FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For C	Other Than A	n Authorized Com	mittee		Office Use Only	,
NAME OF COMMITTEE (in full)		FEC MAILING LA		typing, type es			
American Optometric	Association P	olitical Action Cor	mmittee		1 1 1 1		
ADDRESS (number and stre	eet) L Su	05 Prince Street ite 300					
than previously reported. (ACC)		exandria			LVA ⊥	22314	
2. FEC IDENTIFICATIO	N NUMBER	~	CITY 🛕		STATE	ZIPCO	ODE 🛕
C00024968			3. IS THIS REPORT	NEW (N) OR	A (A	MENDED A)	
4. TYPE OF REPORT (Choose One)	「 (b	Nonthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug	g 20 (M8) X	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports	s:	L	Mar 20 (M3)	Jun 20 (M6)	Sep	20 (M9)	(Non-Election Year Only)
April 15 Quarterly Re	eport(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
July 15 Quarterly Re October 15		(c) 12-Day PRE-Elec Report for	tion	y (12P) ntion (12C)	General Special		Runoff (12R)
Quarterly Re January 31 Quarterly Re			Election on			in the State	
July 31 Mid- Report(Non- Year Only) (election	(d) 30-Day Post -Ele Report for		al (30G)	Runoff (30R)	Special (30S)
Termination (TER)	Report	rioportroi	Election on			in the State	
5. Covering Period	10	01 20	0 7 thro	ough 10	31	2007]
I certify that I have examine	•		•	ef it is true, correct	and complete.		
Type or Print Name of Trea	asurer <u>D</u>	orothy Hitchmoth	, O.D.				
Signature of Treasurer	Electronically	Filed by Doroth	ny Hitchmoth, O.D.		Date 11	1 5	2007
NOTE : Submission of fals	e, erroneous,	or incomplete info	ormation may subject the	e person signing th	is Report to the	e penalties of 2 U	J.S.C 437g.
Office Use						FEC FOR	RM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Repor	t Covering the Period: From:	0 1 2007	To: 10 31 2007
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a)	Cash on Hand January 1 Y2007		380998.25
(b)	Cash on Hand at Begining of Reporting Period	459714.14	
(c)	Total Receipts (from Line 19)	47282.68	673952.74
(d)	Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	506996.82	1054950.99
Tota	al Disbursements (from Line 31)	19074.20	567028.37
	sh on Hand at Close of		
	oorting Period otract Line 7 from Line 6(d))	487922.62	487922.62
	ots and Obligations owed TO		
	committee (Itemize all on nedule C and/or Schedule D)	0.00	
	ots and Obligations owed BY		
	committee (Itemize all on nedule C and/or Schedule D)	0.00	
X	This Committee has qualified as a multicand	idate committee. (see FEC FORM 1M)	

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

0 1 3^D1 м м 1 0 м м 1 0 2007 2007 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 26074.73 359597.17 (i) Itemized (use Schedule A) 21180.42 305724.36 (ii) Unitemized (iii) TOTAL (add 47255.15 665321.53 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 47255.15 665321.53 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 5000.00 Political Committees 17. Other Federal Receipts 27.53 3631.21 (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), 47282.68 673952.74 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 47282.68 673952.74 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS COLUMN A COLUMN B

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1074.20	16928.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1074.20	16928.80
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political CommitteesIndependent Expenditure	18000.00	548599.57
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	1500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1500.00
Other Disbursements	0.00	0.00
	5.00	
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	19074.20	567028.37
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13074.20	507020.37
Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
from Line 31)	19074.20	567028.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operati Expenditures	ing COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	' I	665321.53
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	47255.15	663821.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1074 20	16928.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1074.20	16928.80

