

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

Office Use Only

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

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

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

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2008

through

03

31

2008

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

Type or Print Name of Treasurer

Dorothy Hitchmoth, O.D.

Signature of Treasurer

Electronically Filed by Dorothy Hitchmoth, O.D.

Date

04

14

2008

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		495385.22
(b) Cash on Hand at Beginning of Reporting Period	630137.04	
(c) Total Receipts (from Line 19)	83637.37	381562.64
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	713774.41	876947.86
7. Total Disbursements (from Line 31)	153416.91	316590.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	560357.50	560357.50
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	47290.18	213860.19
(i) Itemized (use Schedule A)		
(ii) Unitemized	35330.89	166624.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	82621.07	380484.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	82621.07	380484.94
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1016.30	1077.70
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	83637.37	381562.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	83637.37	381562.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2666.91	8840.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2666.91	8840.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	150750.00	307250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	153416.91	316590.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	153416.91	316590.36

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)	82621.07	380484.94
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	82621.07	379984.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2666.91	8840.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2666.91	8840.36

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

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

FOR LINE NUMBER: PAGE 6 / 80

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Mark J Cook

Mailing Address 5698 Mountain Road

City

Brighton

State

MI

Zip Code

48116-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 8

Transaction ID: 27371715

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Nathaniel Roland

Mailing Address 10001 Admiral Emerson AVE NE

City

Albuquerque

State

NM

Zip Code

87111-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 8

Transaction ID: 27378405

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Paul A Paxman

Mailing Address 8909 N Silver Lake Dr

City

Cedar Hills

State

UT

Zip Code

84062-8783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: 27378473

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Lincoln J Dygert

Mailing Address 7295 S 2050 E

City

Ogden

State

UT

Zip Code

84405-7737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: 27378872

Amount of Each Receipt this Period

360.00

B.

Full Name (Last, First, Middle Initial)

Dr Kristen A Langner

Mailing Address 46 E Irving Park Rd

City

Roselle

State

IL

Zip Code

60172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: 27378875

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Jonathan L Shrewsbury

Mailing Address P O Box 109
Green Acres Subdivision

City

Beaver Dam

State

KY

Zip Code

42320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: 27378877

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

860.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Charles P Gilchrist, III

Mailing Address P O Box 1137

City

Tappahannock

State

VA

Zip Code

22560-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 27380295

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Mark David Sturgis

Mailing Address 106 Natsisky Farm Road

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 27380297

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Thomas G Peterson

Mailing Address Po Box 513

City

Shawano

State

WI

Zip Code

54166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 27380307

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Wayne Edward Zahka

Mailing Address 172 Winter St

City

Westwood

State

MA

Zip Code

02090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 27380308

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Lawrence O Adegate

Mailing Address 306 E Boyd

City

Farmington

State

NM

Zip Code

87401-2394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 27380310

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Kenneth R Braun

Mailing Address Po Box 747

City

Aiken

State

SC

Zip Code

29801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 27380314

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Alden N Haffner

Mailing Address 201 East 36 Street Apt 6F

City

New York

State

NY

Zip Code

10016-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 27380316

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Phillip A Gelwick

Mailing Address 3649 East 49Th Place

City

Tulsa

State

OK

Zip Code

74135-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 27380326

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Jennifer L Planitz

Mailing Address 3537 New Castle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 8

Transaction ID: 27387424

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr R. Richard Ryan, Jr

Mailing Address 7822 N Country Homes Blvd

City

Spokane

State

WA

Zip Code

99208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 8

Transaction ID: 27387427

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr Markus I Barth

Mailing Address 1346 Heller Drive

City

Yardley

State

PA

Zip Code

19067-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27387442

Amount of Each Receipt this Period

66.67

C.

Full Name (Last, First, Middle Initial)

Dr Robert J Blumthal

Mailing Address 119 Exmore Drive

City

Springfield

State

IL

Zip Code

62704-3137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27387444

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)

1233.34

TOTAL 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 12 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr G. Chad Green

Mailing Address 5960 Co Rd 19

City

Linden

State

AL

Zip Code

36748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27387448

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Peter H Kehoe

Mailing Address 789 N Broad

City

Galesburg

State

IL

Zip Code

61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27387450

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)

Dr Gregory C Russell

Mailing Address 2505 Rivermont Circle

City

Kingsport

State

TN

Zip Code

37660-2392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27387461

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

358.33

TOTAL 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 13 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City

Shoreview

State

MN

Zip Code

55126-3127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

Transaction ID: 27387478

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Dr Joe Ernest Ellis

Mailing Address 179 Wood Trace

City

Benton

State

KY

Zip Code

42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

Transaction ID: 27387488

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Dr William Drost Altig

Mailing Address 520 Cr 4856

City

Newark

State

TX

Zip Code

76071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	8

Transaction ID: 27387491

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

750.67

TOTAL 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 14 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr John W Heltsley

Mailing Address 405 Warwick Way

City

Hopkinsville

State

KY

Zip Code

42240-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27388330

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Martha Greenberg

Mailing Address 181 Windsor

City

Russellville

State

AL

Zip Code

35653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27390101

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr John Bonsett-Veal

Mailing Address 357 N Main St

City

Oregon

State

WI

Zip Code

53575-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: 27394529

Amount of Each Receipt this Period

92.00

SUBTOTAL of Receipts This Page (optional)

842.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.67

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 0 8

Transaction ID: 27398171

Amount of Each Receipt this Period

66.67

B.

