code	Transaction ID: 28518587
	Albuquerque FEC ID number of contributing federal political committee.	C	87111-1339	Amount of Each Receipt this Period 100.00
	Name of Employer	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			430.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 113 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr Mark David Hansen Mailing Address 1887 Isett Ave N City Muscatine FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code IA 52761-9747 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman Mailing Address 4535 Nw Aspen St City Camas FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code WA 98607-8302 C Occupation Doctor of Optometry	Date of Receipt M M M O D D O D O D O D O D O D O D O D
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz Mailing Address 3537 New Castle Dr S City Rio Rancho	Aggregate Year-to-Date ▼ 750.01	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 1800.00	200.00
SUBTOTAL of Receipts This Page (optional) .		491.67

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Bronte D Baker Mailing Address 179 Redbird Ridg City Beeville FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code TX 78102-8465 C Occupation	Date of Receipt M M M / D D D / Y Y Y Y Y 2 0 0 8 Transaction ID: 28524588 Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Donald W Furman Mailing Address 855 11Th St Plac City	e State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Garner FEC ID number of contributing federal political committee.	IA 50438-1847	Amount of Each Receipt this Period 45.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 405.00	
Full Name (Last, First, Middle Initial) Dr Markus I Barth Mailing Address 1346 Heller Drive		Date of Receipt 0 9 1 0 2 0 0 8
City Yardley FEC ID number of contributing	State Zip Code PA 19067-2714 C	Transaction ID: 28524592 Amount of Each Receipt this Period 66.67
federal political committee. Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.03	
SUBTOTAL of Receipts This Page (option	nal)	161.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 113 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Michael T T Cron Mailing Address 9217 Elmwood Court City Stanwood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MI 49346-9305 C Occupation Doctor of Optometry Aggregate Year-to-Date 374.94	Date of Receipt M M M D D D 2008 Transaction ID: 28524595 Amount of Each Receipt this Period 41.66
Full Name (Last, First, Middle Initial) Dr Frederick P Darin Mailing Address 405 Tirrell Rd City Charlotte FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MI 48813-2131 C Occupation Doctor of Optometry Aggregate Year-to-Date 279.00	Date of Receipt M M M D D D 2008 Transaction ID: 28524596 Amount of Each Receipt this Period 31.00
Full Name (Last, First, Middle Initial) Dr Maryjane Healey Mailing Address 6710 124Th Place Se City Snohomish FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code WA 98296-8649 C Occupation Doctor of Optometry	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) .	Aggregate Year-to-Date ▼ 450.00	122.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(A)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association			
Full Name (Last, First, Middle Initial) Dr Timothy G Koop			Date of Receipt
Mailing Address 4912 Bluff Run Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Greensboro	State NC	Zip Code 27455-2200	Transaction ID: 28524598 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27435-2200	50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski	Date of Receipt		
Mailing Address 305 Kensington Ave S			09 10 2008
City Kent	State WA	Transaction ID: 28524599 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		50.00	
Name of Employer Self Employed	Occupation	n · Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Dr Gary W Lasken Mailing Address 10215 N North Forest Trail			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Peoria	State IL	Zip Code 61615	Transaction ID: 28524600 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		41.66	
Name of Employer Occupation Self Employed Doctor of Optometry			
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 374.94	
SUBTOTAL of Receipts This Page (option	nal)		141.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 113 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	T Onlog Action Committee	
Dr Matthew J Maki Mailing Address 372 Split Rail Ridg	Date of Receipt	
<u> </u>		09 10 2008
City <u>Williamston</u>	State Zip Code MI 48895-1668	Transaction ID: 28524601
FEC ID number of contributing federal political committee.	MI 48895-1668	Amount of Each Receipt this Period 25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Ronald J Meyer	I	Date of Receipt
Mailing Address 9802 US 41	M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N	
City	State Zip Code	Transaction ID: 28524603
Champion	MI 49814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Susan M Brunnett	I	Date of Receipt
Mailing Address 9940 S Ashleigh V	Nay	0 9 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28524604
Highlands Ranch	CO 80126-4244	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (option	nal)	175.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 113 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jack L Schaeffer Mailing Address 3801 River View C	r	Date of Receipt
City Birmingham	State Zip Code AL 35243	Transaction ID: 28524607 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 450.00	
Full Name (Last, First, Middle Initial) Dr Mira B Swiecicki Mailing Address 450 F Street	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	Transaction ID: 28524611	
Blaine FEC ID number of contributing federal political committee.	WA 98230-4201	Amount of Each Receipt this Period 25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary Other (specify) General	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Jason K Dickerson	Date of Receipt	
Mailing Address 2581 Bridlewood D	09 10 2008	
City	State Zip Code	Transaction ID: 28524612
Helena FEC ID number of contributing federal political committee.	AL 35080-3916	Amount of Each Receipt this Period 42.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.00	
SUBTOTAL of Receipts This Page (option	al)	117.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 113 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any person the name and address of any political committee to s Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Ron W Roelfs		Date of Receipt
Mailing Address 600 3Rd St Se		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28524613
Waverly	IA 50677-3516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	
Full Name (Last, First, Middle Initial) Dr Marc Robert Bloomenstein Mailing Address 5101 E Calavar Rd		Date of Receipt
City	State Zip Code	0 9 1 0 2 0 0 8 Transaction ID: 28524614
Scottsdale	AZ 85254-2869	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Thomas J Landry		Date of Receipt
Mailing Address 3 Taylor Street		09 10 2008
City	State Zip Code	Transaction ID: 28524615
Painted Post	NY 14870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optiona		110.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 113 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to	
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote		Date of Receipt
Mailing Address 18 Little Androscogg	09 / 10 / Y Y Y Y Y	
City	State Zip Code	Transaction ID: 28524617
Auburn FEC ID number of contributing federal political committee.	ME 04210-8884	Amount of Each Receipt this Period 41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa	Date of Receipt	
Mailing Address 4280 Reiland Lane	09 10 2008	
City	State Zip Code	Transaction ID: 28524618
Shoreview	MN 55126-3127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	756.00	
Full Name (Last, First, Middle Initial) Dr Lee Ann Barrett	Date of Receipt	
Mailing Address 1199 E Morgan		09 10 2008
City	State Zip Code	Transaction ID: 28524620
Boonville	MO 65233-1336	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SURTOTAL of Receipts This Page (optional)		175.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 113 (check only one) X 11a
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Polit	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Bruce L Manning			Date of Receipt
Mailing Address 487 Whitebark Circle			0 9 1 0 2 0 0 8
City	State	Zip Code	Transaction ID: 28524624
Wadsworth	ОН	44281-2299	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.00
Name of Employer Self Employed	Occupatio		
Receipt For:		f Optometry 2 Year-to-Date V	
Primary General Other (specify) ▼	Aggregate	279.00	
Full Name (Last, First, Middle Initial) Dr Paul D Batson			Date of Receipt
Mailing Address 5323 Whisper Wood Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code			Transaction ID: 28524626
<u>Birmingham</u>	AL	35226-1092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis			Date of Receipt
Mailing Address 179 Wood Trace			09 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28524627
Benton	KY	42025-9400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		166.67
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1500.03	
SUBTOTAL of Receipts This Page (optional)			247.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Jan L Cooper Mailing Address 101 Chandler West		Date of Receipt
City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u>Highland</u>	CA 92346-5482	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr Frank Thomas Chinisci		Date of Receipt
Mailing Address 8315 Holbrook Ct Ne		09 10 2008
City	State Zip Code	Transaction ID: 28524631
<u>Albuquerque</u>	NM 87122-3841	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 Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III		Date of Receipt
Mailing Address 1229 Highland Lakes	s Trail	09 / 10 / Y Y Y Y
City	State Zip Code	Transaction ID: 28524873
Birmingham	AL 35242-6886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Maryjane Healey Mailing Address 6710 124Th Place S	Se	Date of Receipt 0 9 1 0 2 0 0 8
City Snohomish FEC ID number of contributing federal political committee.	State Zip Code WA 98296-8649	Transaction ID: 28525247 Amount of Each Receipt this Period 1400.00
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1850.00	
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson Mailing Address 9940 S Ashleigh W	ay ay	Date of Receipt 0 9 1 1 1 2 0 0 8
City	State Zip Code	Transaction ID: 28525248
Highlands Ranch FEC ID number of contributing federal political committee.	CO 80126-4244	Amount of Each Receipt this Period 166.67
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 1266.69	7
Full Name (Last, First, Middle Initial) Dr John Bonsett-Veal Mailing Address 357 N Main St		Date of Receipt
		09 11 2008
City Oregon	State Zip Code WI 53575-1425	Transaction ID: 28525250 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 426.00	
SUBTOTAL of Receipts This Page (options	al)	1658.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Peter V Candela		Date of Receipt
Mailing Address P O Box 614 City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Blythewood	SC 29016-0614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	
Full Name (Last, First, Middle Initial) Dr Mike E Harris		Date of Receipt
Mailing Address 1940 Kingsbury Dr		09 09 2008
City	State Zip Code	Transaction ID: 28525505
Casper	WY 82609-3529	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Coby S Ramsey		Date of Receipt
Mailing Address 2924 Driftwood Lar	ne	09 09 2008
City	State Zip Code	Transaction ID: 28525507
Rock Springs	WY 82901-6558	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1041.66
	nber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Edward Todd Jacobs			Date of Receipt
Mailing Address 407 Nevada Ave			09 08 2008
City	State	Zip Code	Transaction ID: 28525761
Mt Sterling	KY	40353-1035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Stuart G Bark			Date of Receipt
Mailing Address 26762 N 114Th Way			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: 28525762
Scottsdale	AZ	85262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr Chad J Thompson	l		Date of Receipt
Mailing Address 206 South Mill			09 11 2008
City	State	Zip Code	Transaction ID: 28525782
Beloit	KS	67420-3239	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	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			825.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS Any information copied from such Benort	Use separate schedule(s) for each category of the Detailed Summary Page ts and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 20 / 113 (check only one) X
or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Optometric Association	sing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Kathleen E Powell Mailing Address 6911 Burlwood	Drive	Date of Receipt
City	State Zip Code	0 9 1 2 2 0 0 8 Transaction ID: 28526794
Anchorage	AK 99507-2422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 648.00	
Full Name (Last, First, Middle Initial) Dr Sheryl A Lentfer		Date of Receipt
Mailing Address 1345 West 9Th	Avenue	09 12 2008
City	State Zip Code	Transaction ID: 28526795
Anchorage FEC ID number of contributing federal political committee.	AK 99501-3219	Amount of Each Receipt this Period 84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	
Full Name (Last, First, Middle Initial) Dr Robert D O'Connell		Date of Receipt
Mailing Address Box 3187		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: 28526796
Kenai FEC ID number of contributing	AK 99611-3187	Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer Self Employed	Occupation	_
Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (opt	ional)	218.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/113 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action	Committee	
Full Name (Last, First, Middle Initial) Dr Patrick N Reber			Date of Receipt
Mailing Address 9650 Etolin Circle			M M / D D / Y Y Y Y O D D / Y 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eagle River	State AK	Zip Code 99577-8787	Transaction ID: 28526797
FEC ID number of contributing federal political committee.	C	99377-0707	Amount of Each Receipt this Period 84.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 588.00	
Full Name (Last, First, Middle Initial) Dr Dennis A Swarner			Date of Receipt
Mailing Address Box 1669			0 9 1 2 2 0 0 8
City	State AK	Zip Code	Transaction ID: 28526798
Kenai FEC ID number of contributing federal political committee.	C	99611-1669	Amount of Each Receipt this Period 84.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 588.00	
Full Name (Last, First, Middle Initial) Dr Steven M Berry			Date of Receipt
Mailing Address PO Box 1275			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Cedar Crest	State NM	Zip Code 87008-1275	Transaction ID: 28526830
FEC ID number of contributing federal political committee.	C	67000-1273	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	- , '	e Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	- I		218.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 113 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements man	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Robert J Blumthal			Date of Receipt
Mailing Address 119 Exmore Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28531103
Springfield	IL	62704-3137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.35
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1875.10	
Full Name (Last, First, Middle Initial) Dr R. Bryan Boozer			Date of Receipt
Mailing Address 1602 Wildwood St Sw			0 9 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28531104
Cullman	AL	35055-4555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey David Hill			Date of Receipt
Mailing Address 126 Treymoor Drive			0 9 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28531105
Alabaster	AL	35007-3150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)			308.35

