REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 14 12 47 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Optometric Association Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1505 Prince Street, Suite 300

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C00024968

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☒ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY 5. Covering Period 5/01/96 through 5/31/96	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 96		$ 704,196.49
(b) Cash on Hand at Beginning of Reporting Period	$ 557,894.02	
(c) Total Receipts (from Line 19)	$ 16,559.17	$ 65,397.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 574,453.19	$ 769,593.72
7. Total Disbursements (from Line 30)	$ 20,946.60	$ 216,087.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 553,506.59	$ 553,506.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
Noel Brazil, Assistant Treasurer

Signature of Treasurer
Noel Brazil

Date
5/14/96

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Geometric Association Political Action Committee

REPORT COVERING PERIOD FROM 5/01/96 TO: 5/31/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$1,825.00	$7,712.50	11(a)i
ii. Unitemized	$12,750.00	$50,065.18	11(a)ii
iii. Total ... (add i and ii) ➤	$14,575.00	$57,777.68	11(a)iii
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions ... (add a iii, b and c) ➤	$14,575.00	$57,777.68	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	$1,984.17	$7,619.55	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$16,559.17	$65,397.23	19
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	$16,559.17	$65,397.23	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)i
ii. Non-Federal Share	0.00	0.00	21(a)ii
b. Other Federal Operating Expenditures	$121.60	$1,578.15	21(b)
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤	$121.60	$1,578.15	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$20,800.00	$214,453.98	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds ... (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	25.00	55.00	29
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$20,946.60	$216,087.13	30
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤	$20,946.60	$216,087.13	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$14,575.00	$57,777.68	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$14,575.00	$57,777.68	34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤	$121.50	$1,578.15	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤	$121.50	$1,578.15	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)

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

NAME OF COMMITTEE (in Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Receipt Date	Receipt Amount
Dr Donovan L Crouch 600 Ontario Box 1407 Storm Lake IA 50588-0140	Self Employed Doctor of Optometry	05/06/96	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $	225.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Receipt Date	Receipt Amount
Dr Charlene Burnett 214 Carriage House Drive Jackson TN 38305	Self Employed Doctor of Optometry	05/07/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $	500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Receipt Date	Receipt Amount
Dr Frederick R Burnett Jr 214 Carriage House Drive Jackson TN 38305-3903	Self Employed Doctor of Optometry	05/07/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Receipt Date	Receipt Amount
Dr Steven A Aljets Wal Mart Vision Center 1001 73Rd Street Des Moines IA 50311	Self Employed Doctor of Optometry	05/22/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $	225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Receipt Date	Receipt Amount
Dr Roger L Jordan 706 West 8Th St Gillette NY 82716-4109	Self Employed Doctor of Optometry	05/22/96	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $	400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Receipt Date	Receipt Amount
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Receipt Date	Receipt Amount
Receipt For: ☐ Primary ☐ General ☐ Other (Specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 1,825.00

TOTAL This Period (last page this line number only) 1,825.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Boatman's P O Box 236 St. Louis MO 63166 Receipt For: Primary General Other (specify):	Interest Bearing Account Occupation Aggregate Year-to-Date > $675.76	5/1/96	$227.80
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patriot National Bank P O Box 2189 Reston, VA 22090 Receipt For: Primary General Other (specify):	Interest Bearing Account Occupation Aggregate Year-to-Date > $2,360.86	5/22/96	$486.36
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
First Union Bank, NA 1650 Tyson Boulevard McLean, VA 22102 Receipt For: Primary General Other (specify):	Interest Bearing Account Occupation Aggregate Year-to-Date > $1,066.54	6/29/96	$1,066.54
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
First Union Bank, NA 1650 Tyson Boulevard McLean, VA 22102 Receipt For: Primary General Other (specify):	Interest Bearing Account Occupation Aggregate Year-to-Date > $1,888.05	5/31/96	$201.47
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date >		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify):	Aggregate Year to Date > $		

SUBTOTAL of Disbursements This Page (optional) . . . . . > $1,984.17

TOTAL This Period (last page this line number only) . . . . . > $1,984.17

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bostman's P O Box 236 St. Louis, MO 63166	Service Fee Disbursement for: ☐ Primary ☐ General ☒ Other (specify): Operating Expense	5/1/95	$3.50
B. First Union National Bank 1650 Tysons Boulevard McLean, VA 22102	Service Fee Disbursement for: ☐ Primary ☐ General ☒ Other (specify): Operating Expenses	5/31/95	$118.10
C.	Disbursement for: ☐ Primary ☐ General Other (specify):		
D.	Disbursement for: ☐ Primary ☐ General Other (specify):		
E.	Disbursement for: ☐ Primary ☐ General Other (specify):		
F.	Disbursement for: ☐ Primary ☐ General Other (specify):		
G.	Disbursement for: ☐ Primary ☐ General Other (specify):		
H.	Disbursement for: ☐ Primary ☐ General Other (specify):		
I.	Disbursement for: ☐ Primary ☐ General Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	$121.60
TOTAL This Period (last page this line number only)	$121.60