Full Name (Last, First, Middle Initial)

Dr C. Denise Howard

Mailing Address 2709 S Creekside Ct

City

Bloomington

State

IN

Zip Code

47401-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27404344

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Michael J Long

Mailing Address 8808 W Stebbinsville Rd

City

Edgerton

State

WI

Zip Code

53534-8877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406207

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

931.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Susan Scott Whaley

Mailing Address 9984 Buck Point Road

City

Tallahassee

State

FL

Zip Code

32312-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406213

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Robin M Brady

Mailing Address 720 Forest Ave

City

Chattanooga

State

TN

Zip Code

37405-2716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406217

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Stephanie M White

Mailing Address 5129 Citrus Blvd Apt 154

City

River Ridge

State

LA

Zip Code

70123-7114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406223

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Bruce D Krutsinger

Mailing Address 15901 Tahoe Dr

City

Houston

State

TX

Zip Code

77040-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406227

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Richard J Choryan

Mailing Address 9096 Costner

City

Caledonia

State

MI

Zip Code

49316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406236

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr Timothy A Stafford

Mailing Address 1411 Chapman Drive

City

Newberry

State

SC

Zip Code

29108-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406238

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL 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 18 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Elliot F Lasky

Mailing Address 15 Masfield Road

City

Nashua

State

NH

Zip Code

03062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406240

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr David J Helfman

Mailing Address 7 Pierce Lane

City

Hollis

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406241

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr Gary Bryan Lukes

Mailing Address 506 Curtis Street
P.O. Box 10

City

Spring Valley

State

WI

Zip Code

54767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406249

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL 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 19 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Craig B Pruitt

Mailing Address 246 St Matthews Lane

City

Spartanburg

State

SC

Zip Code

29301-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406306

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Jan L Cooper-Hagman

Mailing Address 101 Chandler West

City

Highland

State

CA

Zip Code

92346-5482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406308

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Ezra E Cohen

Mailing Address 861 East 9Th Street

City

Brooklyn

State

NY

Zip Code

11223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406310

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Tamara K Mathison

Mailing Address 508 5Th St Ne

City

Jamestown

State

ND

Zip Code

58401-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406317

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Forrest B Messerschmidt

Mailing Address 4104 Blackerby Street

City

Juneau

State

AK

Zip Code

99801-9535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406321

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Wendy Sowell Gibson

Mailing Address 1512 Main Street

City

Benton

State

KY

Zip Code

42025-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406328

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Melanie K Oltmanns

Mailing Address 601 14Th St E

City

Dickinson

State

ND

Zip Code

58601-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406334

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Gilan L Cockrell

Mailing Address 739 Road 200

City

Emporia

State

KS

Zip Code

66801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 8

Transaction ID: 27406339

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Dr Edwin F Adams, III

Mailing Address 36467 Oak Park Ave

City

Prairieville

State

LA

Zip Code

70769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406735

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL 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 22 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert W Aube, Jr

Mailing Address 7 Autumn Circle

City

Rocky Hill

State

CT

Zip Code

06067-2867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406740

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Samuel D Pierce

Mailing Address 4212 Waterford Lane

City

Trussville

State

AL

Zip Code

35173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406788

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Richard Drayer

Mailing Address 481 Parkside Court
Po Box 22

City

Versailles

State

KY

Zip Code

40383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406789

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr L. Bruce Mebine

Mailing Address 1101 College Ave

City

Alameda

State

CA

Zip Code

94501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406791

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Michael E Bennett

Mailing Address 4940 Victoria Place

City

Guthrie

State

OK

Zip Code

73044-8668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406792

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr Hayley A Sprague

Mailing Address 16 Ennis Ln

City

Rehoboth Beach

State

DE

Zip Code

19971-1085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406799

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Michael L Nichols

Mailing Address 3910 Foxcreek Way

City

Columbia

State

MO

Zip Code

65203-8855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406801

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Richard B Krzyzak

Mailing Address 8210 Penelope Lane

City

Liverpool

State

NY

Zip Code

13090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406807

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr James Rex Prince

Mailing Address 2171 Taylors Creek Rd

City

Weems

State

VA

Zip Code

22516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406808

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr William J Lapple

Mailing Address 8663 East Main Road

City

Leroy

State

NY

Zip Code

14482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406816

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Theodore J Calabrese, Jr

Mailing Address P O Box 1376

City

Wainwright

State

NY

Zip Code

11975-1376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 2 / 2 0 0 8

Transaction ID: 27406818

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Louis Gary Hochberg

Mailing Address 107 Promenade Dr

City

Hamden

State

CT

Zip Code

06514-2340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 27414723

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL 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 26 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Jane Ellen Compton