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 113 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any pers g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Sarah C Gordon		Date of Receipt
Mailing Address 5398 Harvest Ridg	e Ln	0 9 1 3 Y Y Y Y Y
City	State Zip Code	Transaction ID: 28531106
Birmingham	AL 35242-3145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr Kimberly D Ocampo		Date of Receipt
Mailing Address 305 Courtney Dr S	w Apt 601	0 9 1 3 2 0 0 8
City	State Zip Code	Transaction ID: 28531107
<u>Decatur</u>	AL 35603-1936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr David J Shippee		Date of Receipt
Mailing Address Box 307		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: 28531108
Sherman Oaks	ME 04777	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	374.94	
		116.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association P	d Statements may not be sold or used by any persor the name and address of any political committee to solitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Lars A Gentry		Date of Receipt
Mailing Address 101 Greenbriar Dr		09 14 2008
City	State Zip Code	Transaction ID: 28531246
<u>Carmi</u>	IL 62821-1510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr Paul W Bohac		Date of Receipt
Mailing Address 5775 Wyncliff Drive		09 14 2008
City	State Zip Code	Transaction ID: 28531247
N Charleston	SC 29418-5220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr Ryan H Powell		Date of Receipt
Mailing Address 10217 N Oak Trwy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kansas City	State Zip Code MO 64155-1715	Transaction ID: 28531248 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 34133-1713	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
SUBTOTAL of Receipts This Page (optional))	275.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 113 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		1
Dr Dennis Roy Vannatta		Date of Receipt
Mailing Address 3701 Woodbine Ro	ad	09 14 2008
City	State Zip Code	Transaction ID: 28531249
Sioux City	IA 51106-5501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr G. Chad Green		Date of Receipt
Mailing Address 5960 Co Rd 19		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28531250
Linden	AL 36748	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 Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr Naeem Z Abdulla		Date of Receipt
Mailing Address 442 Gregg Ave #20	3	09 15 2008
City	State Zip Code	Transaction ID: 28537181
Santa Fe	NM 87501-1667	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
CUPTOTAL of Descript This Description	I)	175.00

Any information copied from such Reports and Stator for commercial purposes, other than using the normal NAME OF COMMITTEE (In Full) American Optometric Association Politics Full Name (Last, First, Middle Initial) Dr Michael G Blake Mailing Address P O Box 2859 City Gallup FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	name and address of any political committee to s	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Michael G Blake Mailing Address P O Box 2859 City Gallup FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NM 87305-2859 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Transaction ID: 28537182 Amount of Each Receipt this Period 100.00
Dr Michael G Blake Mailing Address P O Box 2859 City Gallup FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	NM 87305-2859 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Transaction ID: 28537182 Amount of Each Receipt this Period 100.00
City Gallup FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	NM 87305-2859 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Transaction ID: 28537182 Amount of Each Receipt this Period 100.00
Gallup FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	NM 87305-2859 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date	100.00
Receipt For: Primary General	Doctor of Optometry Aggregate Year-to-Date ▼	Data of Daggiet
Primary General		Data of Daggiot
Other (specify)		Date of Descript
Full Name (Last, First, Middle Initial) Dr David Edward Magnus Mailing Address P O Box 2144		Date of Receipt
City	State Zip Code	09 15 2008
Corrales	State Zip Code NM 87048-2144	Transaction ID: 28537183 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) Dr Arlene T. H. Sokola		Date of Receipt
Mailing Address 213 Summer Winds Dr	Se	0 9 1 5 2 0 0 8
City Dia Banaha	State Zip Code	Transaction ID: 28537184
Rio Rancho FEC ID number of contributing federal political committee.	NM 87124	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	>	175.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 113 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Raymond P Herrera		Date of Receipt
Mailing Address #23 Road 5198		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: 28537185
Bloomfield	NM 87413-9713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr D. C. Dean		Date of Receipt
Mailing Address 532 Queens Court	Ne	M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City	State Zip Code	Transaction ID: 28537186
<u>Albuquerque</u>	NM 87109	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff		Date of Receipt
Mailing Address 3537 Newcastle D	r Se	0 9 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rio Rancho	State Zip Code NM 87124-3672	Transaction ID: 28537187 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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (option	ial)	250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 113 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Date of Receipt
Dr Alice Sterling Mailing Address		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: 28549932 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Self Employed	Occupation Doctor of Optometry	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	
Full Name (Last, First, Middle Initial) Dr Mark T Mentzer		Date of Receipt
Mailing Address 2200 Blairs Ferry Ci	rossing	M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City Hiawatha	State Zip Code IA 52233-7900	Transaction ID: 28555395 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Doctor of Optometry	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr		Date of Receipt
Mailing Address 3421 Kachemak Cir	cle	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anchorage	State Zip Code AK 99515-2380	Transaction ID: 28572492 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00	
SUBTOTAL of Receipts This Page (optional		154.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 113 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association Po	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	onioar / totion committee	
Dr Denise Lynn Thanepohn Mailing Address 130 Beaufort Circle		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28572493
Anchorage	AK 99515-3706	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr Brian D Cin	I	Date of Receipt
Mailing Address 11912 Town Park Ci	rcle	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: 28572494
Eagle River	AK 99577-7788	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	
Full Name (Last, First, Middle Initial) Dr Pamela E Theriot	_ L	Date of Receipt
Mailing Address 120 W Vuelta Friso		09 19 2008
City	State Zip Code	Transaction ID: 28621809
<u>Sahuarita</u>	AZ 85629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	·····	235.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 113 (check only one) X
An	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr Robert F Brooks			Date of Receipt
	Mailing Address 452 Bluebird Dr			09 19 2008
	City Russell	State KY	Zip Code 41169-1570	Transaction ID: 28621813
	FEC ID number of contributing federal political committee.	C	41103-1370	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 615.00	
	Full Name (Last, First, Middle Initial) Dr William L Ratcliff	20		Date of Receipt
	Mailing Address 131 Private Drive 832	23		09 20 2008
	City	State	Zip Code	Transaction ID: 28632334
	Proctorville FEC ID number of contributing federal political committee.	ОН	45669-8009	Amount of Each Receipt this Period 25.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
	Full Name (Last, First, Middle Initial) Dr Robert M Theaker			Date of Receipt
	Mailing Address 12 Wyndemere Vale			0 9 2 0 2 0 8
	City	State	Zip Code	Transaction ID: 28632335
	Monterey FEC ID number of contributing federal political committee.	CA	93940-5811	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1500.00	
S	JBTOTAL of Receipts This Page (optional)			575.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr David M Redman		Date of Receipt
Mailing Address 795 Foxhill Circle City	State Zip Code	09 20 2008
Hollister	CA 95023-9747	Transaction ID: 28632336 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30020 07 47	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr David W Jensen	l	Date of Receipt
Mailing Address 3794 Cottage Reser	ve Rd Ne	09 / 22 / 2008
City	State Zip Code	Transaction ID: 28632565
Solon	IA 52333-9225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Scott M Burks		Date of Receipt
Mailing Address P O Box 1351		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Buffalo</u>	State Zip Code MO 65622-1351	Transaction ID: 28632569 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 760.00	
SUBTOTAL of Receipts This Page (optional	1	185.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumr	ory of the	FOR LINE NUMBER: PAGE 32 / 113 (check only one) X 11a 11b 11c 12 15 16
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or us name and address of any politic	ed by any person cal committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Polit	cal Action Committee		
Full Name (Last, First, Middle Initial) Dr John T Bender, Jr			Date of Receipt
Mailing Address 201 W Kingswood Dr			09 22 2008
City	State Zip Code		Transaction ID: 28632570
Enterprise	AL 36330-4145		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Self Employed	Occupation Doctor of Optometry]
Receipt For:	Aggregate Year-to-Date ▼		1
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr Thomas Annunziato			Date of Receipt
Mailing Address 11700 Northview Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 28632593
Aledo	TX 76008-5223		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1	41.66
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	291.62	
Full Name (Last, First, Middle Initial) Dr Kevin L Alexander			Date of Receipt
Mailing Address 2116 Wildwood Court			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: 28634940
Fullerton	CA 92831-1339		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation Doctor of Optometry		1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	450.00	
SUBTOTAL of Receipts This Page (optional)		>	191.66

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 113 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per of the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association I	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Kenneth E Knox		Date of Receipt
Mailing Address 112 Woodcliff Cour	rt	09 22 2008
City	State Zip Code	Transaction ID: 28634990
Simpsonville	SC 29681-2037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr Douglas J Mc Bride	L	Date of Receipt
Mailing Address 3103 Sycamore La	ne	0 9 2 3 2 0 0 8
City	State Zip Code	Transaction ID: 28635522
Billings	MT 59102-0523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Larry G Obie		Date of Receipt
Mailing Address 1330 12Th Ave		09 / 23 / Y Y Y Y
City	State Zip Code	Transaction ID: 28635523
<u>Havre</u>	MT 59501-5401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
		465.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 113 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full) American Optometric Association Po	d Statements may not be sold or used by any person the name and address of any political committee to political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	onitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer		Date of Receipt
Mailing Address 709 South 5Th St		09 23 2008
City	State Zip Code	Transaction ID: 28635524
Hamilton	MT 59840-2755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr David Philip Duval		Date of Receipt
Mailing Address 6108 Timberly Rd N		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: 28635525
<u>Mobile</u>	AL 36609-3536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 273.78	
Full Name (Last, First, Middle Initial) Dr Russell Hugh Hugh Chambless	_ 	Date of Receipt
Mailing Address Rt 5 Box 425-D		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: 28635607
<u>Forsyth</u>	GA 31029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	

Any information copied from such Reports and or for commercial purposes, other than using t	a Statements may not be sold or used by any persor	o for the number of collection contributions
NAME OF COMMITTEE (In Full) American Optometric Association Pe		1 for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Dr Todd M Clark		Date of Receipt
Mailing Address 8861 State Road 37		09 22 2008
City	State Zip Code	Transaction ID: 28635608
Johnstown	OH 43031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	360.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Dr Daniel A Poth		Date of Receipt
Mailing Address 5401 N 20Th St		09 22 2008
City	State Zip Code	Transaction ID: 28635614
Arlington	VA 22205-3020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Victor J Connors	 	Date of Receipt
Mailing Address 7184 Lee Road		0 9 2 2 2 0 0 8
City	State Zip Code	Transaction ID: 28635619
Lodi	WI 53555	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 Optometry	1
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	-1	1110.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 113 (check only one) X 11a
An	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Spencer Vidulich Mailing Address 4411 N Winchester			Date of Receipt
	City	State	Zip Code	09 22 2008
	Chicago	IL	60640-5808	Transaction ID: 28635620 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr Teresa L Carlson			Date of Receipt
	Mailing Address 6607 South Forest W	ay D		09 22 2008
	City	State	Zip Code	Transaction ID: 28635621
	Centennial	CO	80121	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
 C.	Full Name (Last, First, Middle Initial) Dr James W Burton			Date of Receipt
	Mailing Address 7766 Hidden Ridge C	t		09 22 2008
	City	State	Zip Code	Transaction ID: 28635622
	Hudsonville	MI	49426-9777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional) .			1115.00
	OTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Dennis M Brtva Mailing Address 57 Pebblebrook Ct City Bloomington FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code IL 61704-6300 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Freddie M Mayes	765.00	Date of Receipt
Mailing Address 117 Magnolia Drive City Central City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code KY 42330-1727 C Occupation Doctor of Optometry Aggregate Year-to-Date	Transaction ID: 28642869 Amount of Each Receipt this Period 50.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Gregory Willard Hicks Mailing Address 419 Bogart Road E City	ast State Zip Code	Date of Receipt M M
Sandusky FEC ID number of contributing federal political committee.	OH 44870-6404 C	Amount of Each Receipt this Period 166.67
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 1000.02	
SUBTOTAL of Receipts This Page (optional	al)	301.67