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 59	
	•		Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Carrinary Fage	13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the i	name and add	lress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Optometric Association Politi	cal Action (Committee		
	Full Name of Local First Addalla Latitals				
A.	Full Name (Last, First, Middle Initial) Dr Glenda B Brown			Date of Receipt	
	Mailing Address 80 Idlegate Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 26621271	
	Alpharetta	GA	30022-5509		
		<u>ur</u>	30022-3309	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation		7	
	· · · · · · · · · · · · · · · · · · ·		Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	500.00		
	Other (specify)			1	
В.	Full Name (Last, First, Middle Initial) Dr Clark Lee Seyboth			Date of Receipt	
	Mailing Address 50 Cherrywood Ct			M M / D D / Y Y Y Y	
				10 02 2007	
	City	State	Zip Code	Transaction ID: 26634170	
	Hunt Valley	MD	21030-1932	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		230.00	
	Name of Employer	Occupation	1		
	Self Employed		Optometry		
	Receipt For:	_	Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		250.00		
_	Full Name (Look Firek Middle Initial)				
C.	Full Name (Last, First, Middle Initial) Dr Michael K Estes			Date of Receipt	
	Mailing Address 278 N W Quarry Rd			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State	Zip Code	Transaction ID: 26634177	
	Albany	OR	97321	Amount of Each Receipt this Period	
	FEC ID number of contributing			005.00	
	federal political committee.	C		365.00	
	Name of Employer Self Employed	Occupation		7	
			Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		265.00	1	
	Other (specify) ▼		365.00		
_					
				965.00	
s	UBTOTAL of Receipts This Page (optional)			865.00	
\vdash					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 59 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	al Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Ivan J Grupe			Date of Receipt
	Mailing Address 7543 S Monaco Way			10 05 7 2007
	City	State	Zip Code	Transaction ID: 26642677
	Centennial	CO	80112-2549	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:		Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	0 0	1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Nathaniel Roland			Date of Receipt
	Mailing Address 10001 Admiral Emerson	AVE 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: 26648610
	Albuquerque	NM	87111-1339	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 Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		600.00	
	Other (specify) ▼	0 0	000.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz			Date of Receipt
	Mailing Address 3537 New Castle Dr Se			10 09 2007
	City	State	Zip Code	Transaction ID: 26659809
	Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation	1	7
	Self Employed		Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	1200.00	
	Other (specify) ▼	1 1		
s	UBTOTAL of Receipts This Page (optional)			550.00

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 / 59
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Betailed Gammary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Mark Alan Topolewski			Date of Receipt
	Mailing Address 313 Fairway Court			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 26661322
	St Clair	MI	48079	
		IVII	46079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		450.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Andrea P Thau			Date of Receipt
	Mailing Address 170 East 83 Street			M M / D D / Y Y Y Y
				10 10 2007
	City	State	Zip Code	Transaction ID: 26663309
	New York	NY	10028-1920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	N (5)	lo "		
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	400.00	
	Other (specify)	0 0		J
<u> </u>	Full Name (Last, First, Middle Initial) Dr Bronte D Baker			Date of Receipt
٥.	Mailing Address 179 Redbird Ridge			M M / D D / Y Y Y Y
	maining reasons 179 Heabira Hage			10 2007
	City	State	Zip Code	Transaction ID: 26663312
	Beeville	TX	78102-8465	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation	1	
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		4E0.00	1
	Other (specify) ▼		450.00	
s	UBTOTAL of Receipts This Page (optional)			550.00
\vdash			<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III Mailing Address 1229 Highland Lakes Tra City Birmingham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State AL C Occupation Doctor of	Zip Code 35242-6886 Toptometry Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr Donald W Furman Mailing Address 855 11Th St Place City Garner FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 50438-1847 To Optometry Year-to-Date ▼ 405.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26663316 Amount of Each Receipt this Period 45.00
C .	Full Name (Last, First, Middle Initial) Dr Markus I Barth Mailing Address 1346 Heller Drive City Yardley FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 19067-2714 Optometry e Year-to-Date ▼ 466.69	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			161.67
т	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 59	9
			Use separate schedule(s) or each category of the	(check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	_
				13 14 15 16	17
An or f	y information copied from such Reports and Stator for commercial purposes, other than using the national states.	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	i
$\overline{}$	NAME OF COMMITTEE (In Full)				
\rangle	American Optometric Association Politic	al Action (Committee		
	Full Name (Last, First, Middle Initial) Dr Robert J Blumthal			Date of Receipt	
	Mailing Address 119 Exmore Drive			10 10 7 2007	
	City	State	Zip Code	Transaction ID: 26663321	
	Springfield	IL	62704-3137	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		166.6	7
	Name of Employer Self Employed	Occupation Doctor of	Optometry		
	Receipt For:		Year-to-Date ▼	7	
	Primary General		1000.00		
	Other (specify) ▼	0 0	1083.33		
_	Full Name (Last, First, Middle Initial) Dr Michael T Cron			Date of Receipt	
	Mailing Address 9217 Elmwood Court			10 10 7 2007	
	City	State	Zip Code	Transaction ID: 26663323	
	Stanwood	MI	49346-9305	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		41.6	6
	Name of Employer Self Employed	Occupation			
			Optometry	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		416.60		
 C.	Full Name (Last, First, Middle Initial) Dr Frederick P Darin			Date of Receipt	
	Mailing Address 405 Tirrell Rd			10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 26663324	
	Charlotte	MI	48813-2131	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		31.0	0
	Name of Employer Self Employed	Occupation Doctor of	n Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		248.00		
	Other (specify) ▼		240.00		
SI	JBTOTAL of Receipts This Page (optional)			239.3	3
т	OTAL This Period (last page this line number or	nly))		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr G. Chad Green			Date of Receipt
	Mailing Address 5960 Co Rd 19			10 10 2007
	City <u>Linden</u>	State AL	Zip Code 36748	Transaction ID: 26663326 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	-	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
В.	Full Name (Last, First, Middle Initial) Dr Maryjane Healey			Date of Receipt
	Mailing Address 6710 124Th Place Se			10 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26663327
	Snohomish FEC ID number of contributing federal political committee.	C	98296-8649	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr Mark J Hennen Mailing Address 1613 Atwater Path			Date of Receipt 1 0 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 26663328
	Inver Grove Height	MN	55077-1201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
	IIRTOTAL of Receipts This Page (optional)			200.00