Mailing Address P O Box 1877

City

Taos

State

NM

Zip Code

87571-1877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 8

Transaction ID: 27422803

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Michael G Blake

Mailing Address P O Box 2859

City

Gallup

State

NM

Zip Code

87305-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 8

Transaction ID: 27422804

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City

Rio Rancho

State

NM

Zip Code

87124-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 8

Transaction ID: 27422809

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr D. C. Dean

Mailing Address 532 Queens Court Ne

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 8

Transaction ID: 27422810

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Michael L English

Mailing Address 4924 Chaqar Ct

City

Las Cruces

State

NM

Zip Code

88007-5464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 8

Transaction ID: 27422811

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Donald B Leach

Mailing Address 221 Wittwer Ct Nw
P O Box 129

City

Los Lunas

State

NM

Zip Code

87031-8438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 8

Transaction ID: 27422812

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Craig F Clatanoff

Mailing Address 3537 Newcastle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 8

Transaction ID: 27422813

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City

Anchorage

State

AK

Zip Code

99515-2380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Transaction ID: 27437978

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Dr Denise Lynn Thanepohn

Mailing Address 130 Beaufort Circle

City

Anchorage

State

AK

Zip Code

99515-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Transaction ID: 27437979

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

284.00

TOTAL 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 29 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Brian D Cin

Mailing Address 11912 Town Park Circle

City

Eagle River

State

AK

Zip Code

99577-7788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 8

Transaction ID: 27437981

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Dr Joanne Hendrick

Mailing Address Po Box 509

City

Monument

State

CO

Zip Code

80132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: 27442264

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr David P Guhl

Mailing Address 5170 Wild Rose Lane

City

Colorado Sprngs

State

CO

Zip Code

90918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: 27442265

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1085.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Darrin P Fleming

Mailing Address 992 Country Club Road
Suite 101

City State Zip Code
Eugene OR 97401-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: 27442266

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Don Edward Williamson

Mailing Address 2037 Se 28Th St

City State Zip Code
Cape Coral FL 33904-9640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 27480489

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Mark L Jaffe

Mailing Address 6404 W Wethersfield Rd

City State Zip Code
Glendale AZ 85304-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 27480497

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr James F Strieter

Mailing Address 390 Windridge Drive

City

Collinsville

State

IL

Zip Code

62234-4760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 27480502

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Rose Marie Betz

Mailing Address 7300 N Bluff Drive

City

Tuscaloosa

State

AL

Zip Code

35406-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 27480509

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Alison A Arrants

Mailing Address P O Box 2256

City

Rock Springs

State

WY

Zip Code

82901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 27480510

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Mark E Swan

Mailing Address 474 Shaw Estates Dr Ne

City

Rockford

State

MI

Zip Code

49341-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 27480512

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Dr Mark E Swan

Mailing Address 474 Shaw Estates Dr Ne

City

Rockford

State

MI

Zip Code

49341-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 27480513

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Dr Movses D'Janbatian

Mailing Address 2140 Winona Blvd

City

Los Angeles

State

CA

Zip Code

90027-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: 27486628

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Robert M Theaker

Mailing Address 12 Wyndemere Vale

City

Monterey

State

CA

Zip Code

93940-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 0 8

Transaction ID: 27489070

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City

Bloomington

State

IL

Zip Code

61704-6300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: 27493937

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Dr Patrick L Reardon

Mailing Address 1124 Ovington Rd

City

Jacksonville

State

FL

Zip Code

32216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: 27495790

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1085.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Debra Lee Stoenner

Mailing Address Box 8

City

Hayden Lake

State

ID

Zip Code

83835-0008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: 27495795

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert G Le Sage

Mailing Address 1027 Averly Street

City

Ft Myers

State

FL

Zip Code

33919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: 27495802

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr John Howard Muto

Mailing Address 3146 North 24Th Way

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: 27495810

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Randy L Hertneky

Mailing Address 333 South Ivy

City

Yuma

State

CO

Zip Code

80759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: 27496110

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrea P Thau

Mailing Address 170 East 83rd Street

City

New York

State

NY

Zip Code

10028-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: 27496624

Amount of Each Receipt this Period

166.67

C.