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 113 (check only one) X 11a
A O	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol			on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Dr Cary S Labbe Mailing Address 1212 Nw 6Th Avenue			Date of Receipt 0 9
	City	State	Zip Code	Transaction ID: 28642888
	Mineral Wells FEC ID number of contributing federal political committee.	C	76067-3404	Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify)	, '	f Optometry e Year-to-Date ▼ 300.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr Douglas Owen Fleming Mailing Address 19990 Karen Court	0 0		Date of Receipt 0 9 1 9 2 0 0 8
	City	State	Zip Code	Transaction ID: 28642907
	Sonora	CA	95370-6900	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)		e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) Dr Peggy L Wike			Date of Receipt
	Mailing Address 414 Pine Rd			09 19 2008
	City	State	Zip Code	Transaction ID: 28642913
	Davidson	NC	28036-9043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1350.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 113 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Optometric Assoc			son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Init Dr Murray Fingeret Mailing Address 183 Lakevier City Hewlett FEC ID number of contributing	v Drive State NY	Zip Code 11557-1815	Date of Receipt M M M
Receipt For: Primary Other (specify)		on of Optometry te Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Init Dr Joel S Riley Mailing Address 5205 East B	vd Nw	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Canton FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupati Doctor of	on Optometry	Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Init Dr Steve Du Phung Mailing Address 3301 1/2 Ste	,		Date of Receipt 0 9 1 9 2 0 0 8
City Rosemead	State CA	Zip Code 91770-2240	Transaction ID: 28642923 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor	on of Optometry	
Receipt For: Primary General Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	(optional)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 113 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Nathalie Cassis Mailing Address 611 Raleigh Ave City Norfolk FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State Zip Code VA 23507-2014 C Occupation Doctor of Optometry	Date of Receipt M M M / D D / Y Y Y Y Y 0 9 1 9 2 0 0 8 Transaction ID: 28642926 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Mark E Swan	Aggregate Year-to-Date ▼ 250.00	Date of Receipt
Mailing Address 474 Shaw Estates City Rockford FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code MI 49341 C Occupation Doctor of Optometry Aggregate Year-to-Date 660.00	Transaction ID: 28642928 Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initial) Dr Robert Bruce Bower Mailing Address 2906 116Th Stree City Kenosha FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WI 53143 C Occupation Doctor of Optometry Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 9 2 0 0 8 Transaction ID: 28642932 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (option	nal)	675.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Mohammad Reza Rafieetary Mailing Address P O Box 172078	0 de 17 de 1	Date of Receipt 0 9 1 9 2 0 0 8
City <u>Memphis</u>	State Zip Code TN 38187-2078	Transaction ID: 28642935 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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Staci D Anderson		Date of Receipt
Mailing Address 2178 Painter Place		09 19 2008
City	State Zip Code	Transaction ID: 28642940
Miamisburg FEC ID number of contributing federal political committee.	OH 45342-3982	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Kenneth J Corliss		Date of Receipt
Mailing Address 4445 185Th Ave E		09 19 2008
City Lake Tapps	State Zip Code WA 98391	Transaction ID: 28642941
FEC ID number of contributing federal political committee.	C 30031	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	J)	1250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 113 (check only one) X
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr James W Almaraz			Date of Receipt
	Mailing Address P O Box 2820			09 / 19 / 2008
	City Big Bear Lake	State CA	Zip Code 92315	Transaction ID: 28642945
	FEC ID number of contributing federal political committee.	C	92313	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Michael P Malone			Date of Receipt
	Mailing Address 6200 Sw 23Rd Street	[09 19 2008
	City	State	Zip Code	Transaction ID: 28642946
	Topeka FEC ID number of contributing federal political committee.	KS C	66614	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr Stephen Michael Prince			Date of Receipt
	Mailing Address 773 West Broomfield			09 19 2008
	City Mt Pleasant	State MI	Zip Code 48858	Transaction ID: 28642949
	FEC ID number of contributing federal political committee.	C	40000	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 113 (check only one) X 11a
or for commercial purposes, oth NAME OF COMMITTEE (In	ner than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dr Erin Rene Miller Mailing Address 9570 S City Shepherd	,	Zip Code 48883-9548	Date of Receipt M M D D D 2 0 0 8 Transaction ID: 28642950 Amount of Each Receipt this Period
FEC ID number of contributifederal political committee. Name of Employer Self Employed Receipt For: Primary Gen Other (specify) ▼	Occupati Doctor of Aggrega	on of Optometry te Year-to-Date ▼ 250.00	250.00
Full Name (Last, First, Middl Dr Douglas Walter Batchelder Mailing Address 830 Mea City Mt Pleasant	, 	Zip Code 48858-9594	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributifederal political committee. Name of Employer Self Employed Receipt For: Primary Gen Other (specify)	Occupati Doctor of Aggrega	on of Optometry te Year-to-Date ▼	250.00
Full Name (Last, First, Middle Dr Dorothy L Hitchmoth Mailing Address Po Box 106 Day City New London FEC ID number of contributing federal political committee. Name of Employer Self Employed	302 vis Hill Road State NH Ing C Occupati		Date of Receipt M M
Receipt For: Primary Gen Other (specify) ▼	Aggrega	of Optometry te Year-to-Date ▼ 1328.00]
SUBTOTAL of Receipts This	Page (optional))	666.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 113 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr D. Patricia Koch Mailing Address 4480 Post Rd		Date of Receipt
City Warwick	State Zip Code RI 02818	Transaction ID: 28642960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr Elissa Maria Contillo Mailing Address 48 Broad Rock Roa	ad	Date of Receipt 0 9 1 9 2 0 0 8
City South Kingstown FEC ID number of contributing federal political committee.	State Zip Code RI 02879-1873	Transaction ID: 28642962 Amount of Each Receipt this Period 200.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Richard Scott Liner Mailing Address 74 Woodcove Dr		Date of Receipt
City Coventry	State Zip Code RI 02816	Transaction ID: 28642963 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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 113 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Riley Austin Mailing Address Rt 1 Box 335		Date of Receipt M M C D C Y Y Y Y Y Y Y Y Y
City Ethelsville FEC ID number of contributing	State Zip Code AL 35461	Transaction ID: 28643039 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 1000.00	1000.00
Full Name (Last, First, Middle Initial) Dr Anne-Louise Goulet Mailing Address 75 Leighton Road City Falmouth	State Zip Code ME 04105	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Dr Cameron Eugene Herrin Mailing Address 1022 Timber Lake	Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Purcell FEC ID number of contributing federal political committee.	State Zip Code OK 73080	Transaction ID: 28643041 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (options	al)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 113 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Paul Klein Mailing Address 2445 Ne 195 St		Date of Receipt 0 9 1 9 2 0 0 8
City N Miami Bch	State Zip Code FL 33180	Transaction ID: 28643043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Terry L Bonds Mailing Address 601 South Pelham	Road	Date of Receipt 0 9 1 9 2 0 0 8
City	State Zip Code	Transaction ID: 28643044
Jacksonville FEC ID number of contributing federal political committee.	AL 36265	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr Ronald W Downing Mailing Address 7340 St Rt 60 N		Date of Receipt 0 9 1 9 2 0 0 8
City	State Zip Code	Transaction ID: 28643047
Mcconnelsville FEC ID number of contributing federal political committee.	OH 43756	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 113 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma le name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr David W Wineland			Date of Receipt
	Mailing Address 8400 Concord Road			09 / 19 / 2008
	City Johnstown	State OH	Zip Code 43031-8154	Transaction ID: 28643048 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Colin Asa Robison Mailing Address P O Box 745819			Date of Receipt
			7' 0 1	09 19 2008
	City Arvada	State CO	Zip Code 80006	Transaction ID: 28643049 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr David Allan Rumpf			Date of Receipt
-	Mailing Address 12720 Ne 72			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Kirkland	State WA	Zip Code 98033	Transaction ID: 28643051
	FEC ID number of contributing federal political committee.	C	90033	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 113 (check only one) X 11a
Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may	y not be sold or used by any perso dress of any political committee to	
American Optometric Association Polit	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Allen Dirk Hoek			Date of Receipt
Mailing Address 1176 Karen Ct			09 19 2008
City	State	Zip Code	Transaction ID: 28643054
Ripon	CA	95366	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	33 -33	365.00	
Full Name (Last, First, Middle Initial) Dr Robert M Krym	l		Date of Receipt
Mailing Address 113 Winterberry Drive			0 9 1 9 2 0 0 8
City	State	Zip Code	Transaction ID: 28643056
Forest	VA	24551-1961	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Ernest B Brazina			Date of Receipt
Mailing Address 3918 Kings Mill Run			09 19 2008
City	State	Zip Code	Transaction ID: 28643057
Rocky River	OH	44116-3967	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	865.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49/113 (check only one) X 11a
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may not the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association F		• •	
Full Name (Last, First, Middle Initial) Dr Thomas J Overberg			Date of Receipt
Mailing Address P O Box 1227			0 9 1 9 2 0 0 8
City Fremont	State OH	Zip Code 43420	Transaction ID: 28643059 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10120	500.00
Name of Employer Self Employed	Occupation Doctor of C	Optometry	
Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Morton Eric Muir			Date of Receipt
Mailing Address 338 Tims Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bovle	State MS	Zip Code 38732	Transaction ID: 28643061 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00702	500.00
Name of Employer Self Employed	Occupation Doctor of C	Optometry	7
Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Patria Dulce Walker			Date of Receipt
Mailing Address 3001 La Villita Pl N	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albuquerque	State NM	Zip Code	Transaction ID: 28643069
FEC ID number of contributing federal political committee.	C	87111-5619	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of C	Optometry	7
Receipt For: Primary General Other (specify) ▼	- ' '	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			1250.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 113 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persing the name and address of any political committee to n Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Michael Patrick Gilliland Mailing Address 6563 Masefield S City Worthington	Street State Zip Code OH 43085	Date of Receipt 0 9 1 9 2 0 0 8 Transaction ID: 28643076 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr James L Thurber Mailing Address P O Box 634 City	State Zip Code	Date of Receipt M M
Somerton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	AZ 85350 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	Amount of Each Receipt this Period 365.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Susan A Driscoll Mailing Address 717 St Dunstan City Winter Park		Date of Receipt 0 9 1 9 2 0 0 8 Transaction ID: 28643126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 365.00	365.00
SUBTOTAL of Receipts This Page (opti	onal)	980.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 113 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association Po		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
American Optometric Association F	onical Action Committee	<u>.</u>
Full Name (Last, First, Middle Initial) Dr Mark D Balter		Date of Receipt
Mailing Address 1670 Magnolia Blvd	West	09 19 2008
City	State Zip Code	Transaction ID: 28643127
Seattle	WA 98199	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr William J Hoover		Date of Receipt
Mailing Address 602 Columbia Ct		0 9 1 9 2 0 0 8
City	State Zip Code	Transaction ID: 28643130
Glenwood Spgs	CO 81601-2854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Thomas F Terry		Date of Receipt
Mailing Address 115 Gifford Road		0 9 1 9 2 0 0 8
City	State Zip Code	Transaction ID: 28643141
White River Juncti	VT 05001-8103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		865.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 113 (check only one) X 11a
<i>A</i>	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any pers Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Karen R Wharton			Date of Receipt
	Mailing Address 11684 Ranch Elsie R		7: 0 1	09 / 19 / 2008
	City <u>Golden</u>	State CO	Zip Code 80403	Transaction ID: 28643151
	FEC ID number of contributing federal political committee.	C	80403	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) Dr Lori Lynn Blackmer Mailing Address 700 Pine Street			Date of Receipt
	Maining Address 700 Time Street			09 19 2008
	City	State	Zip Code	Transaction ID: 28643153
	Picayune	MS	39466-2566	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Dr John N Breiwa			Date of Receipt
	Mailing Address 2032 Honeysuckle Co	ourt		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: 28643194
	Bowling Green	KY	42104-3804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed		of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 113 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
۷.	Full Name (Last, First, Middle Initial) Dr Andrea P Thau			Date of Receipt
	Mailing Address 170 East 83 Street			09 25 2008
	City	State	Zip Code	Transaction ID: 28645754
	New York	NY	10028-1920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.03	
- s.	Full Name (Last, First, Middle Initial) Dr Albert S Licup			Date of Receipt
	Mailing Address 226 S Harvey Ave			0 9 / 2 6 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28648414
	Oak Park	<u> </u>	60302-3312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.36	
. -	Full Name (Last, First, Middle Initial) Dr George W Hertneky			Date of Receipt
	Mailing Address 16862 County Road 2	28		09 26 2008
	City	State	Zip Code	Transaction ID: 28648415
	Brush	CO	80723-9424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 378.00	
Г		•		250.34

