04/14/2008 16:19

Image# 28931119565

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Than An A	uthorized Commit	tee	Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABE OR TYPE OR PRINT	L Example:If typino over the lines	g, type	
American Optometric Assoc	iation Political Action Commit	tee		
ADDRESS (number and street)	1505 Prince Street			
Check if different	Suite 300			
than previously reported. (ACC)	Alexandria		LVA	22314 -
2. FEC IDENTIFICATION NUM	MBER ♥ (CITY A	STATE	ZIPCODE 🛦
C00024968	3.		NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	N	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report(C July 15 Quarterly Report(C	(c) 12-Day	Primary (12F	P) Gen	eral (12G) Runoff (12R)
October 15 Quarterly Report(0	Report for the:	Convention	(12C) Spe	cial (12G)
January 31 Quarterly Report(Y	·	ction on		in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	on (d) 30-Day Post -Election Report for the:		G) Run	off (30R) Special (30S)
Termination Repor (TER)	τ '	ction on		in the State of
5. Covering Period 0	3 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 comp	olete.
Type or Print Name of Treasurer	Dorothy Hitchmoth, O.I.).		
Signature of Treasurer Electron	onically Filed by Dorothy Hi	tchmoth, O.D.	Date	04 14 2008
NOTE : Submission of false, erro	neous, or incomplete informa	tion may subject the pers	son signing this Report	to the penalties of 2 U.S.C 437g.
Office Use				FEC FORM 3X

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Optometric Association Political Action Committee [®] D " D 03 0 1 2008 0.3 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 495385.22 2008 January 1 (b) Cash on Hand at 630137.04 Begining of Reporting Period 83637.37 381562.64 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 713774.41 876947.86 6(a) and 6(c) for Column B) 153416.91 316590.36 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 560357.50 560357.50 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

0 1 3^D1 М М 2008 М М 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 213860.19 47290.18 (i) Itemized (use Schedule A) 35330.89 166624.75 (ii) Unitemized (iii) TOTAL (add 82621.07 380484.94 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 82621.07 380484.94 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 1016.30 1077.70 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 83637.37 381562.64 12, 13, 14, 15, 16, 17, and 18(c))

83637.37

381562.64

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 2666.91 8840.36 Expenditures..... (c) Total Operating Expenditures 2666.91 8840.36 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to Federal Candidates/Committees.....and Other Political Committees..... 150750.00 307250.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 500.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 500.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 153416.91 316590.36 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 153416.91 316590.36 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

	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

FE6AN026

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 80 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli			on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr Mark J Cook Mailing Address 5698 Mountain Road City	State	Zip Code	Date of Receipt 0 3 0 6 2 0 0 8 Transaction ID: 27371715
	Brighton FEC ID number of contributing federal political committee.	C	48116-9732	Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		on f Optometry e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Nathaniel Roland Mailing Address 10001 Admiral Emerse	on AVE NE		Date of Receipt 0 3 0 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 27378405
	Albuquerque FEC ID number of contributing federal political committee.	C	87111-1339	Amount of Each Receipt this Period 100.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dr Paul A Paxman			Date of Receipt
	Mailing Address 8909 N Silver Lake Dr			03 / 03 / 2008
	City Cedar Hills	State UT	Zip Code 84062-8783	Transaction ID: 27378473 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	04002 0700	250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any person the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Lincoln J Dygert Mailing Address 7295 S 2050 E City Ogden FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code UT 84405-7737 C Occupation Doctor of Optometry	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 360.00	
Dr Kristen A Langner Mailing Address 46 E Irving Park Ro City Roselle FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60172 C Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr Jonathan L Shrewsbury Mailing Address P O Box 109 Green Acres Subdi City Beaver Dam FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KY 42320 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (options	al)	860.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)		
American Optometric Association Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) Dr Charles P Gilchrist, III Mailing Address P O Box 1137		Date of Receipt
		03 04 2008
City	State Zip Code	Transaction ID: 27380295
Tappahannock	VA 22560-1137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Mark David Sturgis	1	Date of Receipt
Mailing Address 106 Natsisky Farm Ro	pad	03 / 04 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27380297
South Windsor	CT 06074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Thomas G Peterson	I	Date of Receipt
Mailing Address Po Box 513		0 3 0 4 2 0 0 8
City	State Zip Code	Transaction ID: 27380307
Shawano	WI 54166	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Wayne Edward Zahka			Date of Receipt
Mailing Address 172 Winter St			03 04 2008
City	State	Zip Code	Transaction ID: 27380308
Westwood	MA	02090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:		Year-to-Date ▼	1
Primary General Other (specify) ▼	33 33.10	500.00	
Full Name (Last, First, Middle Initial) Dr Lawrence O Adegite	1		Date of Receipt
Mailing Address 306 E Boyd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27380310
<u>Farmington</u>	NM	87401-2394	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Kenneth R Braun			Date of Receipt
Mailing Address Po Box 747			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27380314
Aiken	SC	29801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 80 (check only one) X
0	nny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Po	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Dr Alden N Haffner Mailing Address 201 East 36 Street A	Apt 6F		Date of Receipt 0 3
	City	State	Zip Code	Transaction ID: 27380316
	New York	NY	10016-3607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
-	Full Name (Last, First, Middle Initial) Dr Phillip A Gelwick Mailing Address 3649 East 49Th Place	- I		Date of Receipt
	Walling Addices 5049 East 45 III Flac	03 04 2008		
	City	State	Zip Code	Transaction ID: 27380326
	Tulsa FEC ID number of contributing federal political committee.	OK C	74135-3105	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz			Date of Receipt
	Mailing Address 3537 New Castle Dr	Se		03 09 7 2008
	City	State NM	Zip Code	Transaction ID: 27387424
	Rio Rancho FEC ID number of contributing federal political committee.	C	87124-3672	Amount of Each Receipt this Period 200.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)			950.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 80 (check only one) X 11a
,	any information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action	Committee	
ب 4.	Full Name (Last, First, Middle Initial) Dr R. Richard Ryan, Jr			Date of Receipt
	Mailing Address 7822 N Country Hom	es Blvd		03 / 09 / 2008
	City Spokane	State WA	Zip Code 99208	Transaction ID: 27387427 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33200	1000.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 3.	Full Name (Last, First, Middle Initial) Dr Markus I Barth	1		Date of Receipt
	Mailing Address 1346 Heller Drive			03 10 2008
	City	State	Zip Code	Transaction ID: 27387442
	Yardley FEC ID number of contributing federal political committee.	PA C	19067-2714	Amount of Each Receipt this Period 66.67
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.01	
_ ;.	Full Name (Last, First, Middle Initial) Dr Robert J Blumthal			Date of Receipt
	Mailing Address 119 Exmore Drive			03 10 2008
	City	State	Zip Code	Transaction ID: 27387444
	Springfield FEC ID number of contributing federal political committee.	C	62704-3137	Amount of Each Receipt this Period 166.67
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.01	
Γ				1233.34