Full Name (Last, First, Middle Initial)

Dr Charles B Brownlow

Mailing Address P O Box 85

City

Wild Rose

State

WI

Zip Code

54984-0085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 1 / 2 0 0 8

Transaction ID: 27497915

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1166.67

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Daniel Allen Robison

Mailing Address 21081 Sw Jameco Court

City

Tualatin

State

OR

Zip Code

97062-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 0 8

Transaction ID: 27497965

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr Cynthia Gillum Ann Cid

Mailing Address 4425 Champions View #240

City

Colorado Sprngs

State

CO

Zip Code

80918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 0 8

Transaction ID: 27497967

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Dorothy L Hitchmoth

Mailing Address Po Box 302
106 Davis Hill Road

City

New London

State

NH

Zip Code

03257-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 0 8

Transaction ID: 27497969

Amount of Each Receipt this Period

166.00

SUBTOTAL of Receipts This Page (optional)

916.00

TOTAL 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 37 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Timothy D Johnson

Mailing Address 12 Northridge Rd
P O Box 517

City State Zip Code
 Bellows Falls VT 05101-3126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 1 / 2 0 0 8

Transaction ID: 27497970

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr John D Coble

Mailing Address 1501 Sunset Hill

City State Zip Code
 Rockwall TX 75087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 1 / 2 0 0 8

Transaction ID: 27497971

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Kurt G Alleman

Mailing Address 1867 Sawyer Way

City State Zip Code
 Elko NV 89801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 1 / 2 0 0 8

Transaction ID: 27497972

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Joseph Lebovic

Mailing Address 28 Lakeview Hollow

City

Cherry Hill

State

NJ

Zip Code

08003-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 0 8

Transaction ID: 27497975

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Mark Joseph Page

Mailing Address 3102 E Desert Broom Way

City

Phoenix

State

AZ

Zip Code

85048-8316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 27528123

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Jan L Cooper-Hagman

Mailing Address 101 Chandler West

City

Highland

State

CA

Zip Code

92346-5482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: 27550410

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 80

(check only one)

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Lee L Cornforth

Mailing Address 16430 Emory Lane

City

Rockville

State

MD

Zip Code

20853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: 27550413

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Lee L Cornforth

Mailing Address 16430 Emory Lane

City

Rockville

State

MD

Zip Code

20853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: 27550414

Amount of Each Receipt this Period

375.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Hendrix

Mailing Address 290 Diana Blvd

City

Merritt Island

State

FL

Zip Code

32953-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: 27550425

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 40 / 80

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen M Montaquila

Mailing Address 28 Peveril Road

City

Cranston

State

RI

Zip Code

02921-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: 27550430

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr W. Joseph Garvin

Mailing Address 3630 Vista Dela Canada

City

Escondido

State

CA

Zip Code

92029-7944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 0 8

Transaction ID: 27550434

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City

Grayslake

State

IL

Zip Code

60030-3492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: 27555849

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 80

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Paul J Werdell

Mailing Address 49 Hansen Drive

City

Vernon

State

CT

Zip Code

06066-5914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 8

Transaction ID: 27555858

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr Lance I Alpert

Mailing Address 195 Mohawk Drive

City

West Hartford

State

CT

Zip Code

06117-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573131

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr Scott J Ellis

Mailing Address Rt 4 Box 7290

City

Elk City

State

OK

Zip Code

73644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573580

Amount of Each Receipt this Period

187.50

SUBTOTAL of Receipts This Page (optional)

1312.50

TOTAL 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 42 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Anthony Michael McDonald

Mailing Address 20094 Kenwood Trail W
Po Box 847

City State Zip Code
Lakeville MN 55044-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573581

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Harue Jean Marsden

Mailing Address 1445 Prospect Avenue, Unit D

City State Zip Code
Placentia CA 92870-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573583

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Jan L Cooper-Hagman

Mailing Address 101 Chandler West

City State Zip Code
Highland CA 92346-5482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573591

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Paul J Super

Mailing Address 2340 San Ysidro Drive

City

Beverly Hills

State

CA

Zip Code

90210-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573594

Amount of Each Receipt this Period

360.00

B.

Full Name (Last, First, Middle Initial)

Dr Pamela A Lowe

Mailing Address 6835 Concord Lane

City

Niles

State

IL

Zip Code

60714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573597

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Robert E Fisch

Mailing Address 1310 S White Oak Dr #722

City

Waukegan

State

IL

Zip Code

60085-8351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573605

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1360.00

TOTAL 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 44 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Dirk S Colby