SCHEDULE A (ITEMIZED REC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 113 (check only one) X
or for commercial purpos NAME OF COMMIT	es, other than using the name an	d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Firs Dr Teresa M Seim Mailing Address 73	t, Middle Initial) 28 Glade Trail		Date of Receipt 0 9 2 6 2 0 0 8
City Kalamazoo	Sta MI	te Zip Code 49009-5921	Transaction ID: 28648419 Amount of Each Receipt this Period
FEC ID number of co federal political comm			42.00
Name of Employer Self Employed Receipt For: Primary Other (specify)	Doct Aggr	pation or of Optometry egate Year-to-Date ▼ 378.00	
Full Name (Last, Firs Dr Marcus D Yeager Mailing Address 30	i, Middle Initial) 0 Tupawek Drive		Date of Receipt 0 9 2 6 2 0 0 8
City	Sta	te Zip Code	Transaction ID: 28648420
West Monroe FEC ID number of co federal political comm		71291-7019	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		pation or of Optometry	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 500.00	
Full Name (Last, Firs Dr Jennifer E Davis	i, Middle Initial)		Date of Receipt
Mailing Address 16	Pambrook Dr		09 26 2008
City Fishersville	Sta VA	•	Transaction ID: 28648421 Amount of Each Receipt this Period
FEC ID number of co	ntributing	EESSO E1ES	58.00
Name of Employer Self Employed		pation or of Optometry	7
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 326.00	
SUBTOTAL of Receipt	s This Page (optional)		350.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
, A	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	olitical Action	Committee	
ب 4.	Full Name (Last, First, Middle Initial) Dr Thomas E Nye			Date of Receipt
	Mailing Address 42 Tabor Lane			09 / 26 / 2008
	City Hamilton	State OH	Zip Code 45013-5118	Transaction ID: 28648422 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40010 0110	50.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
 3.	Full Name (Last, First, Middle Initial) Dr Michael E Bennett Mailing Address 4940 Victoria Place			Date of Receipt
	Ivialing Address 4940 Victoria Place			09 / 26 / 2008
	City Guthrie	State OK	Zip Code	Transaction ID: 28648424
	FEC ID number of contributing federal political committee.	C	73044-8668	Amount of Each Receipt this Period 142.86
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1857.16	
_ ;.	Full Name (Last, First, Middle Initial) Dr Jack N Shorr			Date of Receipt
	Mailing Address 5838 Bounty Circle			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: 28648545
	Tavares FEC ID number of contributing federal political committee.	C	32778-9292	Amount of Each Receipt this Period 91.25
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 273.75	
	SUBTOTAL of Receipts This Page (optional)			284.11

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 113 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	
American Optometric Association Pol	itical Action	Committee	
Full Name (Last, First, Middle Initial) Dr F. Jay Kouchich			Date of Receipt
Mailing Address 29402 Lake Avenue W	Vay		09 25 2008
City	State	Zip Code	Transaction ID: 28648715
Frontenac	MN	55026-1048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For:	- '	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00]
Full Name (Last, First, Middle Initial) Dr Barbara M Yanak	1		Date of Receipt
Mailing Address Rr3 Box 178B			09 25 2008
City	State	Zip Code	Transaction ID: 28648716
Towanda	PA	18848	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00]
Full Name (Last, First, Middle Initial) Dr John E Birchmeier			Date of Receipt
Mailing Address 46760 Rockledge			09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28648717
Plymouth	MI	48170-3430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any personne name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u>	Sition Action Committee	
Full Name (Last, First, Middle Initial) Dr William Joseph Steiner		Date of Receipt
Mailing Address 626 Linden Avenue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28648718
Los Altos	CA 94022-1627	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 Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Rajender Macha		Date of Receipt
Mailing Address 13904 Hawkstone Dr	ive	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: 28648719
<u>Fortville</u>	IN 46040-9439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr William Ted Nimmons		Date of Receipt
Mailing Address 3100 Chatham Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 28648721
Seneca	SC 29678-1663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 113 (check only one) X
NAME	nation copied from such Reports and imercial purposes, other than using the OF COMMITTEE (In Full) ican Optometric Association Po			on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Ker	ame (Last, First, Middle Initial) ry L Beebe g Address 12906 Knollwood Driv	/e		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Baxte	er	State MN	Zip Code 56425-8373	Transaction ID: 28648724 Amount of Each Receipt this Period
FEC I	O number of contributing I political committee.	С		458.33
Recei	of Employer mployed ot For: Primary General	- '	f Optometry e Year-to-Date ▼	
Full N Dr Wa	Other (specify) ame (Last, First, Middle Initial) nda C Batson g Address 8120 Rock Hill Rd	0 0	500.00	Date of Receipt
City	7 Address 7120 Flock Filli Flu	State	Zip Code	0 9 2 5 2 0 0 8 Transaction ID: 28648725
Bake	r	FL	32531	Amount of Each Receipt this Period
	O number of contributing I political committee.	C		500.00
Name Self E	of Employer mployed	Occupation Doctor of	n f Optometry	
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ame (Last, First, Middle Initial) son L Whitener	1		Date of Receipt
Mailin	g Address 4614 Highway 78 N			09 25 7 9 9 9
City <u>Dyer</u> :	ebura	State TN	Zip Code 38024-6844	Transaction ID: 28648782 Amount of Each Receipt this Period
FEC I	O number of contributing political committee.	C	00024 0044	250.00
Name Self E	of Employer mployed	Occupatio Doctor o	n f Optometry	
	ot For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 250.00	
SUBTO	FAL of Receipts This Page (optional) .	1		1208.33