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) X
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) Dr G. Chad Green			Date of Receipt
Mailing Address 5960 Co Rd 19			03 10 2008
City	State	Zip Code	Transaction ID: 27387448
Linden	AL	36748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	1.55.5940	300.00	
Full Name (Last, First, Middle Initial) Dr Peter H Kehoe			Date of Receipt
Mailing Address 789 N Broad			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27387450
Galesburg	IL	61401-2766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		175.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 525.00	
Full Name (Last, First, Middle Initial) Dr Gregory C Russell			Date of Receipt
Mailing Address 2505 Rivermont Circle			03 10 2008
City	State	Zip Code	Transaction ID: 27387461
Kingsport	TN	37660-2392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 249.99	
SUBTOTAL of Receipts This Page (optional)			358.33

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) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	
American Optometric Association P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa		Date of Receipt
Mailing Address 4280 Reiland Lane	0) d - 7' - 0 - d -	03 / 10 / 2008
City <u>Shoreview</u>	State Zip Code MN 55126-3127	Transaction ID: 27387478 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Dr Joe Ernest Ellis		Date of Receipt
Mailing Address 179 Wood Trace		03 10 2008
City	State Zip Code	Transaction ID: 27387488
Benton FEC ID number of contributing federal political committee.	KY 42025-9400	Amount of Each Receipt this Period 166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.01	
Full Name (Last, First, Middle Initial) Dr William Drost Altig		Date of Receipt
Mailing Address 520 Cr 4856		03 10 2008
City Newark	State Zip Code TX 76071	Transaction ID: 27387491
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	750.67

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	v not be sold or used by any perso dress of any political committee to	
American Optometric Association Poli	itical Action	Committee	
Full Name (Last, First, Middle Initial) Dr John W Heltsley			Date of Receipt
Mailing Address 405 Warwick Way			03 10 2008
City	State	Zip Code	Transaction ID: 27388330
<u>Hopkinsville</u>	KY	42240-1408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	+	Year-to-Date ▼	1
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr Martha Greenberg	•		Date of Receipt
Mailing Address 181 Windsor			03 10 2008
City	State	Zip Code	Transaction ID: 27390101
Russellville	AL	35653	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr John Bonsett-Veal	<u> </u>		Date of Receipt
Mailing Address 357 N Main St			03 11 2008
City	State	Zip Code	Transaction ID: 27394529
Oregon	WI	53575-1425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		92.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 242.00	
SUBTOTAL of Receipts This Page (optional)	1)	842.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 80 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any pe g the name and address of any political committee Political Action Committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson Mailing Address 9940 S Ashleigh W	/ay	Date of Receipt
City Highlands Ranch	State Zip Code CO 80126-4244	Transaction ID: 27398171 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	66.67
Receipt For: Primary General Other (specify)	Doctor of Optometry Aggregate Year-to-Date ▼ 266.67	
Full Name (Last, First, Middle Initial) Dr C. Denise Howard Mailing Address 2709 S Creekside	Ct	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27404344
Bloomington	IN 47401-9702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Michael J Long		Date of Receipt
Mailing Address 8808 W Stebbinsvi	ille Rd	03 10 2008
City	State Zip Code	Transaction ID: 27406207
Edgerton FEC ID number of contributing federal political committee.	WI 53534-8877	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	931.67

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Susan Scott Whaley		Date of Receipt
Mailing Address 9984 Buck Point F	Road	03 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27406213
<u>Tallahassee</u>	FL 32312-3709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Robin M Brady	I	Date of Receipt
Mailing Address 720 Forest Ave		03 10 2008
City	State Zip Code	Transaction ID: 27406217
Chattanooga	TN 37405-2716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Stephanie M White		Date of Receipt
Mailing Address 5129 Citrus Blvd	Apt 154	03 10 YYYY 2008
City	State Zip Code	Transaction ID: 27406223
River Ridge	LA 70123-7114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	nal)	1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 80 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Optometric Association Political	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Bruce D Krutsinger			Date of Receipt
Mailing Address 15901 Tahoe Dr			03 10 2008
City	State	Zip Code	Transaction ID: 27406227
<u>Houston</u>	TX	77040-1243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Richard J Choryan			Date of Receipt
Mailing Address 9096 Costner			03 10 2008
City	State	Zip Code	Transaction ID: 27406236
<u>Caledonia</u>	MI	49316	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.00	
Full Name (Last, First, Middle Initial) Dr Timothy A Stafford			Date of Receipt
Mailing Address 1411 Chapman Drive			03 10 2008
City	State	Zip Code	Transaction ID: 27406238
Newberry	SC	29108-4126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	I	······	1230.00

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) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	Statements may not be sold or used by any personal part of the name and address of any political committee to itical Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Elliot F Lasky Mailing Address 15 Masefield Road		Date of Receipt
City Nashua FEC ID number of contributing	State Zip Code NH 03062	Transaction ID: 27406240 Amount of Each Receipt this Period 300.00
Receipt For: Primary Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Dr David J Helfman Mailing Address 7 Pierce Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hollis FEC ID number of contributing	State Zip Code NH 03049	Transaction ID: 27406241 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 350.00	300.00
Full Name (Last, First, Middle Initial) Dr Gary Bryan Lukes Mailing Address 506 Curtis Street		Date of Receipt
P.O. Box 10 City Spring Valley	State Zip Code WI 54767	Transaction ID: 27406249 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Other (specify)	600.00	
SUBTOTAL of Receipts This Page (optional) .		900.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to	
American Optometric Association Po	litical Action Committee	
Full Name (Last, First, Middle Initial) Dr Craig B Pruitt		Date of Receipt
Mailing Address 246 St Matthews Lan		03 / 10 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27406306
<u>Spartanburg</u>	SC 29301-1323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Jan L Cooper-Hagman	l	Date of Receipt
Mailing Address 101 Chandler West		03 10 2008
City	State Zip Code	Transaction ID: 27406308
<u>Highland</u>	CA 92346-5482	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr Ezra E Cohen		Date of Receipt
Mailing Address 861 East 9Th Street		03 10 2008
City	State Zip Code	Transaction ID: 27406310
Brooklyn	NY 11223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
CUPTOTAL (D TU D		850.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 80 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes.	d Statements may the name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action (Committee	
Full Name (Last, First, Middle Initial) Dr Tamara K Mathison			Date of Receipt
Mailing Address 508 5Th St Ne			03 10 2008
City	State	Zip Code	Transaction ID: 27406317
Jamestown	ND	58401-3643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:		Year-to-Date ▼	_
Primary General Other (specify) ▼	riggrogato	365.00	
Full Name (Last, First, Middle Initial) Dr Forrest B Messerschmidt			Date of Receipt
Mailing Address 4104 Blackerby Stre	et		03 10 2008
City	State	Zip Code	Transaction ID: 27406321
<u>Juneau</u>	AK	99801-9535	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Wendy Sowell Gibson			Date of Receipt
Mailing Address 1512 Main Street			03 10 2008
City	State	Zip Code	Transaction ID: 27406328
Benton	KY	42025-1607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
			1165.00