Mailing Address 26040 Sylvan Lake Pkwy

City

Rogers

State

MN

Zip Code

55374-8113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573617

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dr Gene D Calkins

Mailing Address 1150 Capitol Dr #47

City

San Pedro

State

CA

Zip Code

90732-2269

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573618

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr James R Dallas

Mailing Address 7762 Svl Box

City

Spring Valley Lake

State

CA

Zip Code

92395-5117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573619

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Bradley Dean Richter

Mailing Address 1765 Ide Street

City

Maplewood

State

MN

Zip Code

55109-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573620

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Donald E Stover

Mailing Address 2558 W White Chapel Way

City

Porterville

State

CA

Zip Code

93257-6926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573621

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr Roger D Pabst

Mailing Address 34453 Wacouta Trail

City

Redwood Falls

State

MN

Zip Code

56283-2752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573622

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL 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 46 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Joseph C Mallinger

Mailing Address 28417 Tricia Pl

City

Escondido

State

CA

Zip Code

92026-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27573623

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Dr Denise M Harvey

Mailing Address 25837 Pike 225

City

Eolia

State

MO

Zip Code

63344-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27575571

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr Frank Edward Puckett

Mailing Address Po Box 509

City

Monument

State

CO

Zip Code

80132-0509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27575579

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL 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 47 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Stan M Dickerson

Mailing Address 2508 Shangrila Tr

City

Columbia

State

TN

Zip Code

38401-5801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27575580

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr Thomas Robert Kroll

Mailing Address 9070 Rosada

City

Las Vegas

State

NV

Zip Code

89149-3555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27575592

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Gary J Martinkus

Mailing Address 3505 Commonwealth

City

Yakima

State

WA

Zip Code

98901-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27575593

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2150.00

TOTAL 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 48 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Harold Rose

Mailing Address 2729 North Terrace

City

Huntington

State

WV

Zip Code

25705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27575594

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Dr Staci Perea McMullen

Mailing Address 13886 Single Leaf Ct

City

Colorado Sprgs

State

CO

Zip Code

80921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27575599

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr Kenneth S Lawenda

Mailing Address 8210 Santa Monica Blvd

City

Marina del Rey

State

CA

Zip Code

90042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 8

Transaction ID: 27579054

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

47290.18

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

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

FOR LINE NUMBER: PAGE 49 / 80

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

United Bank

Mailing Address 3801 Wilson Blvd.

City

Arlington

State

VA

Zip Code

22203-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

980.03

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 4 / 2 0 0 8

Transaction ID: 27543762

Amount of Each Receipt this Period

980.03

United Bank Interest 3/24-
/08

SUBTOTAL of Receipts This Page (optional)

980.03

TOTAL This Period (last page this line number only)

980.03

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Fee 03/03/08

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 27581992

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

1260.78

Bank of America Fee 03/03-
/08

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Discover Service Fee 03/04/08

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 27581993

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

35.69

Discover Service Fee 03/0-
4/08

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
American Express Fee 03/05/08

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 27582002

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

292.40

American Express Fee 03/0-
5/08

SUBTOTAL of Disbursements This Page (optional)

1588.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Wachovia Bank Fee 03/11/2008

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 27575625

Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

1040.48

Wachovia Bank Fee 03/11/2-008

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of America Fee 03/17/2008

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 27582041

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

37.56

Bank of America Fee 03/17-/2008

SUBTOTAL of Disbursements This Page (optional)

1078.04

TOTAL This Period (last page this line number only)

2666.91

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Charlie Wilson

Mailing Address P.O. Box 61

City

St. Clairsville

State

OH

Zip Code

43950

Purpose of Disbursement

Candidate Contribution

Candidate Name

Mr. Charles Wilson

011

Category/
Type

Office Sought:

☒

House

☐ Senate

☐ President

Disbursement For:

2008

☒

Primary

☐

General

☐ Other (specify) ▼

State: OH

District: 06

Transaction ID: 27369003

Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Chet Edwards For Congress

Mailing Address PO Box 23273

City

Waco

State

TX

Zip Code

76702

Purpose of Disbursement

Candidate Contribution

Candidate Name

Rep. Chet Edwards

011

Category/
Type

Office Sought:

☒

House

☐ Senate

☐ President

Disbursement For:

2008

☒

Primary

☐

General

☐ Other (specify) ▼

State: TX

District: 17

Transaction ID: 27369788

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Zack Space For Congress Committee

Mailing Address 123 West High Avenue

City

New Philadelphia

State

OH

Zip Code

44663

Purpose of Disbursement

Candidate Contribution

Candidate Name

Rep. Zachary Space

011

Category/
Type

Office Sought:

☒

House

☐ Senate

☐ President

Disbursement For:

2008

☒

Primary

☐

General

☐ Other (specify) ▼

State: OH

District: 18

Transaction ID: 27369783

Date of Disbursement

03 / 04 / 2008

Amount of Each Disbursement this Period

500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Doyle For Congress Committee