or for commercial purposes, othe	n Reports and Statements ma		13 14 15 16 17
\		y not be sold or used by any pers Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric As	Full) sociation Political Action	Committee	
Full Name (Last, First, Middle Dr William C Risinger, Jr.			Date of Receipt
Mailing Address 109 Abby		7:n Codo	09 25 2008
City Boyce	State LA	Zip Code 71409	Transaction ID: 28648783 Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.		71409	250.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Dr Mario A Caballero			Date of Receipt
Mailing Address 1080 Lon	na De Alma		09 25 2008
City	State	Zip Code	Transaction ID: 28648784
El Paso	TX	79934	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g C		365.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Dr Morgan R Leach	Initial)		Date of Receipt
Mailing Address 313 Fox	Drive		09 25 7 2008
City	State	Zip Code	Transaction ID: 28648785
Great Falls FEC ID number of contributin federal political committee.	g C	59404-3835	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Gene Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This P	age (optional)	I	980.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 113 (check only one) X 11a
or fo	information copied from such Reports and S r commercial purposes, other than using the	statements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action	Committee	
4. <u>D</u>	ull Name (Last, First, Middle Initial) or Francis M Loomis, II Mailing Address 7425 123Rd St Ct			Date of Receipt
_		Ctata	Zin Code	09 25 2008
	ity Coal Valley	State IL	Zip Code 61240	Transaction ID: 28648787 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		365.00
N S	lame of Employer Self Employed	Occupation Doctor o	n f Optometry	
R	leceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
3. <u>D</u>	ull Name (Last, First, Middle Initial) or Greg A Stipek Mailing Address 10255 E Via Linda #20)66		Date of Receipt
- IV	Idilling Address TUZDD E VIA LITIDA #20	000		09 / 25 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28648788
F	Scottsdale EC ID number of contributing ederal political committee.	C	85258	Amount of Each Receipt this Period 500.00
N S	lame of Employer elf Employed	Occupation Doctor o	n f Optometry	
R	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) or Patrick M Fleming	1		Date of Receipt
N	Mailing Address 149 Linwood Way			09 25 7 2008
	ity Martinsburg	State WV	Zip Code 25401	Transaction ID: 28648789 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	23401	250.00
N S	lame of Employer Self Employed	Occupation Doctor o	n f Optometry	
R	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUE	BTOTAL of Receipts This Page (optional)			1115.00
TO	FAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 113 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any person ress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Po	olitical Action C	Committee	
Full Name (Last, First, Middle Initial) Dr Diane Cowger			Date of Receipt
Mailing Address 460 Silver Oaks Driv		7.0	09 25 2008
City	State	Zip Code	Transaction ID: 28648790
Harrisonburg	VA	22801	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	Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr Barry A Wineinger			Date of Receipt
Mailing Address 107 Northwood Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28648791
Cuero	TX	77954	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Christopher J Browning			Date of Receipt
Mailing Address 3400 S Sare Rd #10	018		09 25 7 2008
City	State	Zip Code	Transaction ID: 28648793
Bloomington	IN	47401-8009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 113 (check only one) X
0	ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Dr Marilyn A Carter Mailing Address 355 Surrey Drive			Date of Receipt 0 9
	City	State CA	Zip Code	Transaction ID: 28648794
	Bonita FEC ID number of contributing federal political committee.	CA	91902	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		on f Optometry e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr Charles A Norris, Jr Mailing Address 9121 Root Road			Date of Receipt 0 9 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 28648797
	N Ridgeville	ОН	44039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) Dr Heather A DiMaggio Mailing Address 1299 Hwy 3226			Date of Receipt
			7' 0 1	09 25 2008
	City Deridder	State LA	Zip Code 70634-9133	Transaction ID: 28648798 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		865.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 113 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr Anthony C DiMaggio Mailing Address 1299 Highway 3220 City	State	Zip Code	Date of Receipt 0 9 2 5 2 0 0 8 Transaction ID: 28648799
Deridder FEC ID number of contributing federal political committee.	C	70634-9133	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n f Optometry e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr Maury M Kessler Mailing Address 7747 East Tarde D	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	e Zip Code 85255	Transaction ID: 28648801
Scottsdale	AZ		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed		f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Matthew E Groshart	'		Date of Receipt
Mailing Address 1890 Fairway Lane)		09 25 2008
City	State	Zip Code	Transaction ID: 28648802
Sheridan FEC ID number of contributing federal political committee.	C	82801	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 113 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Douglas P Hansen Mailing Address 16091 Agatewood	Re Ne	Date of Receipt
City Bainbridge Is	State Zip Code WA 98110	Transaction ID: 28648803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	250.00
Receipt For: Primary Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Fred M Arima, Jr Mailing Address 7134 Ne 171St Ln	Date of Receipt 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: 28648804
Kenmore	WA 98028-3972	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr Thomas G Quinn, Jr		Date of Receipt
Mailing Address 8281 Rock Riffle R	doad	09 25 2008
City	State Zip Code	Transaction ID: 28648805
Athens FEC ID number of contributing federal political committee.	OH 45701	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	•	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 113 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Wayne A Halstrom Mailing Address 206 Glen Meadows C City Danville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:		Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Annette L Hanian Mailing Address 4717 E Berneil Drive	250.00	Date of Receipt 0 9 25 2008
City Phoenix FEC ID number of contributing federal political committee.	State Zip Code AZ 85028-5506	Transaction ID: 28648809 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Gary Keith Bockhold Mailing Address 7416 South Serenoa I	Drive	Date of Receipt
City Sarasota FEC ID number of contributing federal political committee.	State Zip Code FL 34241	Transaction ID: 28648814 Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) .	365.00	865.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 113 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Optometric Association P	d Statements may not be sold or used by any person the name and address of any political committee to olitical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Sharon R Roberts		Date of Receipt
Mailing Address 2226 Fairfield Lane		M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: 28648815
Plymouth	WI 53073-4903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Michael Howard Moorehead		Date of Receipt
Mailing Address 1720 Tatum Lane		09 25 2008
City	State Zip Code	Transaction ID: 28648816
<u>Hamilton</u>	OH 45013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Clemit W Liles, Jr	I	Date of Receipt
Mailing Address Po Box 1138		09 25 7 2008
City Mena	State Zip Code AR 71953-1138	Transaction ID: 28648818
FEC ID number of contributing federal political committee.	AR 71953-1138	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 113 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			n for the purpose of soliciting contributions o solicit contributions from such committee.
American Optometric Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Robert E Miller			Date of Receipt
Mailing Address 5393 Post Rd Box 30			09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 28648820
East Greenwich	RI	02818-3023	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:	- 	e Year-to-Date ▼	7
Primary General Other (specify) ▼	1.55. 554.0	250.00]
Full Name (Last, First, Middle Initial) Dr Ronald S Goldstein			Date of Receipt
Mailing Address 425 E 77Th St #4B			0 9 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: 28648822
New York	NY	10021-2314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Scott A Jens			Date of Receipt
Mailing Address 6 Boulder Creek Circ	le		09 25 2008
City	State	Zip Code	Transaction ID: 28648825
<u>Madison</u>	WI	53717-2702	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:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1115.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 113 (check only one) X
NA	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Optometric Association Poli			on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr	I Name (Last, First, Middle Initial) Clayton B Rhodes iling Address 5828 North Park Road			Date of Receipt
City	<u> </u>	State	Zip Code	0 9 2 5 2 0 0 8 Transaction ID: 28648828
FE	KSON C ID number of contributing eral political committee.	C	37343	Amount of Each Receipt this Period 500.00
	me of Employer If Employed ceipt For: Primary General Other (specify)		f Optometry • Year-to-Date ▼ 500.00	
<u>Dr</u>	I Name (Last, First, Middle Initial) Michael E Hanen-Smith, M.S. iling Address 241 Norman Ridge Dr			Date of Receipt 0 9 2 5 2 0 0 8
City		State	Zip Code	Transaction ID: 28648832
FE	C ID number of contributing eral political committee.	C	55437-1709	Amount of Each Receipt this Period 250.00
Na Se	me of Employer If Employed	Occupation Doctor of	n f Optometry	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	I Name (Last, First, Middle Initial) Larry R Henry			Date of Receipt
_	iling Address 620 Harrier Hawk			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ed	/ mond	State OK	Zip Code 73003	Transaction ID: 28648833 Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C		250.00
Na Se	me of Employer If Employed	Occupation Doctor of	n f Optometry	
Rec	ceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)	<u> </u>		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	Statements may not be sold or used by any pers he name and address of any political committee to political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Dick Edwards Mailing Address 11305 Oakmont Cou City Fort Myers FEC ID number of contributing federal political committee.	State Zip Code FL 33908-2821	Date of Receipt M M
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr Dennis E Curtis Mailing Address 605 S Third		Date of Receipt 0 9 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 28648998
Hugo FEC ID number of contributing federal political committee.	OK 74743	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Carl B Melnik		Date of Receipt
Mailing Address 17625 Index St		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: 28649006
Granada Hills FEC ID number of contributing federal political committee.	CA 91344-4015	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 113 (check only one) X
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Ronald F Huebsch Mailing Address 31015 108Th St			Date of Receipt
		Ctata	7in Codo	09 24 2008
	City Princeton	State MN	Zip Code 55371-4646	Transaction ID: 28649007 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr Kari J Miller	-1		Date of Receipt
	Mailing Address 508 Holly Avenue			09 24 2008
	City	State	Zip Code	Transaction ID: 28649009
	Crookston FEC ID number of contributing federal political committee.	MN C	56716	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr James C Fujisaki			Date of Receipt
	Mailing Address 99-011 Kealakaha Dr			09 24 2008
	City Aiea	State HI	Zip Code 96701-3544	Transaction ID: 28649013
	FEC ID number of contributing federal political committee.	C	90701-3344	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
F	TOTAL This Period (last page this line numbe		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 113 (check only one) X
K	Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Politi	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Raheela S Shah			Date of Receipt
	Mailing Address 46 Township Line Rd #	09 24 2008		
	City	State	Zip Code	Transaction ID: 28649014
	Elkins Park FEC ID number of contributing federal political committee.	C	19027-2228	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr Susan W Hendrix	Date of Receipt		
	Mailing Address 4303 Fayetteville Road	09 24 2008		
	City Raeford	State NC	Zip Code 28376-8052	Transaction ID: 28649018 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: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С. С.	Full Name (Last, First, Middle Initial) Dr Trinh T Hua			Date of Receipt
	Mailing Address 914 19Th Ave East			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Seattle	State WA	Zip Code 98112-3503	Transaction ID: 28649019 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association Pol	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Libby Sukoff Mailing Address 2589 Ocean Ave		Date of Receipt
Mailing Address 2589 Ocean Ave City	State Zip Code	0 9 2 4 2 0 0 8 Transaction ID: 28649020
Brooklyn	NY 11229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Jeffrey L Fielding		Date of Receipt
Mailing Address Route 2 Box 505		09 / 24 / 7 2008
City	State Zip Code	Transaction ID: 28649023
Cushing	OK 74023-9587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Landon J J Jones		Date of Receipt
Mailing Address 1910 N 37Th St #A		09 / 24 / Y Y Y Y Y
City	State Zip Code	Transaction ID: 28649024
Seattle	WA 98103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		1000.00
TOTAL This Period (last page this line number	·	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 113 (check only one) X
NAME O	tion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full) an Optometric Association Polit			on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Sandra Mailing A City	e (Last, First, Middle Initial) a R Flores ddress 4018 N 42Nd Lane	State	Zip Code	Date of Receipt 0 9 2 4 2 0 0 8 Transaction ID: 28649025
	number of contributing olitical committee.	C	78504-5457	Amount of Each Receipt this Period 250.00
Receipt F	Employer For: mary General ner (specify)		n f Optometry e Year-to-Date ▼ 250.00	
Dr Paul B	e (Last, First, Middle Initial) iryan Stauder ddress 302 Se Third St			Date of Receipt 0 9 2 4 2 0 0 8
	number of contributing	State IL	Zip Code 62837	Transaction ID: 28649028 Amount of Each Receipt this Period 250.00
Name of Self Emp	olitical committee. Employer oloyed	Occupation Doctor of	f Optometry	
	For: mary General ner (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
Full Nam Dr James Mailing A				Date of Receipt 0 9 2 4 2 0 0 8
City Idabel		State OK	Zip Code 74745-0913	Transaction ID: 28649029 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		300.00
Name of Self Emp	Employer lloyed	Occupation Doctor of	n f Optometry	
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTA	L of Receipts This Page (optional)			800.00