SCHEDULE A (FEC ITEMIZED RECEIPT Any information copied from suc	S ch Reports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 80 (check only one) X
or for commercial purposes, oth NAME OF COMMITTEE (In	er than using the name and ad	dress of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middl Dr Melanie K Oltmanns Mailing Address 601 14T			Date of Receipt
City Dickinson	State ND	Zip Code 58601-3432	Transaction ID: 27406334 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.		33337 3 32	250.00
Name of Employer Self Employed Receipt For:	 	on of Optometry e Year-to-Date ▼	
Primary Gene Other (specify) ▼	eral	250.00	
Full Name (Last, First, Middl Dr Gilan L Cockrell	e Initial)		Date of Receipt
Mailing Address 739 Roa	d 200		03 10 7 2008
City Emporia	State KS	Zip Code 66801	Transaction ID: 27406339 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		00001	1500.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Gene Other (specify) ▼		e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middl Dr Edwin F Adams, III	e Initial)		Date of Receipt
Mailing Address 36467 C	ak Park Ave		03 12 2008
City Prairieville	State LA	Zip Code 70769	Transaction ID: 27406735
FEC ID number of contribution federal political committee.		70709	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Gene Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This I	Page (optional)		2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Dr Robert W Aube, Jr Mailing Address 7 Autumn Circle		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27406740
Rocky Hill	CT 06067-2867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Samuel D Pierce	L	Date of Receipt
Mailing Address 4212 Waterford La	ne	M M / D D / Y Y Y Y O N N N N N N N N N N N N N N N
City	State Zip Code	Transaction ID: 27406788
Trussville	AL 35173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Richard Drayer		Date of Receipt
Mailing Address 481 Parkside Court Po Box 22	t	03 12 7 2008
City <u>Versailles</u>	State Zip Code KY 40383	Transaction ID: 27406789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	1250.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	for each categore Detailed Summ	ory of the nary Page X 11a
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Optometric Association		al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr L. Bruce Mebine Mailing Address 1101 College Ave		Date of Receipt
	Olata 7's Oads	03 12 2008
City Alameda	State Zip Code CA 94501	Transaction ID: 27406791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00
Full Name (Last, First, Middle Initial) Dr Michael E Bennett	•	Date of Receipt
Mailing Address 4940 Victoria Plac	e	0 3 1 2 2 0 0 8
City	State Zip Code	Transaction ID: 27406792
Guthrie	OK 73044-8668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00
Full Name (Last, First, Middle Initial) Dr Hayley A Sprague		Date of Receipt
Mailing Address 16 Ennis Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rehoboth Beach	State Zip Code DE 19971-1085	Transaction ID: 27406799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (option	al)	1625.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 80 (check only one) X 11a
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Michael L Nichols		Date of Receipt
Mailing Address 3910 Foxcreek Wa	ay	03 12 2008
City	State Zip Code	Transaction ID: 27406801
Columbia	MO 65203-8855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Richard B Krzyzak		Date of Receipt
Mailing Address 8210 Penelope La	ne	M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City	State Zip Code	Transaction ID: 27406807
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr James Rex Prince		Date of Receipt
Mailing Address 2171 Taylors Cree	ek Rd	03 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27406808
Weems	VA 22516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	nal)	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 80 (check only one) X 11a
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any person dress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action (Committee	
Full Name (Last, First, Middle Initial) Dr William J Lapple			Date of Receipt
Mailing Address 8663 East Main Road			03 12 2008
City	State	Zip Code	Transaction ID: 27406816
Leroy	NY	14482	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Theodore J Calabrese, Jr			Date of Receipt
Mailing Address P O Box 1376			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27406818
Wainscott	NY	11975-1376	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Louis Gary Hochberg			Date of Receipt
Mailing Address 107 Promenade Dr			03 14 2008
City	State	Zip Code	Transaction ID: 27414723
<u>Hamden</u>	СТ	06514-2340	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			740.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	d Statements may not be sold or used by any personant the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Jane Ellen Compton Mailing Address P O Box 1877	State Zip Code	Date of Receipt 0 3 1 5 2 0 0 8
City Taos FEC ID number of contributing federal political committee.	NM 87571-1877	Transaction ID: 27422803 Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr Michael G Blake Mailing Address P O Box 2859 City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Gallup FEC ID number of contributing federal political committee.	NM 87305-2859	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr Lynn A Davis Mailing Address 1424 Tiffany Lane S	Se	Date of Receipt
City Rio Rancho FEC ID number of contributing	State Zip Code NM 87124-0976	Transaction ID: 27422809 Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	l) >	300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr D. C. Dean			Date of Receipt
Mailing Address 532 Queens Court N	le		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State NM	Zip Code	Transaction ID: 27422810
Albuquerque FEC ID number of contributing federal political committee.	C	87109	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Michael L English			Date of Receipt
Mailing Address 4924 Chaqar Ct			0 3 1 5 2 0 0 8
City	State NM	Zip Code	Transaction ID: 27422811
Las Cruces FEC ID number of contributing federal political committee.	C	88007-5464	Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupatio	n f Optometry	
Receipt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Donald B Leach			Date of Receipt
Mailing Address 221 Wittwer Ct Nw P O Box 129			0 3 1 5 2 0 0 8
City Los Lunas	State NM	Zip Code 87031-8438	Transaction ID: 27422812 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0,001,0100	100.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 300.00	
			300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate s for each categ Detailed Sumr	ory of the	FOR LINE NUMBER: PAGE 28 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association I	the name and address of any politic	ed by any person al committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Craig F Clatanoff Mailing Address 3537 Newcastle Dr	Se		Date of Receipt
City Rio Rancho	State Zip Code NM 87124-3672		Transaction ID: 27422813 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date	300.00	
Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr Mailing Address 3421 Kachemak Ci	rcle		Date of Receipt 0 3 1 8 2 0 0 8
City	State Zip Code		Transaction ID: 27437978
Anchorage	AK 99515-2380		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		84.00
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	252.00	
Full Name (Last, First, Middle Initial) Dr Denise Lynn Thanepohn	-		Date of Receipt
Mailing Address 130 Beaufort Circle			03 18 2008
City	State Zip Code		Transaction ID: 27437979
Anchorage FEC ID number of contributing federal political committee.	AK 99515-3706	0	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		284.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Amorican Optomatric Association Re	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	ontical Action	Committee	
۸.	Full Name (Last, First, Middle Initial) Dr Brian D Cin			Date of Receipt
	Mailing Address 11912 Town Park Cir	cle		03 / 18 / 2008
	City	State	Zip Code	Transaction ID: 27437981
	Eagle River	AK	99577-7788	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		255.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr Joanne Hendrick			Date of Receipt
-	Mailing Address Po Box 509			03 13 2008
	City	State	Zip Code	Transaction ID: 27442264
	Monument	CO	80132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
_ :	Full Name (Last, First, Middle Initial) Dr David P Guhl			Date of Receipt
-	Mailing Address 5170 Wild Rose Lane	9		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27442265
	Colorado Sprngs	CO	90918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
Γ	CUPTOTAL of Descript This Description			1085.00
-	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	er only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 80 (check only one) X
or fo	information copied from such Reports and or commercial purposes, other than using the IAME OF COMMITTEE (In Full) American Optometric Association Po	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Or Darrin P Fleming Mailing Address 992 Country Club Ro Suite 101	ad		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	Dity	State	Zip Code	Transaction ID: 27442266
<u> </u>	Eugene	OR	97401-6023	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
_	lame of Employer Self Employed	Occupation Doctor o	on f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Or Don Edward Williamson Mailing Address 2037 Se 28Th St			Date of Receipt
_		State	Zip Code	03 17 2008
	Cape Coral	FL	33904-9640	Transaction ID: 27480489 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		250.00