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael F. Doyle

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 14

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

011
Category/
Type

Transaction ID: 27371568

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Gallegly For Congress

Mailing Address P.O. Box 940001

City Simi Valley State CA Zip Code 93094

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Elton Gallegly

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 24

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

011
Category/
Type

Transaction ID: 27371591

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Abercrombie For Congress

Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005

City Honolulu State HI Zip Code 96814

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Neil Abercrombie

Office Sought: ☒ House
☐ Senate
☐ President

State: HI District: 01

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

011
Category/
Type

Transaction ID: 27371491

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 80

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tammy Baldwin For Congress

Mailing Address P.O. Box 696

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Tammy Baldwin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WI District: 02

Transaction ID: 27371561

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Becerra For Congress

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 31

Transaction ID: 27371505

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Blumenauer For Congress

Mailing Address 830 NE Holladay Suite 105

City
Portland

State
OR

Zip Code
97232

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Earl Blumenauer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OR District: 03

Transaction ID: 27371506

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Boswell For Congress

Mailing Address PO Box 6220

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Leonard L. Boswell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IA District: 03

Transaction ID: 27371577

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City
Denver

State
CO

Zip Code
80206

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Diana DeGette

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CO District: 01

Transaction ID: 27371588

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Jesse Jackson Jr. For Congress

Mailing Address P.O. Box 490286

City
Chicago

State
IL

Zip Code
60649

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Jesse L. Jackson, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 02

Transaction ID: 27371460

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Tim Johnson For South Dakota Inc

Mailing Address PO Box 1536

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Tim Johnson

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: SD District:

Transaction ID: 27371557

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Friends Of Senator Carl Levin

Mailing Address 10 G Street NE, Suite 470

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Carl Levin

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify) ▼
 State: MI District:

Transaction ID: 27371556

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Mikulski For Senate Committee

Mailing Address P O B 13147

City State Zip Code
Baltimore MD 21208

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Barbara A. Mikulski

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: MD District:

Transaction ID: 27371623

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

3500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Friends Of Congressman George Miller

Mailing Address P.O. Box 5864

City Concord State CA Zip Code 94524

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. George Miller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 07

Transaction ID: 27371560

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Jeff Miller For Congress

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Jeff B. Miller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 01

Transaction ID: 27371498

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Moore For Congress

Mailing Address PO Box 14631

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Dennis Moore

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KS District: 03

Transaction ID: 27371587

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Thomas M. Reynolds

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

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

011
Category/
Type

Transaction ID: 27371529

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael A. Ross

Office Sought: ☒ House
☐ Senate
☐ President

State: AR District: 04

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

011
Category/
Type

Transaction ID: 27371474

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Paul Ryan

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 01

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

011
Category/
Type

Transaction ID: 27371480

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Schakowsky For Congress

Mailing Address P.O. Box 5130

City
Evanston

State
IL

Zip Code
60204

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Janice D. Schakowsky

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 09

Transaction ID: 27371552

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Committee To Reelect Congressman Chris Smith

Mailing Address P.O. Box 3184

City
Hamilton

State
NJ

Zip Code
08619

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Christopher H. Smith

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 04

Transaction ID: 27371590

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Souder For Congress Inc.

Mailing Address P.O. Box 40233

City
Fort Wayne

State
IN

Zip Code
46804

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Mark E. Souder

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IN District: 03

Transaction ID: 27371620

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Fortney Peter Stark

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 13

Transaction ID: 27371461

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

500.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Fortney Peter Stark

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 13

Transaction ID: 27371467

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

500.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City State Zip Code
Sacramento CA 95841

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael Thompson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 01

Transaction ID: 27371468

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Texans For Senator John Cornyn Inc

Mailing Address 6850 Austin Centre Blvd
Suite 180

City Austin State TX Zip Code 78731

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. John Cornyn

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: TX District:

Transaction ID: 27371621

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

250.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael D. Rogers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AL District: 03

Transaction ID: 27371528

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
M-PAC

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 27371601

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Committee To Elect Linda Sanchez

Mailing Address 601 S Glenoaks Blvd Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement
Candidate Contribution

Candidate Name
Linda Sanchez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 39

Transaction ID: 27371576

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Ben Chandler For Congress

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Benjamin Chandler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KY District: 06

Transaction ID: 27371575

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
John Salazar For Congress

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. John T. Salazar

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CO District: 03

Transaction ID: 27371563

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Cathy McMorris Rodgers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WA District: 05

Transaction ID: 27371537

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. John Barrow

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: GA District: 12

Transaction ID: 27371536

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Boren For Congress

Mailing Address PO Box 149

City Okemah State OK Zip Code 74859

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Daniel Boren

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OK District: 02

Transaction ID: 27371574

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Courtney For Congress

Mailing Address 38 Risley Road

City
Vernon

State
CT

Zip Code
06066

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Joseph D. Courtney

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CT District: 02

Transaction ID: 27371571

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

KITPAC

Mailing Address 147 N. Meramec
Suite 100

City
St. Louis

State
MO

Zip Code
63105

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 27371600

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

5000.00

Committee Contribution

C.