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)		LE A (FEC Form 3X) O RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 113 (check only one) X 11a
An American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 25 Dollar Pointe Ave City State Zip Code Las Vegas NV 89148 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ City State Zip Code Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 28649032 Amount of Each Receipt this Period Date of Receipt Transaction ID: 28649032 Amount of Each Receipt this Period Date of Receipt Transaction ID: 28649031 Amount of Each Receipt this Period Transaction ID: 28649031 Amount of Each Receipt this Period Date of Receipt Transaction ID: 28649031 Amount of Each Receipt this Period Date of Receipt Transaction ID: 28649031 Amount of Each Receipt this Period Date of Receipt Transaction ID: 28649031 Amount of Each Receipt this Period Date of Receipt Transaction ID: 28649031 Amount of Each Receipt this Period Date of Receipt Transaction ID: 28649032 Transaction ID: 28649032 Date of Receipt Transaction ID: 28649031 Amount of Each Receipt this Period Date of Receipt Transaction ID: 28649032 Transaction ID: 28649032 Date of Receipt Transaction ID: 28649032 Transaction ID: 28649032 Transaction ID: 28649032 Date of Receipt Date of Receipt Transaction ID: 28649032 Date of Receipt Date of Receipt	or for commerc	cial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Divictoria L Mar Mailing Address 25 Dollar Pointe Ave City State Zip Code Las Vegas NV 89148 FEC ID number of contributing federal political committee. Name of Employed Stroudsburg Fer: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Page of Employed Stroudsburg Fer Doctor of Optometry Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Page of Employed Stroudsburg Fer Doctor of Optometry Receipt For: Primary General Other (specify) ▼ State Zip Code Stroudsburg Fer Doumber of contributing federal political committee. Ccupation Doctor of Optometry Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	\	, ,	itical Action	Committee	
City State Zip Code As Vegas NV 89148 FEC ID number of contributing federal political committee. Name of Employed Receipt For: Primary General Other (specify) ▼ Stroudsburg PA 18360 FEC ID number of contributing federal political committee. C Date of Receipt Times Side of Side Para Side	A. Dr Victoria L	Mar			Date of Receipt
Las Vegas NV 89148		dress 25 Dollar Pointe Ave			09 24 2008
FEC ID number of contributing tederal political committee. Name of Employer Self Employed Doctor of Optometry	-	0		•	
Receipt For: Primary	FEC ID nur	mber of contributing		09140	
Receipt For:	Name of Er Self Emplo	mployer yed			7
B. Dr Anthony S Diecidue Mailing Address 300 Mcmichaels Drive City State Zip Code Stroudsburg PA 18360 FEC ID number of contributing federal political committee. C. Pall Name (Last, First, Middle Initial) Dr Creighton A Simmons Mailing Address 1026 Miller Cove City State Zip Code Doctor of Optometry Aggregate Year-to-Date ▼ City State Zip Code Doctor of Optometry Aggregate Year-to-Date ▼ City State Zip Code Benton FC ID number of contributing federal political committee. C. City State Zip Code Benton FC ID number of contributing federal political committee. C. Name of Employer Self Employed FC ID number of contributing federal political committee. Name of Employer Self Employ	Prima	ary General		e Year-to-Date ▼	
City State Zip Code PA 18360 FEC ID number of contributing federal political committee. Name of Employer Self Employed Other (specify) ▼ State Zip Code PA 18360 C C Soundation Dis 28649031 Amount of Each Receipt this Period Foliation Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ PEC ID number of contributing federal political committee. C State Zip Code AR 72019-2060 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employer Self Employer Self Employer Self Employer Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	B. Dr Anthony	S Diecidue			-
Stroudsburg PA 18360 FEC ID number of contributing federal political committee. Name of Employer Self Employed	Walling Add	300 McMichigels Diffe	,		
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Creighton A Simmons Mailing Address 1026 Miller Cove City State Zip Code AR 72019-2060 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ State Zip Code AR 72019-2060 FEC ID number of contributing federal political committee. Souch AR 72019-2060 Cupation Doctor of Optometry Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 28649032 Amount of Each Receipt this Period Souch Souc	•			Zip Code	Transaction ID: 28649031
Solution Self Employer Self Employer Self Employer Self Employed Doctor of Optometry	<u>Stroudsb</u>	urg	PA	18360	Amount of Each Receipt this Period
Self Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Creighton A Simmons Mailing Address 1026 Miller Cove City State Zip Code Benton AR 72019-2060 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼			С		50.00
Primary	Self Emplo	yed			
Date of Receipt Mailing Address 1026 Miller Cove City State Zip Code Benton AR 72019-2060 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M O 9 / 24 / 2008 Transaction ID: 28649032 Amount of Each Receipt this Period 500.00	Prima	ary General	Aggregate		
City Benton AR 72019-2060 FEC ID number of contributing federal political committee. Name of Employer Self Employed Primary Other (specify) ▼ State Zip Code AR 72019-2060 C C C Transaction ID: 28649032 Amount of Each Receipt this Period 500.00 Amount of Each Receipt this Period 500.00					Date of Receipt
Benton AR 72019-2060 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00	Mailing Add	dress 1026 Miller Cove			
FEC ID number of contributing federal political committee. Name of Employer Self Employed Doctor of Optometry Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00	•			•	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 500.00	FEC ID nur			72019-2060	
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	Name of Er Self Emplo	mployer yed			
1050 00	Prima	ary General	, '	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL	of Receipts This Page (optional)			1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 113 (check only one) X
Ar	ny information copied from such Reports and Story commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pole			on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	THOU FICTION		
۱.	Dr W. Joseph Garvin Mailing Address 3630 Vista Dela Cana	ada		Date of Receipt 0 9 2 4 2 0 0 8
	City Escondido	State CA	Zip Code	Transaction ID: 28649035
	FEC ID number of contributing federal political committee.	C	92029	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) Dr Mark Joseph Page Mailing Address 3102 E Desert Broom	Way		Date of Receipt
	City	State	Zip Code	0 9 2 7 2 0 0 8 Transaction ID: 28649154
	Phoenix	AZ	85048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	ⁿ f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00	
	Full Name (Last, First, Middle Initial) Dr Michele R Haranin			Date of Receipt
	Mailing Address 301 Concord Road			09 28 2008
	City Dover	State DE	Zip Code 19904	Transaction ID: 28649159 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 450.00	
s	UBTOTAL of Receipts This Page (optional) .	1		800.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any per g the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Debra Toupence Mailing Address Connecticut Assn 0 750 Old Main St S		Date of Receipt Date of Receipt 2 8 2 0 0 8
City	State Zip Code	Transaction ID: 28649160
Rocky Hill	CT 06067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Executive Director	Occupation Connecticut Optometric Assn	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie Mailing Address 1809 Gaslight Wav	V	Date of Receipt
		09 28 2008
City Huntsville	State Zip Code AL 35801-1555	Transaction ID: 28649161
FEC ID number of contributing federal political committee.	C 3380171333	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr Kathleen E Goff		Date of Receipt
Mailing Address 114 Crested Peak		09 28 2008
City	State Zip Code	Transaction ID: 28649162
Santa Teresa FEC ID number of contributing federal political committee.	NM 88008-9423	Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
	al)	125.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 113 (check only one) X 11a
Any information copied from such or for commercial purposes, othe NAME OF COMMITTEE (In F. American Optometric Assets)	-ull)		son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Dr Beth A Kneib Mailing Address 602 Nw 1 City Shoreline FEC ID number of contributing federal political committee. Name of Employer Self Employed	63Rd St State WA C Occupati		Date of Receipt M M M
Receipt For: Primary Gener Other (specify) ▼	Aggrega	of Optometry te Year-to-Date ▼ 374.94	
Full Name (Last, First, Middle Dr Trevor J Cleveland Mailing Address 1610 Wils	, 		Date of Receipt 0 9 2 8 2 0 0 8
City <u>Eugene</u> FEC ID number of contributing federal political committee.	State OR	Zip Code 97402-3361	Transaction ID: 28649164 Amount of Each Receipt this Period 50.00
Name of Employer Self Employed Receipt For: Primary Gener Other (specify) ▼	Aggrega	on of Optometry te Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Dr Jerd W Poston Mailing Address 1651 Gle	Initial)		Date of Receipt 0 9 2 8 2 0 0 8
City Myrtle Beach FEC ID number of contributing	State SC	Zip Code 29575-4836	Transaction ID: 28649166 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer Self Employed	Occupati	ion of Optometry	
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Pa	age (optional)		141.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 113 (check only one) X 11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Brian Roy Murray			Date of Receipt
	Mailing Address 3292 Sunnyslope Dr			09 28 2008
	Clarkovilla	State TN	Zip Code	Transaction ID: 28649167
	Clarksville FEC ID number of contributing federal political committee.	C	37043	Amount of Each Receipt this Period 30.42
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 273.78	
_	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe			Date of Receipt
	Mailing Address 789 N Broad			09 28 YYYY 2008
	City	State	Zip Code	Transaction ID: 28649168
	Galesburg	<u>IL</u>	61401-2766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		175.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For:	, '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1575.00	
	Full Name (Last, First, Middle Initial) Dr Thomas Azman			Date of Receipt
	Mailing Address 3315 Labyrinth Road			09 29 2008
	City	State	Zip Code	Transaction ID: 28657647
	Baltimore	MD	21215-1729	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		705.42

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 113 (check only one) X 11a
A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	ly not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr C. Jeffrey Foster			Date of Receipt
	Mailing Address 508 3Rd Street		7: 0.1	09 29 2008
	City Newport	State TN	Zip Code 37821	Transaction ID: 28657650 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Dr Seth Thomas Copeland Mailing Address 2212 Barge St			Date of Receipt
		Ctata	7:- Oada	09 29 2008
	City Yakima	State WA	Zip Code 98902	Transaction ID: 28657677 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr Jordan S Zinn			Date of Receipt
	Mailing Address 100 York St Apt 3M			09 29 2008
	City New Haven	State CT	Zip Code 06511-5647	Transaction ID: 28657678
	FEC ID number of contributing federal political committee.	C	00011-0047	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Ę	SUBTOTAL of Receipts This Page (optional)			1115.00
T,	FOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 113 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any pers ig the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert B Mitchell Mailing Address 10475 N. Calle Ve	ovene Cone	Date of Receipt
City	State Zip Code	0 9 2 9 2 0 0 8 Transaction ID: 28657680
Tucson FEC ID number of contributing federal political committee.	AZ 85737-7076	Amount of Each Receipt this Period 250.00
Name of Employer Arizona Glaucoma Specialists Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Ronald Carl Nelson Mailing Address 2887 Shillingford	Cir Nw	Date of Receipt 0 9 2 9 2 0 0 8
City	State Zip Code	Transaction ID: 28657681
N Canton	OH 44720-8229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr Ayaka Sato		Date of Receipt
Mailing Address 10 Santa Luzia Ai	sle	09 29 2008
City	State Zip Code	Transaction ID: 28657682
Irvine FEC ID number of contributing federal political committee.	CA 92606-8887	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	990.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 113 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma	ny not be sold or used by any persidress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions
 	NAME OF COMMITTEE (In Full)	namo ana aa	eroco or arry political committee to	o construction of the model of the matter.
	American Optometric Association Polit	ical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Stewart F Gooderman			Date of Receipt
	Mailing Address 417 Evelyn Avenue Unit 105			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: 28657685
	Albany	CA	94706-1319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
- В.	Full Name (Last, First, Middle Initial) Dr Jetal Patel			Date of Receipt
	Mailing Address 9274 W Mary Ann Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28657686
	<u>Peoria</u>	AZ	85382-5202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
- С.	Full Name (Last, First, Middle Initial) Dr Michael J Zysik			Date of Receipt
	Mailing Address 399 Rutledge Ct			M M / D D / Y Y Y Y Y Y Y 2008
	City	State	Zip Code	Transaction ID: 28657688
	Perrysburg	OH	43551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			865.00
	OUDIVIAL OF HECEIPES THIS FAGE (OPHOHAI)	• • • • • • • • • • • • • • • • • • • •		

TOTAL This Period (last page this line number only)

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SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 113 (check only one) X 11a
NAME OF COM	ied from such Reports and Sta urposes, other than using the n MITTEE (In Full) ometric Association Politic			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Dr Julie Zysik Mailing Address City Perrysburg FEC ID number federal political of Name of Employ Self Employed	of contributing	State OH C	Zip Code 43551-6007	Date of Receipt 0 9 2 9 2 0 0 8 Transaction ID: 28657689 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (spe		-	e Year-to-Date ▼ 250.00	
Full Name (Last, Dr William E Fox Mailing Address	First, Middle Initial) 1504 Wood Spring Coun	rt		Date of Receipt 0 9 2 9 2 0 0 8
City Raleigh FEC ID number federal political o		State NC	Zip Code 27614	Transaction ID: 28657695 Amount of Each Receipt this Period 365.00
Name of Employed Self Employed Receipt For: Primary Other (spe	General		f Optometry Year-to-Date ▼ 365.00	
Full Name (Last, Dr William E Kim Mailing Address				Date of Receipt 0 9 2 9 2 0 0 8
City Southbury FEC ID number		State CT	Zip Code 06488-2719	Transaction ID: 28657696 Amount of Each Receipt this Period 365.00
federal political of Name of Employ Self Employed		Occupation	n f Optometry	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Re	Leipts This Page (optional)			980.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar or	ny information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pole			on for the purpose of soliciting contributions of solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr Liann Kimball			Date of Receipt
	Mailing Address 290 Jacob Rd			09 29 2008
	City Southbury	State CT	Zip Code	Transaction ID: 28657697
	FEC ID number of contributing federal political committee.	C	06488-2719	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
 B.	Full Name (Last, First, Middle Initial) Dr Denise L Roddy			Date of Receipt
	Mailing Address 13605 S 18 PI			09 30 2008
	City	State	Zip Code	Transaction ID: 28672957
	Bixby	OK	74008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Paul R King			Date of Receipt
	Mailing Address 1203 Carson St			09 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 28672959
	Eureka	CA	95501-4273	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	_ '	f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
s	SUBTOTAL of Receipts This Page (optional) .	1		865.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 84 / 113 (check only one) X 11a
Any information copied from such Repor or for commercial purposes, other than under the NAME OF COMMITTEE (In Full) American Optometric Association	sing the name and address of an	y political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr T. Gibson Blackman Mailing Address 105 Trey Drive			Date of Receipt
City Goldsboro	State Zip C NC 2753		Transaction ID: 28672966 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optome Aggregate Year-to-D		
Full Name (Last, First, Middle Initial) Dr Paul J Lobby Mailing Address Rd 2 Box 245	1		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ford City	State Zip C PA 1622	ode 6-9802	Transaction ID: 28672967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation		250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optome Aggregate Year-to-D		
Full Name (Last, First, Middle Initial) Dr James P De Vleming Mailing Address 670 Se Meadow	vale		Date of Receipt
City Pullman	State Zip C WA 9916		Transaction ID: 28672969 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 Optome	<u> </u>	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	500.00	
SUBTOTAL of Receipts This Page (op	onal)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any pers the name and address of any political committee t Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Reginald W Mailhot Mailing Address 31 Sheffield Ave City Lewiston FEC ID number of contributing federal political committee.	State Zip Code ME 04240-1609	Date of Receipt M M M
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr Nathan H Drum Mailing Address 410 Slate Ledge Re	pad	Date of Receipt 0 9 7 3 0 2 0 0 8
City <u>Littleton</u> FEC ID number of contributing federal political committee.	State Zip Code NH 03561-3419	Transaction ID: 28672971 Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Daniel W Pace Mailing Address 87 West Sunrise C	ir	Date of Receipt 0 9 3 0 2 0 0 8
City <u>Farmington</u>	State Zip Code UT 84025	Transaction ID: 28672975 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1115.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16						
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any pers g the name and address of any political committee t Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.						
Full Name (Last, First, Middle Initial) Dr Frank Reece Day, Jr Mailing Address 2790 Commons Di	rive	Date of Receipt						
City <u>Lawrenceville</u> FEC ID number of contributing	State Zip Code GA 30044-5761	Transaction ID: 28672978 Amount of Each Receipt this Period						
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 350.00	50.00						
Full Name (Last, First, Middle Initial) Dr Brian D Brightman Mailing Address 14000 Brush Creek	ς PI	Date of Receipt M						
City Roca FEC ID number of contributing federal political committee.	State Zip Code NE 68430-4403	Transaction ID: 28672985 Amount of Each Receipt this Period 140.80						
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 259.20							
Full Name (Last, First, Middle Initial) Dr Richard Lee Brown Mailing Address 1704 Columbia Cir	rcle Drive	Date of Receipt						
City Grand Island FEC ID number of contributing	State Zip Code NE 68801	Transaction ID: 28672986 Amount of Each Receipt this Period 400.00						
Rame of Employer Self Employed	Occupation Doctor of Optometry	400.00						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00							
SUBTOTAL of Receipts This Page (option	al)	590.80						