N S	lame of Employer Self Employed	Occupation Doctor o	on f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	rull Name (Last, First, Middle Initial) Or Mark L Jaffe			Date of Receipt
N	Mailing Address 6404 W Wethersfield	Rd		03 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 27480497
	Glendale	AZ	85304-1630	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
_	Jame of Employer Self Employed		f Optometry	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUI	BTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 80 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persolates of any political committee to	
American Optometric Association Po	olitical Action	Committee	
Full Name (Last, First, Middle Initial) Dr James F Strieter			Date of Receipt
Mailing Address 390 Windridge Drive	•		03 / 17 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27480502
Collinsville	IL	62234-4760	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	- 	e Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	, iggi ogalo	365.00	
Full Name (Last, First, Middle Initial) Dr Rose Marie Betz			Date of Receipt
Mailing Address 7300 N Bluff Drive			03 17 2008
City	State	Zip Code	Transaction ID: 27480509
Tuscaloosa	AL	35406-2608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr Alison A Arrants			Date of Receipt
Mailing Address P O Box 2256			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27480510
Rock Springs	WY	82901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional))	······	1115.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 80 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Mark E Swan			Date of Receipt
Mailing Address 474 Shaw Estates Dr	Ne		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27480512
Rockford	MI	49341-9795	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]
Full Name (Last, First, Middle Initial) Dr Mark E Swan			Date of Receipt
Mailing Address 474 Shaw Estates Dr	Ne		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 27480513
Rockford	MI	49341-9795	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr Movses D'Janbatian			Date of Receipt
Mailing Address 2140 Winona Blvd			03 20 7 2008
City	State	Zip Code	Transaction ID: 27486628
Los Angeles	CA	90027-1042	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	- '	e Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (optional) .			800.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Polit		erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Robert M Theaker Mailing Address 12 Wyndemere Vale City Monterey FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code CA 93940-5811 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Dennis M Brtva Mailing Address 57 Pebblebrook Ct City Bloomington FEC ID number of contributing	State Zip Code IL 61704-6300	Date of Receipt 0 3 2 4 2 0 0 8 Transaction ID: 27493937 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 255.00	85.00
Full Name (Last, First, Middle Initial) Dr Patrick L Reardon Mailing Address 1124 Ovington Rd City Jacksonville FEC ID number of contributing	State Zip Code FL 32216	Date of Receipt 0 3 19 2008 Transaction ID: 27495790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	500.00
SUBTOTAL of Receipts This Page (optional)		1085.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 80 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	L y not be sold or used by any persondress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Debra Lee Stoenner			Date of Receipt
Mailing Address Box 8			03 19 2008
City	State	Zip Code	Transaction ID: 27495795
Hayden Lake	ID	83835-0008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr Robert G Le Sage			Date of Receipt
Mailing Address 1027 Averly Street			03 19 2008
City	State	Zip Code	Transaction ID: 27495802
Ft Myers	FL	33919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr John Howard Muto	ı		Date of Receipt
Mailing Address 3146 North 24Th Way			03 19 2008
City Boise	State ID	Zip Code 83702	Transaction ID: 27495810
FEC ID number of contributing		00702	Amount of Each Receipt this Period
federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 80 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Randy L Hertneky Mailing Address 333 South Ivy			Date of Receipt
City Yuma	State CO	Zip Code 80759	Transaction ID: 27496110 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00739	500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify)		Optometry Year-to-Date ▼ 500.00	1
Full Name (Last, First, Middle Initial) Dr. Andrea P Thau Mailing Address 170 East 83rd Stree	et		Date of Receipt 0 3 2 5 2 0 0 8
City	State	Zip Code	Transaction ID: 27496624
New York	NY	10028-1920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		166.67
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.01	
Full Name (Last, First, Middle Initial) Dr Charles B Brownlow			Date of Receipt
Mailing Address P O Box 85			03 21 2008
City	State	Zip Code	Transaction ID: 27497915
Wild Rose FEC ID number of contributing federal political committee.	C	54984-0085	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of	n Optometry	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	J)(li		1166.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 80 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
American Optometric Association Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Daniel Allen Robison		Date of Receipt
Mailing Address 21081 Sw Jameco C		03 21 27225
City Tualatin	State Zip Code OR 97062-9313	Transaction ID: 27497965 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 97002-9313	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Cynthia Gillum Ann Cid		Date of Receipt
Mailing Address 4425 Champions Vie	ew #240	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 27497967
Colorado Sprngs	CO 80918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Dorothy L Hitchmoth		Date of Receipt
Mailing Address Po Box 302 106 Davis Hill Road		03 / 21 / 2008
City <u>New London</u>	State Zip Code NH 03257-0302	Transaction ID: 27497969 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional)		916.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Optometric Association	s and Statements may not be sold or used by any per sing the name and address of any political committee on Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Timothy D Johnson Mailing Address P O Box 517 City	d State Zip Code	Date of Receipt M
Bellows Falls FEC ID number of contributing federal political committee.	VT 05101-3126	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr John D Coble Mailing Address 1501 Sunset Hil		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rockwall FEC ID number of contributing	State Zip Code TX 75087	Transaction ID: 27497971 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed	Occupation Doctor of Optometry	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Kurt G Alleman Mailing Address 1867 Sawyer W	av	Date of Receipt
City Elko	State Zip Code NV 89801	Transaction ID: 27497972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed Receipt For:	Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (opt	onal)	1250.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 80 (check only one) X
or for	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) nerican Optometric Association Poli	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr Dr	Il Name (Last, First, Middle Initial) Joseph Lebovic iiling Address 28 Lakeview Hollow	State	Zip Code	Date of Receipt 0 3 2 1 2 0 0 8 Transaction ID: 27497975
<u>Ch</u> FE	C ID number of contributing leral political committee.	NJ	08003-1129	Amount of Each Receipt this Period 50.00
	me of Employer If Employed ceipt For: Primary General Other (specify)		n f Optometry e Year-to-Date ▼ 250.00	
<u>Dr</u>	Il Name (Last, First, Middle Initial) Mark Joseph Page illing Address 3102 E Desert Broom	Way		Date of Receipt 0 3 2 7 2 0 0 8
Cit	у	State	Zip Code	Transaction ID: 27528123
FE	noenix C ID number of contributing leral political committee.	AZ C	85048-8316	Amount of Each Receipt this Period 250.00
Na Se	me of Employer If Employed	Occupation Doctor of	n f Optometry	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	II Name (Last, First, Middle Initial) Jan L Cooper-Hagman			Date of Receipt
Ma	iling Address 101 Chandler West			03 / 25 / 2008
Cit	~	State	Zip Code	Transaction ID: 27550410
FE	ghland C ID number of contributing leral political committee.	CA	92346-5482	Amount of Each Receipt this Period 100.00
Na Se	me of Employer If Employed	Occupation Doctor of	n f Optometry	
Re	ceipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 400.00	
SUB	FOTAL of Receipts This Page (optional)	1		400.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Optometric Association	is and Statements may not be sold or used by any person sing the name and address of any political committee to on Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Lee L Cornforth Mailing Address 16430 Emory La	ane	Date of Receipt
City Rockville	State Zip Code MD 20853	Transaction ID: 27550413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Lee L Cornforth Mailing Address 16430 Emory La	ane	Date of Receipt 0 3 2 5 2 0 0 8
City Rockville FEC ID number of contributing federal political committee.	State Zip Code MD 20853	Transaction ID: 27550414 Amount of Each Receipt this Period 375.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Dr. David Hendrix		Date of Receipt
Mailing Address 290 Diana Blvd		03 / 25 / 4 9 9
City <u>Merritt Island</u>	State Zip Code FL 32953-3165	Transaction ID: 27550425 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (opt	ional)	750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 80 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any personate name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen M Montaquila Mailing Address 28 Peveril Road		Date of Receipt 0 3 2 5 2 0 0 8