Full Name (Last, First, Middle Initial)

Sali For Congress

Mailing Address PO Box 71

City
Kuna

State
ID

Zip Code
83634

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Mr. William Sali

Office Sought: ☒ House
☐ Senate
☐ President

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

State: ID District: 01

Transaction ID: 27371488

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Perlmutter For Congress

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Edwin Perlmutter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CO District: 07

Transaction ID: 27371589

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Castor For Congress

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Katherine Castor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: FL District: 11

Transaction ID: 27371567

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Kagen 4 Congress

Mailing Address 100 W. College Ave.
50 D

City Appleton State WI Zip Code 54911

Purpose of Disbursement
Candidate Contribution

Candidate Name
Dr. Steven Kagen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WI District: 08

Transaction ID: 27371509

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

100.50

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3100.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kagen 4 Congress

Mailing Address 100 W. College Ave.
50 D

City Appleton State WI Zip Code 54911

Purpose of Disbursement
Candidate Contribution

Candidate Name
Dr. Steven Kagen

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 08

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

011
Category/
Type

Transaction ID: 27371521

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

899.50

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Paul Hodes For Congress

Mailing Address 26 South Main Street, #253

City Concord State NH Zip Code 03301

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Paul W. Hodes

Office Sought: ☒ House
☐ Senate
☐ President

State: NH District: 02

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

011
Category/
Type

Transaction ID: 27371562

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Sestak For Congress

Mailing Address P.O. Box 16

City Media State PA Zip Code 19063

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Joe Sestak

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 07

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

011
Category/
Type

Transaction ID: 27371555

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3899.50

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jackie Speier For Congress

Mailing Address PO Box 112

City
Burlingame

State
CA

Zip Code
94011

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Jackie Speier

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 12

Transaction ID: 27371569

Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Boozman For Congress

Mailing Address PO Box 671

City
Rogers

State
AR

Zip Code
72757

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. John N. Boozman

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AR District: 03

Transaction ID: 27375031

Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

4500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Pascrell For Congress Inc.

Mailing Address P O Box 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. William J. Pascrell, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 08

Transaction ID: 27375112

Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mark Pryor For US Senate Mailing Address PO Box 2720	Transaction ID: 27375063 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 8</div> </div>
City Little Rock State AR Zip Code 72203 Purpose of Disbursement Candidate Contribution Candidate Name Sen. Mark L. Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Amount of Each Disbursement this Period <div>2000.00</div> Candidate Contribution
B. Full Name (Last, First, Middle Initial) Independent Action, Inc. Mailing Address 1619 13th Street NW City Washington State DC Zip Code 20009 Purpose of Disbursement Committee Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 27375032 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> Committee Contribution
C. Full Name (Last, First, Middle Initial) Marquardt For Congress Mailing Address 903 New York Avenue City Alamogordo State NM Zip Code 88310 Purpose of Disbursement Candidate Contribution Candidate Name Terry Marquardt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 02	Transaction ID: 27377258 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marquardt For Congress

Mailing Address 903 New York Avenue

City Alamogordo State NM Zip Code 88310

Purpose of Disbursement
Candidate Contribution

Candidate Name
Terry Marquardt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NM District: 02

Transaction ID: 27377260

Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Adler For Congress

Mailing Address 14 Knightswood Drive

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
Candidate Contribution

Candidate Name
John Adler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 03

Transaction ID: 27377311

Date of Disbursement

03 / 06 / 2008

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

People For Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Patty Murray

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District:

Transaction ID: 27390019

Date of Disbursement

03 / 10 / 2008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

People For English

Mailing Address PO Box 1940

City
Erie

State
PA

Zip Code
16507

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 03

Transaction ID: 27406427

Date of Disbursement

03 / 12 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City
Sacramento

State
CA

Zip Code
95841

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael Thompson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 01

Transaction ID: 27480486

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Whitfield For Congress Committee

Mailing Address P.O. Box 391

City
Hopkinsville

State
KY

Zip Code
42241

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Edward Whitfield

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KY District: 01

Transaction ID: 27481171

Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jo Bonner For Congress Committee

Mailing Address P.O.Box 851232

City State Zip Code
Mobile AL 36685

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Josiah Robins Bonner, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: AL District: 01

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

011
Category/
Type

Transaction ID: 27493802

Date of Disbursement

03 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Friends Of Baron Hill

Mailing Address P O Box 1071

City State Zip Code
Seymour IN 47274

Purpose of Disbursement
Candidate Contribution

Candidate Name
Baron P. Hill

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 09

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

011
Category/
Type

Transaction ID: 27496256

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Jesse Jackson Jr. For Congress

Mailing Address P.O. Box 490286

City State Zip Code
Chicago IL 60649

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Jesse L. Jackson, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 02

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

011
Category/
Type

Transaction ID: 27496210

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw Suite 800
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Mary L. Landrieu

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Transaction ID: 27496117

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw Suite 800
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Mary L. Landrieu

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District:

Transaction ID: 27496118

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw Suite 800
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Mary L. Landrieu

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District:

Transaction ID: 27496129

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pascrell For Congress Inc.