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Optometric Associatio	and Statements may not be sold or used by any peng the name and address of any political committee. Political Action Committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr James W Devine Mailing Address 8600 Martell Roa City Hickman	d State Zip Code NE 68372	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 140.80
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 259.20	
Full Name (Last, First, Middle Initial) Dr. Janet Rose Fett Mailing Address 517 So Ridge Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Sioux City FEC ID number of contributing federal political committee.	State Zip Code NE 68776	Transaction ID: 28672995 Amount of Each Receipt this Period 136.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 272.00	
Full Name (Last, First, Middle Initial) Dr Teri Kae Geist Mailing Address 15620 Grant Circ	le	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Omaha	State Zip Code NE 68116-2416	Transaction ID: 28672998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	200.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	onal)	476.80

SCHEDULE A (FEC FO	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 88 / 113 (check only one) X 11a
or for commercial purposes, other the NAME OF COMMITTEE (In Full	eports and Statements may not be an using the name and address of iation Political Action Comn	of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Dr Philip L Gildersleeve Mailing Address Rural Route City Oneill FEC ID number of contributing federal political committee. Name of Employer Self Employed	1 State Z	ip Code 8763	Date of Receipt 0 9 3 0 2 0 0 8 Transaction ID: 28672999 Amount of Each Receipt this Period 133.36
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	<u> </u>	
Full Name (Last, First, Middle Ini Brian Donald Hinkley Mailing Address 5430 Sawg	ass Drive	ip Code	Date of Receipt M
Lincoln FEC ID number of contributing federal political committee.	NE 6	8526-9625	Amount of Each Receipt this Period 140.80
Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Opto Aggregate Year-i	•	
Full Name (Last, First, Middle Ini Dr David M Kincaid Mailing Address 560 200Th	·		Date of Receipt 0 9 3 0 2 0 0 8
City <u>Dakota City</u>		ip Code 8731	Transaction ID: 28673009 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Opto	•	
Primary General Other (specify) ▼	Aggregate Year-	400.00	
SUBTOTAL of Receipts This Page	(optional)	······	674.16

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 113 (check only one) X 11a 11b 11c 12 13 14 15 16 1					
Ar	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
	American Optometric Association Po	litical Action	Committee						
<u> </u>	Full Name (Last, First, Middle Initial) Dr Corey M Langford			Date of Receipt					
	Mailing Address 7756 N 153Rd Street			09 30 2008					
	City	State	Zip Code	Transaction ID: 28673013					
	Bennington	NE	68007-1551	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		144.00					
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼	0 0	256.00						
	Full Name (Last, First, Middle Initial) Dr David S Michaels	1		Date of Receipt					
	Mailing Address 10655 Ridgemont Cir	09 30 YYYY 2008							
	City	State	Zip Code	Transaction ID: 28673019					
	Omaha	NE	68136	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		288.00					
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry						
	Receipt For:	Aggregate	e Year-to-Date V						
	Primary General Other (specify) ▼		288.00						
	Full Name (Last, First, Middle Initial) Todd David Pfeil			Date of Receipt					
	Mailing Address 8900 Truchard Road			09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 28673022					
	Lincoln	NE	68503	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		140.80					
	Name of Employer Self Employed		f Optometry						
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	7					
	Other (specify) ▼	0 0	259.20	_					
	UBTOTAL of Receipts This Page (optional)			572.80					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 113 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Richard L Powell Mailing Address 820 Manchester Circle City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NE 68528-1043 C Occupation Doctor of Optometry Aggregate Year-to-Date 366.67	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 28673023 Amount of Each Receipt this Period 133.33
Full Name (Last, First, Middle Initial) Dr Scott C Reins Mailing Address 6500 Vanderslice Ln City Lincoln FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NE 68516-9247 C Occupation Doctor of Optometry Aggregate Year-to-Date 259.20	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Dr. Paul L Salansky, Jr Mailing Address 2521 Whitaker Rd City Nebraska City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NE 68410-1025 C Occupation Doctor of Optometry Aggregate Year-to-Date 254.40	Date of Receipt M
SUBTOTAL of Receipts This Page (optional) .		419.73

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 113 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association P	d Statements may not be sold or used by any perso the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven P Sandman Mailing Address 1806 Wildwood Cir City Beatrice FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NE 68310 C Occupation Doctor of Optometry Aggregate Year-to-Date 259.20	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Kimberly J Tucker Mailing Address 2710 Woodscrest A' City Lincoln FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 259.20	
Full Name (Last, First, Middle Initial) Dr Ellen L Weiss Mailing Address 13603 Pflung Rd City Springfield	State Zip Code NE 68059	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 288.00	288.00
SUBTOTAL of Receipts This Page (optional)	569.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 92 / 113 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
	ly information copied from such Reports and Statement for commercial purposes, other than using the name at			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Political Ac	ction C	Committee	
	Full Name (Last, First, Middle Initial) Wachovia Federal			Date of Receipt
	Mailing Address 1650 Tyson Blvd.			09 30 2008
	City	tate	Zip Code	Transaction ID: 28673055
	McLean VA	Α	22102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			19.58
	Name of Employer Occi	cupation	1	
	Receipt For: Primary General Other (specify) ▼	gregate	Year-to-Date ▼ 214.76	Wachovia Fed Interest 9/3- 0/2008

SUBTOTAL of Receipts This Page (optional)	•	19.58
TOTAL This Period (last page this line number only)	<u> </u>	19.58

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 113 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	d Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) MCConnell Majority Committee; The Mailing Address PO BOX 75103 City	State Zip Code	Date of Receipt M
WASHINGTON FEC ID number of contributing federal political committee.	DC 20013	Amount of Each Receipt this Period 5000.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00	Refund

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

		Use separate schedule(s	5))K LINE neck only					1 / (GL_	94 / 1	10
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\square	24 28c		25 29	2 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												
Λ	NAME OF COMMITTEE (In Full)												
\mathbb{Z}	American Optometric Association Politica	Action Committee											
	Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee					Trans		on ID	_		947		
	Mailing Address PO Box 87						M		8 (/ Y	ž	0 ŏ 8	Υ
		Ctata Zin Cada				A						this P	
	City Uwchland	State Zip Code PA 19480				Amou	INT O	Lach	DISC	ourser	-		-
	Purpose of Disbursement Candidate Contribution			01	1		-	-			100	00.00	
	Candidate Name Rep. James W. Gerlach			ateg Typ	jory/ e								
	Senate President	ement For: 2008 Primary X General Other (specify)	1			Cand	idat	e Cor	ntribı	ution			
	State: PA District: 06 Full Name (Last, First, Middle Initial)					Trans	anti	on ID	. 20	520	204		
	Democratic Party of South Carolina					Date		sburs	_			· v ·	V
	Mailing Address PO Box 5965					0 9	IVI .	້ ບັ) 9	Ĺ	2	0 ŏ 8	
	City Columbia	State Zip Code SC 29250				Amou	int of	f Each	n Disb	urser		this P	
	Purpose of Disbursement Committee Contribution			01	1	L.		_			500	00.00	0
	Candidate Name			ateg Typ	ory/ e								
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)				Comr	nitte	ee Co	ntrib	oution	n		
	Full Name (Last, First, Middle Initial) Arcuri For Congress					Trans Date		-			205		
	Mailing Address P.O. Box 8508					0 9	M	[′] □ C	9	/ Y	ž	8 ö́ 0	Y
	City Utica	State Zip Code NY 13505				Amou	int of	f Each	n Disb	urser	ment	this P	eriod
	Purpose of Disbursement Candidate Contribution			01	1						470	04.20	
	Candidate Name Rep. Michael A. Arcuri			ateg Typ	jory/ e								
	Senate President	ement For: 2008 Primary X General Other (specify)	1			Cand	idat	e Cor	ntribı	ution			
	State: NY District: 24						_						

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В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	INE NUMBI	ER:		PA	AGE	95 / 1	13
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check	only one) b 22		23 [7 24		25	<u></u>
	,	27	28a		28b	28c		29	30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									i
NAME OF COMMITTEE (In Full)									
American Optometric Association Political	Action Committee								
Full Name (Last, First, Middle Initial) Adrian Smith For Congress					on ID: sburser	28525 ment	261		
Mailing Address 3321 Avenue I Suite 6			0 9	M /	^D 1	D / \	ž	o ŏ 8	Y
City	State Zip Code NE 69361		Amo	unt of	Each [Disburse			-
Purpose of Disbursement Candidate Contribution		011	╗┖	_			20	00.00)
Candidate Name Adrian Smith		Category/ Type							
Office Sought: X House Disburse Senate President	ment For: 2008 Primary X General Other (specify)		Cano	lidate	e Cont	ributior	1		
State: NE District: 03									
Full Name (Last, First, Middle Initial) PAC to the Future			Date	of Dis	burser				
Mailing Address PMB 3230 268 Bush Street			0 9	M /	^D 1	1 /	ž	o ŏ 8	Ť
7	State Zip Code CA 94104		Amo	unt of	Each [Disburse			-
Purpose of Disbursement Committee Contribution		011					10	00.00)
Candidate Name PAC to the Future		Category/ Type							
Office Sought: Senate President State: Disburse Disburse	ment For: Primary General Other (specify) ▼		Com	mitte	e Con	tributio	n		
Full Name (Last, First, Middle Initial) Enzi For US Senate					on ID: sburser	28525 ment	263		
Mailing Address PO Box 2775			0 9	M /	1	1 /	Ž	o ŏ 8	Y
	State Zip Code WY 82414		Amo	unt of	Each [Disburse	ement	this F	Period
Purpose of Disbursement Candidate Contribution		011	╗┖				25	00.00)
Candidate Name Sen. Michael B. Enzi		Category/ Type							
Office Sought: House X Senate President State: WY District:	ment For: 2008 Primary X General Other (specify)		Cano	lidate	e Cont	ributior	1		
SUBTOTAL of Disbursements This Page (optional) .			L				550	0.00	
TOTAL This Period (last page this line number only)			<u> </u>						

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ΙT	EMIZED DIS	BURSEMEN	TS	for each	category of the Summary Page		(cn	eck on 21b 27	22 28a		23 28b	24 280	, —	25 29	
		d from such Reports poses, other than usi													
) \	NAME OF COMM		ng the name	and addre	ss of arry political	COIII	1111111	ee 10 S	JIICIL COIT	inbulio	115 110	III Suci	COIIII	muee	
\rangle		metric Association	n Political	Action Co	ommittee										
	Full Name (Last, For Pat Roberts For Pat Rober	First, Middle Initial) r Senate							-	sactio of Dis	burse		1195	j	
	Mailing Address	PO Box 433							0 ^M 9	M /	^D 1	^D /	ž	0 Ď 8	B Y
	City Great Bend			State KS	Zip Code 67530				Amo	unt of	Each I	Disburs		t this F	-
	Purpose of Disbur Candidate Contrib						011			-			20	00.00	,
	Candidate Name Sen. Pat Rober					Са	atego Type	ory/							
	Office Sought:	House X Senate President	Disburse	ment For: Primary Other (spe	2008 X General ecify) V				Cano	lidate	Cont	tributio	n		
	State: KS	District:													
	Friends Of Joh	First, Middle Initial) n Barrow							1	saction of Dis	burse				V
	Mailing Address	PO Box 8166							0 9	IVI /	^D 1	7	2	0 Ď 8	3
	City Savannah			State GA	Zip Code 31412				Amo	unt of	Each I	Disburs			_
	Purpose of Disbur Candidate Contrib						011		L.			•	20	00.00)
	Candidate Name Rep. John Barr	ow					atego Type								
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2008 X General ecify) ▼				Cano	lidate	Conf	tributio	on		
	State: GA	District: 12 First, Middle Initial)													
	Bachmann For	,							Date	of Dis	burse				Υ
	Mailing Address	PO Box 25950							0 ^M 9		^D 2	2	2	0 Ď 8	3
	City Woodbury			State MN	Zip Code 55125				Amo	unt of	Each I	Disburs			_
	Purpose of Disbur Candidate Contrib						011		L.				25	500.00)
	Candidate Name Michele Bachm	ann					atego Type	-							
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2008 X General ecify) ▼				Cano	lidate	Conf	tributio	on		
	State: MN	District: 06													
_															