City Cranston	State Zip Code RI 02921-2422	Transaction ID: 27550430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr W. Joseph Garvin Mailing Address 3630 Vista Dela Ca	anada	Date of Receipt 0 3 2 5 2 0 0 8
City	State Zip Code	Transaction ID: 27550434
<u>Escondido</u>	CA 92029-7944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen	1	Date of Receipt
Mailing Address 118 Whitehall Coul	rt	03 28 2008
City	State Zip Code	Transaction ID: 27555849
<u>Grayslake</u>	IL 60030-3492	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional		1100.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 80 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full) American Optometric Association F	Political Action (Committee	
Full Name (Last, First, Middle Initial) Dr Paul J Werdell			Date of Receipt
Mailing Address 49 Hansen Drive			03 / 28 / 2008
City	State	Zip Code	Transaction ID: 27555858
Vernon	CT	06066-5914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:		Year-to-Date ▼	\neg
Primary General Other (specify) ▼	1.93.094.0	375.00	
Full Name (Last, First, Middle Initial) Dr Lance I Alpert			Date of Receipt
Mailing Address 195 Mohawk Drive			03 31 2008
City	State	Zip Code	Transaction ID: 27573131
West Hartford	CT	06117-2103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr Scott J Ellis			Date of Receipt
Mailing Address Rt 4 Box 7290			03 / 31 / 2008
City	State	Zip Code	Transaction ID: 27573580
Elk City	OK	73644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		187.50
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	250.00	
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 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Poli	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Anthony Michael McDonald Mailing Address 20094 Kenwood Trail N Po Box 847 City Lakeville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	State MN C Occupation Doctor of	Zip Code 55044-5404 n f Optometry e Year-to-Date ▼	Date of Receipt 0 3
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Harue Jean Marsden	0 0	500.00	Date of Receipt
Mailing Address 1445 Prospect Avenue City Placentia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State CA C Occupation Doctor of	Zip Code 92870-3816 n f Optometry e Year-to-Date ▼ 500.00	Transaction ID: 27573583 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr Jan L Cooper-Hagman Mailing Address 101 Chandler West City Highland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	, '	Zip Code 92346-5482 n f Optometry e Year-to-Date ▼ 900.00	Date of Receipt M M M / D D / Y Y Y Y Y O 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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 80 (check only one) X
A oi	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Dr Paul J Super			Date of Receipt
	Mailing Address 2340 San Ysidro Driv	'e		03 / 31 / 2008
	City	State	Zip Code	Transaction ID: 27573594
	Beverly Hills FEC ID number of contributing federal political committee.	CA	90210-1556	Amount of Each Receipt this Period 360.00
	Name of Employer Self Employed	Occupation Doctor of	on f Optometry	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 360.00	
_	Full Name (Last, First, Middle Initial) Dr Pamela A Lowe			Date of Receipt
	Mailing Address 6835 Concord Lane			03 31 2008
	City	State	Zip Code	Transaction ID: 27573597
	Niles	<u> L</u>	60714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		550.00	
	Full Name (Last, First, Middle Initial) Dr Robert E Fisch			Date of Receipt
	Mailing Address 1310 S White Oak Di	#722		03 31 2008
	City	State	Zip Code	Transaction ID: 27573605
	Waukegan	<u>IL</u>	60085-8351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1360.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 80 (check only one)
Any info	rmation copied from such Reports and mmercial purposes, other than using th	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAM	E OF COMMITTEE (In Full) erican Optometric Association Po			
	Name (Last, First, Middle Initial) rk S Colby			Date of Receipt
	ng Address 26040 Sylvan Lake P	kwy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rog	ers	State MN	Zip Code 55374-8113	Transaction ID: 27573617 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		365.00
Nam Self	e of Employer Employed	Occupatio Doctor of	n f Optometry	
Rece	eipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
	Name (Last, First, Middle Initial) ene D Calkins			Date of Receipt
	ng Address 1150 Capitol Dr #47			0 3 3 1 2 0 0 8
City	5.1	State	Zip Code	Transaction ID: 27573618
	Pedro ID number of contributing	CA	90732-2269	Amount of Each Receipt this Period
	ral political committee.	C		250.00
Nam Self	e of Employer Employed	Occupation Doctor of	n f Optometry	
Rece	eipt For:	'	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
	Name (Last, First, Middle Initial)			Date of Receipt
	ng Address 7762 SvI Box			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	n n Wallaco I alsa	State	Zip Code	Transaction ID: 27573619
	ng Valley Lake ID number of contributing	CA	92395-5117	Amount of Each Receipt this Period
feder	al political committee.	C		250.00
	e of Employer Employed	Occupation Doctor of	ⁿ f Optometry	
Rece	Primary General	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
	DTAL of Receipts This Page (optional).			865.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 80 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Bradley Dean Richter Mailing Address 1765 Ide Street City Maplewood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code MN 55109-4518 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 2 0 0 8 Transaction ID: 27573620 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr Donald E Stover Mailing Address 2558 W White Cha City Porterville FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CA 93257-6926 C Occupation	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Roger D Pabst Mailing Address 34453 Wacouta Tr	Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
City Redwood Falls FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code MN 56283-2752 C Occupation Doctor of Optometry Aggregate Year-to-Date 500.00	Transaction ID: 27573622 Amount of Each Receipt this Period 500.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (options	al)	2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	and Statements may not be sold or used by any persong the name and address of any political committee Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Joseph C Mallinger Mailing Address 28417 Tricia Pl City	State Zip Code	Date of Receipt 0 3 3 1 2 0 0 8 Transaction ID: 27573623
Escondido FEC ID number of contributing federal political committee.	CA 92026-6666	Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 2000.00	
Full Name (Last, First, Middle Initial) Dr Denise M Harvey Mailing Address 25837 Pike 225	•	Date of Receipt 0 3 3 1 2 0 0 8
City Eolia FEC ID number of contributing federal political committee.	State Zip Code MO 63344-4501 C	Transaction ID: 27575571 Amount of Each Receipt this Period 150.00
Name of Employer Self Employed Receipt For: Primary General	Occupation Doctor of Optometry Aggregate Year-to-Date	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Frank Edward Puckett Mailing Address Po Box 509		Date of Receipt 0 3
City Monument	State Zip Code CO 80132-0509	Transaction ID: 27575579 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	nal)	2650.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 80 (check only one) X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Optometric Association Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ \ .	Full Name (Last, First, Middle Initial) Dr Stan M Dickerson Mailing Address 2508 Shangrila Tr			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Columbia	State TN	Zip Code 38401-5801	Transaction ID: 27575580
	FEC ID number of contributing federal political committee.	C	30401-3001	Amount of Each Receipt this Period
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	- '	f Optometry e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Thomas Robert Kroll Mailing Address 9070 Rosada			Date of Receipt 0 3 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: 27575592
	Las Vegas	NV	89149-3555	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 500.00	
. –	Full Name (Last, First, Middle Initial) Dr Gary J Martinkus			Date of Receipt
	Mailing Address 3505 Commonwealth			03 31 YYYY 2008
	City	State	Zip Code	Transaction ID: 27575593
	Yakima FEC ID number of contributing federal political committee.	C	98901-1238	Amount of Each Receipt this Period 1500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
	SUBTOTAL of Receipts This Page (optional) .			2150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 80 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Optometric Association	nd Statements may not be sold or used by any persong the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Harold Rose Mailing Address 2729 North Terrace City	State Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Huntington FEC ID number of contributing federal political committee.	WV 25705	Amount of Each Receipt this Period 400.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Dr Staci Perea McMullen Mailing Address 13886 Single Leaf	Ct	Date of Receipt 0 3
City	State Zip Code	Transaction ID: 27575599
Colorado Sprgs FEC ID number of contributing federal political committee.	CO 80921	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Kenneth S Lawenda	I	Date of Receipt
Mailing Address 8210 Santa Monica	a Blvd	03 13 2008
City	State Zip Code	Transaction ID: 27579054
Marina del Rey FEC ID number of contributing federal political committee.	CA 90042	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (options	al)	1900.00
TOTAL This Period (last page this line num		47290.18