Mailing Address P O Box 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. William J. Pascrell, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 08

Transaction ID: 27496134

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Pascrell For Congress Inc.

Mailing Address P O Box 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. William J. Pascrell, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 08

Transaction ID: 27496136

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Earl Pomeroy

Office Sought: ☒ House
☐ Senate
☐ President

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

State: ND District: 01

Transaction ID: 27496262

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reed Committee

Mailing Address PO Box 8628

City
Cranston

State
RI

Zip Code
02920

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Sen. Jack Reed

Office Sought: ☐ House
☒ Senate
☐ President

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

State: RI District:

Transaction ID: 27496145

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Nydia M. Velazquez

Mailing Address 315 Inspiration Lane

City
Gaithersburg

State
MD

Zip Code
20878

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. Nydia M. Velazquez

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 12

Transaction ID: 27496174

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Dave Wu For Us Congress

Mailing Address 818 Sw Third Ave. #1182

City
Portland

State
OR

Zip Code
97204

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name
Rep. David Wu

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OR District: 01

Transaction ID: 27496263

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Stephanie Herseth Sandlin For South Dakota

Mailing Address PO Box 2009

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Stephanie Herseth Sandlin

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 01

Transaction ID: 27496200

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Brad Miller For United States Congress

Mailing Address P.O. Box 10322

City State Zip Code
Raleigh NC 27605

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Bradley Miller

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: 27496142

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Mazie Hirono

Mailing Address PO Box 677

City State Zip Code
Honolulu HI 96809

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Mazie Hirono

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District: 02

Transaction ID: 27496137

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Udall For Colorado Inc

Mailing Address 8690 Wolff Court #200

City State Zip Code
Westminster CO 80031

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Mark Udall

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Transaction ID: 27496044

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Udall For Colorado Inc

Mailing Address 8690 Wolff Court #200

City State Zip Code
Westminster CO 80031

Purpose of Disbursement
Candidate Contribution

Candidate Name
Mr. Mark Udall

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District:

Transaction ID: 27496049

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

PEAK PAC

Mailing Address P.O. Box 3187

City State Zip Code
Idaho Springs CO 80452

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 27496331

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Colorado Democratic Party Coordinated

Mailing Address 1100 Bannock Street

City State Zip Code
Denver CO 80204

Purpose of Disbursement
Committee Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 27496368

Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

Committee Contribution

B. Full Name (Last, First, Middle Initial)
Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Joe L. Barton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 06

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

Transaction ID: 27510314

Date of Disbursement

03 / 26 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City State Zip Code
Monticello IN 47960

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Steve Buyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 04

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

Transaction ID: 27543117

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Menendez For Senate Mailing Address P.O. Box 848	Transaction ID: 27541216 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 7 / 2 0 0 8</div> </div>
City Union City State NJ Zip Code 07087 Purpose of Disbursement Candidate Contribution Candidate Name Sen. Robert Menendez Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:	Amount of Each Disbursement this Period <div>2500.00</div> Candidate Contribution
B. Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress Mailing Address P.O. Box 819 PO Box 819 City Amherst State MA Zip Code 01004 Purpose of Disbursement Candidate Contribution Candidate Name Rep. John W. Olver Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 01	Transaction ID: 27543145 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> Candidate Contribution
C. Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 235 Montgomery Street Suite 610 City San Francisco State CA Zip Code 94104 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08	Transaction ID: 27543070 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>3500.00</div> Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rogers For Congress

Mailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Michael J. Rogers

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 08

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

011
Category/
Type

Transaction ID: 27542800

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Souder For Congress Inc.

Mailing Address P.O. Box 40233

City Fort Wayne State IN Zip Code 46804

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Mark E. Souder

Office Sought: ☒ House
☐ Senate
☐ President

State: IN District: 03

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

011
Category/
Type

Transaction ID: 27542942

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. James W. Gerlach

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 06

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

011
Category/
Type

Transaction ID: 27542600

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Geoffrey Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KY District: 04

Transaction ID: 27543058

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

B.

Full Name (Last, First, Middle Initial)

Cole For Congress

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Thomas Cole

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OK District: 04

Transaction ID: 27543060

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Zach Wamp

Mailing Address P.O. Box 24804
651 E. Fourth St. Suite 200

City Chattanooga State TN Zip Code 37422

Purpose of Disbursement
Candidate Contribution

Candidate Name
Rep. Zach Wamp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TN District: 03

Transaction ID: 27543116

Date of Disbursement

03 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

150750.00