30	HEDULE E	3 (FEC Form	3X)	Use sepa	arate schedule(s)				NUMBE	R:		PAGE	97 /	113
ITE	MIZED DIS	SBURSEMEN	ITS		category of the Summary Page		<u> </u>	ıb [y one) 22 28a	X 23 28		24 28c	25 29	Н
		ed from such Reports poses, other than us												3
	NAME OF COMM	·				10011		10 00	more corner	ibation c	110111 00	011 0011	mittoo	
	Full Name (Last, New Millenium	First, Middle Initial) PAC									ID: 280		8	
1	Mailing Address	Post Office Bo	x 632						0 9	M /	23	Y	ž 0 ŏ 8	3 ^Y
	City Union City			State NJ	Zip Code 07087				Amou	nt of Ea	ıch Disbı			
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	Candidate Name New Millenium Office Sought:	PAC	Disburse	ment For:			ategory Type	/						
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1	Mailing Address	777 S. Figuero Suite 4050	a St.						0 9	M /	^D 23 ^D	Y	ž o ŏ 8	3 Y
	City Los Angeles			State CA	Zip Code 90017				Amou	nt of Ea	ıch Disbı			
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(Office Sought:	X House Senate President District: 29	Disburse	ment For: Primary Other (spe	2008 X General ecify) V		71		Candi	date C	Contribu	tion		
	Full Name (Last, Doggett For US	First, Middle Initial) S Congress							Date	of Disbu	ID: 280 Irsement			
Ī	Mailing Address	1157 San Berr	nard						0 9	M /	^D 23 ^D	Y	ž o ŏ 8	3 ^Y
	City Austin			State TX	Zip Code 78702				Amou	nt of Ea	ıch Disbı			_
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NAME OF COMMITTEE (In Full) American Optometric Association Politica	, , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial) Kagen 4 Congress			Transaction ID: 28636178 Date of Disbursement
Mailing Address 100 W. College Ave. 50 D			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ 0 \ \ 0 \ \ 8 \ \ \end{bmatrix}$
City Appleton	State Zip Code WI 54911		Amount of Each Disbursement this Period 4100.50
Purpose of Disbursement Candidate Contribution Candidate Name		011 Category/	4100.50
Mr. Steven Kagen Office Sought: X House Disburs	ement For: 2008	Type	Candidate Contribution
Senate President State: WI District: 08	Primary X General Other (specify) ▼		Canadate Contribution
Full Name (Last, First, Middle Initial) Boren For Congress 2008			Transaction ID: 28636200 Date of Disbursement
Mailing Address PO Box 1924			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & 9 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
City Muskogee	State Zip Code OK 74402		Amount of Each Disbursement this Period
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Candidate Name Rep. Daniel Boren		Category/ Type	
Office Sought: X House Senate President State: OK District: 02	ement For: 2008 Primary X General Other (specify)		Candidate Contribution
Full Name (Last, First, Middle Initial) Conyers for Congress			Transaction ID: 28636204 Date of Disbursement
Mailing Address c/0 Nathen Conyers 1833 E. Jefferson			$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}O\end{smallmatrix}^M / \begin{bmatrix}D\\2\end{smallmatrix}O\end{smallmatrix}^D / \begin{bmatrix}Y\\2\end{smallmatrix}O\end{smallmatrix}^Y O\end{smallmatrix}^X \\ O$
City Detroit	State Zip Code MI 48207	_	Amount of Each Disbursement this Period
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John Conyers		Type	
Senate President	ement For: 2008 Primary X General Other (specify) ▼		Candidate Contribution
State: MI District: 14			

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	Full Name (Last, First, Middle Initial) Chet Edwards For Congress Mailing Address PO Box 23273							sburs	_			0 Ď 8	Y
	City Waco	State Zip Code TX 76702				Amou	int o	f Each	Disb	urser	ment	this P	eriod
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	Full Name (Last, First, Middle Initial) Harry Mitchell For Congress Mailing Address PO Box 23748							sburs				o ŏ 8	Y
	City Tempe Purpose of Disbursement	State Zip Code AZ 85285	1			Amou	int o	f Each	Disb	ourser		this P	
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	Full Name (Last, First, Middle Initial) Kildee For Congress Committee					Trans Date	of Di	sburs	emen				
	Mailing Address P.O. Box 317					0 9	М		23	/ Y	ž	8 ö́ 0	Y
	City Flint	State Zip Code MI 48501				Amou	ınt o	f Each	Disb	urser	ment	this P	eriod
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	Candidate Name Rep. Dale E. Kildee			atego Type									
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 100 / 113
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American Optometric Association Political	Action Committee			
Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee			Transaction ID: Date of Disbursem	
Mailing Address 76 Magnolia Terrace			09 / 23	2008
,	State Zip Code MA 01108		Amount of Each D	Disbursement this Period
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Candidate Name Rep. Richard E. Neal	C	Category/ Type		
Office Sought: X House Senate President State: MA District: 02	ment For: 2008 Primary X General Other (specify) ▼		Candidate Contr	ribution
Full Name (Last, First, Middle Initial)			Transaction ID:	28636220
Alaskans For Don Young Inc.			Date of Disbursem	
Mailing Address 2504 Fairbanks Street			09 / 23	2008
•	State Zip Code AK 99503		Amount of Each D	Disbursement this Period
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Candidate Name Rep. Donald E. Young		Category/ Type		
Office Sought: X House Disburse Senate President State: AK District: 01	ment For: 2008 Primary X General Other (specify)		Candidate Contr	ribution
Full Name (Last, First, Middle Initial) Kirk For Congress			Transaction ID: Date of Disbursem	
Mailing Address P.O. Box 8			09 / 23	2008
	State Zip Code IL 60093		Amount of Each D	Disbursement this Period
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Candidate Name Rep. Mark Steven Kirk	C	Category/ Type		
Office Sought: X House Disburse Senate President State: IL District: 10	nent For: 2008 Primary X General Other (specify)		Candidate Contr	ribution
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	Full Name (Last, First, Middle Initial) Pingree For Congress Mailing Address PO Box 17613							ID: 2 urseme			0 ŏ 8	Y
	City Portland	State Zip Code ME 04112				Amour	nt of Ea	ach Dis	sburse	ment	this Pe	eriod
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	Candidate Name Mr. Steve Stivers			ategor Type	ry/							
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NAME OF COMMITTEE (In Full)	The and address of any political committee	se to solicit contributions from such committee
American Optometric Association Politic	al Action Committee	
Full Name (Last, First, Middle Initial) John Salazar For Congress		Transaction ID: 28636688 Date of Disbursement
Mailing Address PO Box 534		09 7 23 7 2008
City Pueblo	State Zip Code CO 81002	Amount of Each Disbursement this Perio
Purpose of Disbursement	00 01002	1000.00
Candidate Contribution	011	
Candidate Name Rep. John T. Salazar	Catego Type	•
	rsement For: 2008	Candidate Contribution
Senate President	Primary X General Other (specify) ▼	
State: CO District: 03	Carior (Specify) •	
Full Name (Last, First, Middle Initial)		Transaction ID: 28636689
Blumenauer For Congress		Date of Disbursement
Mailing Address 830 NE Holladay Suite 105		099 / 23 / 2008
City Portland	State Zip Code OR 97232	Amount of Each Disbursement this Period
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Candidate Name Rep. Earl Blumenauer	Catego Type	•
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State: OR District: 03	Other (specify)	
Full Name (Last, First, Middle Initial) Zack Space For Congress Committee		Transaction ID: 28636691
		Date of Disbursement
Mailing Address 123 West High Avenue	•	099 / 23 / 2008
City New Philadelphia	State Zip Code OH 44663	Amount of Each Disbursement this Perio
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Candidate Contribution	011	
Candidate Name Rep. Zachary Space	Catego Type	
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State: OH District: 18	Calor (opcorry) \	

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•		ometric Associatio	n Political	Action Co	ommittee			
	Full Name (Last, Steve Austria I	First, Middle Initial) For Congress						Transaction ID: 28636693 Date of Disbursement
Ī	Mailing Address	2537 Obetz Dr	ive					0 9 M / D 2 3 / Y Y Y O Y 8
	City Beavercreek			State OH	Zip Code 45434			Amount of Each Disbursement this Pe
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(Candidate Name Mr. Steve Aust					Cat	tegory/ ype	
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	State: OH	District: 07						
	•	First, Middle Initial) orting Buyer For (Congress					Transaction ID: 28636696 Date of Disbursement
ľ	Mailing Address	200 North Mair	n St. P.O.	Box 712				$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
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	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action Committee											
	Full Name (Last, First, Middle Initial) Special Teams 2008 Committee, The					Trans			emen			0 ŏ 8	Υ
	Mailing Address P.O. Box 75103					-							
	City Washington	State Zip Code DC 20013				Amou	nt of	Each	Disb	urser	-		-
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	Full Name (Last, First, Middle Initial) Oliver For Congress					Trans		burse				0 ŏ 8	Y
	Mailing Address 321 S Boston Ave #200)				0.3			9			000	
	City Tulsa	State Zip Code OK 74103				Amou	nt of	Each	Disb	urser			-
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$ \rangle$	American Optometric Association Political	Action Committee										
	Full Name (Last, First, Middle Initial) Bill Foster for Congress							on ID:	-	36438 it	71	
	Mailing Address PO Box 703					0 9	М	[/] 2	4	/ Y	žoŏ	8 ^Y
	City Geneva	State Zip Code IL 60134				Amou	int o	f Each	Disk		ent this	
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	Boucher For Congress Committee					Date		isburse	emer			Υ
	Mailing Address PO Box 2000					0 9		2	4	L	žoŏ	8
	City Abingdon	State Zip Code VA 24212				Amou	int o	f Each	Disk		ent this	
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	Candidate Name Rep. Rick Boucher			Cateo Typ								
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	Full Name (Last, First, Middle Initial) Friends Of Baron Hill							on ID:		36438°	74	
	Mailing Address P O Box 1071					0 9	М	[/] 2	4	/ Y	žoŏ	8 ^Y
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	Candidate Name Baron P Hill			Cateo Typ								
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American Optometric Association Politica	I Action Committee									
Full Name (Last, First, Middle Initial) Braley For Congress				tion ID: Disburse		316	i			
Mailing Address PO Box 390			09	[′] 3	0 /	Ž	0 0 8	3 Y		
City Waterloo	State Zip Code IA 50704		Amount	of Each	Disburse	-				
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Candidate Name Mr. Bruce Braley		Category/ Type								
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City Lowell	State Zip Code MA 01853		Amount	of Each	Disburse					
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City Birmingham	State Zip Cod AL 35201	le		Amoun	t of Each Dis	sburseme	nt this P	Period	
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	Full Name (Last, First, Middle Initial) Keller For Congress					Trans Date	of Di	sburs	emer				
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	State VA	Zip Code 22102					Amou	nt o	f Each	Disb	ırse	men	t this F	Perio	d
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Full Name (Last, First, Middle Initial) Bank of America Mailing Address PO Box 790251			Transaction ID: 2 Date of Disburseme								
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