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 80 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Statements may not be sold or used by any persor e name and address of any political committee to s	
NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) United Bank Mailing Address 3801 Wilson Blvd.		Date of Receipt 0 3 2 4 2 0 0 8
City	State Zip Code	Transaction ID: 27543762
Arlington	VA 22203-1919	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	980.03
Name of Employer	Occupation]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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)	Use separate schedule(s)		NE NUMBER:	PAGE 50 / 80
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	only one) 22 23 28a 28l	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) American Optometric Association Political		committee to	Solicit Contributions	s from such committee
Full Name (Last, First, Middle Initial) Bank of America			Transaction Date of Disbu	ID: 27581992 ursement
Mailing Address PO Box 790251			03 /	03 / 2008
	State Zip Code MO 63179		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement Bank of America Fee 03/03/08 Candidate Name		001 Category/]	1260.78
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify)	Туре	Bank of Ame	erica Fee 03/03-
Full Name (Last, First, Middle Initial) Bank of America			Date of Disbu	
Mailing Address PO Box 790251			03 /	04 2008
,	State Zip Code MO 63179		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement Discover Service Fee 03/04/08		001	<u> </u>	35.69
Candidate Name		Category/ Type		
Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		Discover Se 4/08	rvice Fee 03/0-
Full Name (Last, First, Middle Initial) Bank of America			Date of Disbu	
Mailing Address PO Box 790251			03 /	05 / 2008
	State Zip Code MO 63179		Amount of Ea	ach Disbursement this Period
Purpose of Disbursement American Express Fee 03/05/08 Candidate Name		001 Category/ Type]	292.40
Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify)	~.	American Ex	xpress Fee 03/0-
SUBTOTAL of Disbursements This Page (optional)				1588.87
TOTAL This Period (last page this line number only)				