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Friends of John Boehner
7900-I Cincinnati Dayton Road
West Chester,OH 45011

Disbursement for: X Primary General Other

Disbursement Purpose: Candidate Boehner (R-08-OH) Date: 05/01/96 Amount: 4,000.00

Full Name and Address:

Andrews for Congress
35 Springdale Road
Building 27
Cherry Hill,NJ 08003

Disbursement for: X Primary General Other

Disbursement Purpose: Congressman Andrews (D-01-NJ) Date: 05/08/96 Amount: 1,000.00

Full Name and Address:

Spencer Bachus
P O Box 59444
Birmingham,AL

Disbursement for: X Primary General Other

Disbursement Purpose: Congressman Bachus (R-06-AL) Date: 05/08/96 Amount: 1,000.00

Full Name and Address:

Joe Barton for Congress
P O Box 1444
Ennis,TX 75120

Disbursement for: Primary X General Other

Disbursement Purpose: Congressman Barton (R-06-TX) Date: 05/08/96 Amount: 1,000.00

Full Name and Address:

Friends of Jim Bunn
P O Box 5141
Salem,OR 97304

Disbursement for: X Primary General Other

Disbursement Purpose: Congressman Bunn (R-05-OR) Date: 05/08/96 Amount: 1,500.00

Full Name and Address:

Dick Durbin for Senate
440 N Clark
Suite 501
Chicago,IL 60610

Disbursement for: Primary X General Other

Disbursement Purpose: Candidate Durbin (D-00-IL) Date: 05/08/96 Amount: 1,000.00

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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: American Optometric Association Political Action Committee

Full Name and Address:

The Feingold Senate Committee
P O Box 620062
Middleton,WI 53562

Disbursement for: Primary General X Other

Disbursement Purpose: Senator Feingold - 1998 (D-00-WI) Date: 05/08/96 Amount: 1,000.00

Full Name and Address:

Virgil Goode Committee
112 N Main Street
Rocky Mount,VA 24151

Disbursement for: X Primary General Other

Disbursement Purpose: Candidate Goods (D-05-VA) Date: 05/08/96 Amount: 1,000.00

Full Name and Address:

Jim Longley for Congress
P O Box 896
Portland,ME 04104

Disbursement for: X Primary General Other

Disbursement Purpose: Congressman Longley (R-01-ME) Date: 05/08/96 Amount: 2,000.00

Full Name and Address:

Mikulski for Senate
1195 Riverside Avenue
Baltimore,MD 21230

Disbursement for: X Primary General Other

Disbursement Purpose: Senator Mikulski - 1998 (D-00-MD) Date: 05/08/96 Amount: 1,500.00

Full Name and Address:

Whitfield for Congress
P O Box 391
Hopkinsville,KY 42241

Disbursement for: X Primary General Other

Disbursement Purpose: Congressman Whitfield (R-01-KY) Date: 05/23/96 Amount: 1,000.00

Full Name and Address:

Baesler for Congress
P O Box 2147
Lexington,KY 40595

Disbursement for: X Primary General Other

Disbursement Purpose: Congressman Baesler (D-06-KY) Date: 05/24/96 Amount: 1,000.00

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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: American Optometric Association Political Action Committee

Full Name and Address:

Citizens for Bunning
1717 Dixie Highway
Suite 180
Fort Wright, KY 41011

Disbursement for: X Primary General Other

Disbursement Purpose: Congressman Bunning (R-04-KY) Date: 05/24/96 Amount: 500.00

Full Name and Address:

Ward for Congress
Mid City Mall
1250 Bardstown Road
Louisville, KY 40204

Disbursement for: X Primary General Other

Disbursement Purpose: Congressman Ward (D-03-KY) Date: 05/24/96 Amount: 1,000.00

Full Name and Address:

Stabenow for Congress
P O Box 4645
E. Lansing, MI 48826

Disbursement for: X Primary General Other

Disbursement Purpose: Candidate Stabenow (D-00-IN) Date: 05/30/96 Amount: 1,500.00

Full Name and Address:

Pallone for Congress
P O Box 3176
Long Branch, NJ 07740

Disbursement for: X Primary General Other

Disbursement Purpose: Congressman Pallone (D-06-NJ) Date: 05/31/96 Amount: 500.00

Full Name and Address:

Stabenow for Congress
P O Box 990
Washington, DC 20044-0990

Disbursement for: X Primary General Other

Disbursement Purpose: Candidate Stabenow (D-00-IN) Date: 05/31/96 Amount: 300.00

TOTAL DISBURSEMENTS FOR THIS PERIOD: 20,800.00

96030154604

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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

NAME OF COMMITTEE (in Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leon Baron, O.D. 5100 Clayton Road, No. 30 Concord, CA 94521	Returned Check Disbursement for: ☐ Primary ☐ General X Other (specify): Returned Check	5/8/95	$25.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$25.00
TOTAL This Period (last page this line number only)	$25.00

9603054605

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 6/14/96
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMU
PREPARER

6/14/96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 0 5 5 4 6 9 6