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 51/80 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 26 **Detailed Summary Page** 27 28a 28b 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: 27575625 Wachovia Federal Date of Disbursement 11 0 3 2008 Mailing Address 1650 Tyson Blvd. City State Zip Code Amount of Each Disbursement this Period VA 22102 McLean 1040.48 Purpose of Disbursement Wachovia Bank Fee 03/11/2008 001 Candidate Name Category/ Type Office Sought: Disbursement For: Wachovia Bank Fee 03/11/2-008 House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: 27582041 Bank of America Date of Disbursement 2008 Mailing Address PO Box 790251 City State Zip Code Amount of Each Disbursement this Period St. Louis MO 63179 37.56 Purpose of Disbursement Bank of America Fee 03/17/2008 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Bank of America Fee 03/17-/2008

General

SUBTOTAL of Disbursements This Page (optional)	•	1078.04
TOTAL This Period (last page this line number only)	<u> </u>	2666.91

Primary

Other (specify)

State:

SCHEDULE B (FEC Form 3X)	Lica caparata capadula(c)	FOR LINE NUMBER: PAGE 52 / 80
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) American Optometric Association Political	· · · · · · · · · · · · · · · · · · ·	THE CONTRIBUTIONS WORTH SUCH COMMITTEE
Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson		Transaction ID: 27369003
Mailing Address P.O. Box 61		Date of Disbursement M M
City St. Clairsville	State Zip Code OH 43950	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		1500.00
Candidate Contribution Candidate Name Mr. Charles Wilson	Cat	011 degory/ gype
· — —	ement For: 2008 Primary General Other (specify)	Candidate Contribution
Full Name (Last, First, Middle Initial)		Transaction ID: 27369788
Chet Edwards For Congress		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 23273		03 7 04 7 2008
City Waco	State Zip Code TX 76702	Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Contribution Candidate Name		500.00 011 egory/
Rep. Chet Edwards	Т	ype
	ement For: 2008 Primary General Other (specify)	Candidate Contribution
Full Name (Last, First, Middle Initial) Zack Space For Congress Committee		Transaction ID: 27369783 Date of Disbursement
Mailing Address 123 West High Avenue		03 / 04 / 2008
City New Philadelphia	State Zip Code OH 44663	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		500.00
Candidate Name Rep. Zachary Space	Cat	regory/ rype
Office Sought: X House Disburse	ement For: 2008 Primary General Other (specify)	Candidate Contribution
<u>'</u>		2500.00
SUBTOTAL of Disbursements This Page (optional)		

		3 (FEC Form SBURSEMEN	1 0		arate schedule(s) category of the		-	NE NUM only one)	BER:		L	PAGE	53 /	80
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		ed from such Reports rposes, other than using												
>	NAME OF COM	·												
	,	First, Middle Initial) gress Committee								tion ID Disburs	_	1568		
	Mailing Address	205 Hawthorne	Court					O O	3 ^M	/ D) 5 [/]	Y	žοŏ	8 ^Y
	City Pittsburgh		State PA		Zip Code 15221			An	nount	of Each	Disbu		-	
	Purpose of Disbu Candidate Contri					Г	011	7 L		_		1	0.000	00
	Candidate Name Rep. Michael F					Ca	011 ategory/ Type	1						
	Office Sought:	X House Senate President	Disbursemen X Prii Oth	mary	2008 General			Ca	ndida	te Coi	ntribut	ion		
_	State: PA	District: 14												
	Full Name (Last, Gallegly For C	First, Middle Initial) ongress						Da	te of [tion ID Disburs	ement			
	Mailing Address	P.O. Box 94000	01					_ lo	3 M	/ D	5 /	¥ 2	ž 0 ŏ	8 [*]
	City Simi Valley		State CA		Zip Code 93094			An	nount	of Each	Disbu	rseme	nt this	Per
	Purpose of Disbu Candidate Contri					Г	011	T L	-			1	0.000	00
	Candidate Name Rep. Elton Ga						ategory/ Type	1						
	Office Sought: State: CA	X House Senate President District: 24	Disbursemen X Prii Oth	mary	2008 General			Ca	ndida	te Co	ntribut	ion		
		First, Middle Initial)								tion ID Disburs		1491		
	Mailing Address	C/O 1357 Kapid	olani Blvd. Ste	e. 100	5			ď	3 M	/ D	5 /	Y	ž 0 Ŏ	8 ^Y
	City Honolulu		State HI		Zip Code 96814			An	nount	of Each	n Disbu		-	
	Purpose of Disbu Candidate Contri	bution					011		-			1	0.000	00
	Candidate Name Rep. Neil Aber						ategory/ Type							
	Office Sought:	X House Senate President	Disbursemen X Prii Oth	mary	2008 General			Ca	ndida	te Coi	ntribut	ion		
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IT		Use separate schedule(s	s)		LINE k only		١ ١.		l	. , , ,		04 / 80	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u>`</u>	1b [22 28a		23 28b	ш	24 28c		25 29	2 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam												
Λ	NAME OF COMMITTEE (In Full)												
V	American Optometric Association Politica	Action Committee											
	Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress					Trans Date of			_		61		
	Mailing Address P.O. Box 696						M /		5 /	Y	ž 0	8 0	
		Ctata Zin Code										_	
	City Madison	State Zip Code WI 53701				Amou	nt or	Eacn	DISDU	ursen			-
	Purpose of Disbursement Candidate Contribution			011							100	00.00	_
	Candidate Name Rep. Tammy Baldwin			ategory Type	y/								
		ement For: 2008 Primary General Other (specify)	•			Candi	date	Con	ıtribu	tion			
_	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	2737	7150	15		
	Becerra For Congress					Date o	of Dis	burse	ement		,5		
	Mailing Address P.O. Box 261060					0 ^M 3	M /	0	5 /	Y	ž 0	Ď8	
	City Los Angeles	State Zip Code CA 90026				Amou	nt of	Each	Disbu	ursen			
	Purpose of Disbursement Candidate Contribution			011				-			100	00.00	-
	Candidate Name Rep. Xavier Becerra		1	ategory Type	y/								
	9 1	ement For: 2008 Primary General Other (specify) ▼	•			Candi	date	: Con	ıtribu	tion			
	Full Name (Last, First, Middle Initial) Blumenauer For Congress					Trans Date of)6		
	Mailing Address 830 NE Holladay Suite	05				0 ^M 3	M /	^D 0	5 ^D	Y	ž 0	8 0	
	City	State Zip Code OR 97232				Amou	nt of	Each	Disbu	ursen	nent t	his Pe	riod
	Portland		1								100	00.00	
	Purpose of Disbursement Candidate Contribution			011									
	Purpose of Disbursement		Ca	ategory	y /								
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate President	ement For: 2008 Primary General Other (specify)	Ca		<i>y</i> /	Candi	date	: Con	ıtribu	tion			
	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Earl Blumenauer Office Sought: X House Senate Disburs	Primary General	Ca	ategory	<i>y</i> /	Candi	date	: Con	ıtribu	tion			

		3 (FEC Form	·		arate schedule(s)		(check on	E NUMBEI	≺ :	_ P/	AGE 55	/ 80
TEM	MIZED DIS	BURSEMEN	TS		category of the Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	
		ed from such Reports poses, other than usi										
		MITTEE (In Full)	ig the name	and addre	ss of any political	COIII	THILLEG TO S	Olicit Cortii	Dutions no	ill Sucii	Johnnittee	
Am	nerican Opto	metric Association	n Political A	Action Co	ommittee							
	l Name (Last, swell For Co	First, Middle Initial) ongress							action ID: f Disburse		577	
Mai	iling Address	PO Box 6220						0 3	/ DO	5 /	ŽOĎ	8 ^Y
City	y es Moines			State A	Zip Code 50309			Amoui	nt of Each	Disburse		
	rpose of Disbu ndidate Contrib						011			-	1000.	00
Can	ndidate Name p. Leonard I					Са	ategory/ Type					
Offi	ice Sought:	X House Senate President		nent For: Primary Other (spe	2008 General			Candi	date Con	tributio	า	
Stat	ite: IA	District: 03										
	•	First, Middle Initial) For Congress Inc.							action ID: f Disburse		88	
Mai	iling Address	P.O. Box 61337	7					0 ^M 3	/ DO	5 /	ŽOĎ	8
City	y enver			State CO	Zip Code 80206			Amoui	nt of Each	Disburse	ement this	Perio
Pur	rpose of Disbu						011	L.			1000.	00
	ndidate Name p. Diana De	Gette					ategory/ Type					
	ice Sought:	X House Senate President District: 01		nent For: Primary Other (spe	2008 General			Candi	date Con	tributio	ו	
Full	l Name (Last,	First, Middle Initial) Jr. For Congress							action ID:		60	
Mai	iling Address	P.O. Box 49028	36					0 3	/ DO	5 /	ŽOŎ	8 ^Y
City Chi	y iicago			State L	Zip Code 60649			Amoui	nt of Each	Disburse	ement this	Perio
Can	rpose of Disbu ndidate Contrib						011	<u> </u>			1000.	00
Re	ndidate Name p. Jesse L.		1				ategory/ Type					
Offi	ice Sought:	X House Senate President		nent For: Primary Other (spe	2008 X General			Candi	date Con	tributio	า	
	ite: IL	District: 02		outer (spe	oon <i>y)</i> ▼							
Stat												

IT		Use separate schedule(only one)					
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21 27	o 🗍 2	´ <u> </u>	23 28b	\square	24 [28c [25 29	
or f	Information copied from such Reports and States or commercial purposes, other than using the name										
١.	NAME OF COMMITTEE (In Full) American Optometric Association Politica	I Action Committee									
	Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc Mailing Address PO Box 1536				D		Disburs	semen		ž 0 ŏ 8	Y
	City Sioux Falls	State Zip Code SD 57101			A	mount	of Eac	h Disb	urseme	ent this F	'erio
	Purpose of Disbursement Candidate Contribution Candidate Name Sen. Tim Johnson		Ca	011 ategory/ Type]	•				2500.0	3
	Office Sought: House Disburs X Senate President State: SD District:	ement For: 2008 Primary X General Other (specify)	-	71	Ca	andida	ate Co	ontribu	ution		
	Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin						Disburs	semen			Y
	Mailing Address 10 G Street NE, Suite 4	70) 3		0 5	Ĺ.	ž 0 ŏ 8	
	City Washington Purpose of Disbursement	State Zip Code DC 20002	Т		_ A	mount	of Eac	h Disb		ent this F	
	Candidate Contribution Candidate Name Sen. Carl Levin		Ca	011 ategory/ Type							
	Office Sought: House Disburs	ement For: 2012			C	andida	ite Co	ntribu	ution		
	X Senate President State: MI District:	☐ Primary ☐ General Other (specify)									
	President					ate of I	Disburs	semen			V
	State: MI District: Full Name (Last, First, Middle Initial)				D		Disburs	semen	t	ž 0 ŏ 8	Y
	State: MI District: Full Name (Last, First, Middle Initial) Mikulski For Senate Committee					ate of I	Disburs	semen	t Y	2 0 0 8	Perio
	President State: MI District: Full Name (Last, First, Middle Initial) Mikulski For Senate Committee Mailing Address POB13147 City Baltimore Purpose of Disbursement Candidate Contribution	Other (specify) ▼ State Zip Code		011		ate of I	Disburs	semen	t Y	ž 0 0 8	Perio
	State: MI District: Full Name (Last, First, Middle Initial) Mikulski For Senate Committee Mailing Address P O B 13147 City Baltimore Purpose of Disbursement Candidate Contribution Candidate Name Sen. Barbara A. Mikulski	Other (specify) State Zip Code MD 21208	Ce	011 ategory/ Type		ate of I	Disburs	semen	t Y	2 0 0 8	Perio
	President District: Full Name (Last, First, Middle Initial) Mikulski For Senate Committee Mailing Address P O B 13147 City Baltimore Purpose of Disbursement Candidate Contribution Candidate Name Sen. Barbara A. Mikulski	Other (specify) ▼ State Zip Code	Ca	ategory/		ate of I	Disburs	n Disb	t / Y	2 0 0 8	Perio

Detailed Summary Page	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(S) (check on	<u> </u>
NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Friends Of Congressman George Miller Malling Address P.O. Box 5864 City State Zip Code Concord CA 94524 Purpose of Disbursement Candidate Contribution State: CA District: 07 Full Name (Last, First, Middle Initial) Jeff Miller For Congress Mailing Address P.O. Box 126 City State Zip Code Candidate Name Rep. Denis Name Rep. George Miller Malling Address P.O. Box 126 City State Zip Code Candidate Contribution Cardidate Name (Last, First, Middle Initial) Jeff Miller For Congress Mailing Address P.O. Box 126 City State Zip Code Candidate Contribution Cardidate Name (Last, First, Middle Initial) Jeff Miller For Congress Mailing Address P.O. Box 126 City State Zip Code FL 32591 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jeff B. Miller President State: The District: 01 Full Name (Last, First, Middle Initial) State: FL District: 01 Full Name (Last, First, Middle Initial) Cardidate Contribution Candidate Con		Detailed Summary Pag	e 21b 27	28a 28b 28c 29
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Transaction ID: 27371590 Disbursement Candidate Contribution State: IL District: 09 Full Name (Last, First, Middle Initial) Committee To Reelect Congress and Primary Full Name (Last, First, Middle Initial) Schakowsky For Congress Mailing Address P.O. Box 5130 City State Zip Code (Last, First, Middle Initial) Schakowsky For Congress Mailing Address P.O. Box 5130 City State Zip Code (Last, First, Middle Initial) Candidate Contribution Candidate Name Rep. Janice D. Schakowsky Office Sought: X House Senate Primary X General Primary Fursh Name (Last, First, Middle Initial) Committee To Reelect Congressman Chris Smith Mailing Address P.O. Box 3184 City State Zip Code (Last, First, Middle Initial) Committee To Reelect Congressman Chris Smith Mailing Address P.O. Box 3184 City State Zip Code (Last, First, Middle Initial) Committee To Reelect Congress and Condidate Contribution Transaction ID: 27371590 Date of Disbursement Candidate Contribution Candidate C		Detailed Summary Page	27	28a 28b 28c 29
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	City Cranston	State Zip Code RI 02920		Amou	nt of Each Disbursement this Perio
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	Full Name (Last, First, Middle Initial) Udall For Colorado Inc				Transaction ID: 27496044 Date of Disbursement
	Mailing Address 8690 Wolff Court #200				03
	City Westminster	State Zip Code CO 80031			Amount of Each Disbursement this Period
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	PEAK PAC Mailing Address P.O. Box 3187 City		_	011 tegory/	Date of Disbursement O 3
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	Mailing Address 1100 Bannock Street											
	City Denver	State Zip Code CO 80204				Amou	nt of	Each	Disb		ent this F	-
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	Mailing Address	PO Box 581 Post Office Box	x 581			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Brighton		State MI	Zip Code 48116		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Geoff Davis For Congress						Transaction ID: 27543058 Date of Disbursement								
Mailing Address 3161 Dixie Highw Suite F											ž	οŏε	}	
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