COUEDING A (FEC Forms OV)			T F	FOR LINE NUMBER: PAGE 12/59	
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
Δr	ny information copied from such Reports and Sta	atamante may	y not be sold or used by any pers		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Optometric Association Politi	cal Action (Committee		
	American Optometric Accordation Folia	cai / totion t	Sommittee		
	Full Name (Last, First, Middle Initial)				
A.	Dr George W Hertneky			Date of Receipt	
	Mailing Address 16862 County Road 28			M M / D D / Y Y Y Y	
				10 10 2007	
	City	State	Zip Code	Transaction ID: 26663329	
	Brush	CO	80723-9424	Amount of Each Receipt this Period	
	FEC ID number of contributing			42.00	
	federal political committee.	C		42.00	
		10		_	
	Name of Employer Self Employed	Occupation			
			Optometry	_	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		378.00		
	Other (specify)	0 0			
	F. II N. L. and J. Charl. N. A. della Lattical)			_	
R	Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III			Date of Receipt	
٥.	Mailing Address 50 Cedar Hill Rd			M M / D D / Y Y Y Y	
	Walling Address 50 Cedal Filli Ad	10 10 2007			
	City	State	Zip Code	Transaction ID: 26663330	
	Albuquerque	NM	87122-1928	Amount of Each Receipt this Period	
			0		
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Self Employed	Occupation			
			Optometry		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify)		1000.00		
C	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe			Date of Receipt	
٥.	Mailing Address 789 N Broad			M M / D D / Y Y Y Y	
	Walling Addiess 709 N Bload			10 2007	
	City	State	Zip Code	Transaction ID: 26663331	
	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	Occupation			
			Optometry	_	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1300.00	11	
	Other (specify)		1000.00	1	
_					
				317.00	
S	UBTOTAL of Receipts This Page (optional)			317.00	
				-	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 / 59			
		Use separate schedule(s) or each category of the	(check only one)			
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 17			
Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements 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 solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
American Optometric Association Politi	ical Action (Committee				
Full Name (Last, First, Middle Initial) A. Dr Timothy G Koop			Date of Receipt			
Mailing Address 4912 Bluff Run Drive			10 10 2007			
City	State	Zip Code	Transaction ID: 26663332			
Greensboro	NC	27455-2200	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer Self Employed		Optometry				
Receipt For: Primary General	Aggregate	Year-to-Date ▼				
Other (specify)		450.00				
Cure. (openity) 🔻		1 1 1 1 1 1 1				
Full Name (Last, First, Middle Initial) 3. Dr Edward M Kosnoski			Date of Receipt			
Mailing Address 305 Kensington Ave S	Mailing Address 305 Kensington Ave S					
00	10 10 2007					
City	State	Zip Code	Transaction ID: 26663333			
Kent	WA	98030-7004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer Self Employed	Occupation					
		Optometry				
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,			
Other (specify)	0 0	450.00				
Full Name (Last, First, Middle Initial) C. Dr Gary W Lasken			Date of Receipt			
Mailing Address 10215 N North Forest T	Γrail		10 10 2007			
City	State	Zip Code	Transaction ID: 26663335			
<u>Peoria</u>	<u>IL</u>	61615-1378	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.			41.66			
Name of Employer Self Employed	Occupation Doctor of	n Optometry				
Receipt For:	Aggregate	Year-to-Date ▼	7			
Primary General Other (specify) ▼	0 0	416.60				
SUBTOTAL of Receipts This Page (optional)			141.66			
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 59 (check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Matthew J Maki			Date of Receipt
	Mailing Address 372 Split Rail Ridge			10 10 7 2007
	City	State	Zip Code	Transaction ID: 26663336
	Williamston FEC ID number of contributing federal political committee.	C	48895-1668	Amount of Each Receipt this Period 25.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Ronald J Meyer			Date of Receipt
	Mailing Address 9802 US 41			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Champion	State MI	Zip Code 49814	Transaction ID: 26663338
	FEC ID number of contributing federal political committee.	C	49014	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	
) .	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett			Date of Receipt
Mailing Address 9940 S Ashleigh Way				10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Highlands Ranch	State CO	Zip Code 80126-4244	Transaction ID: 26663339
	FEC ID number of contributing federal political committee.	C	00120-4244	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)			125.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 59
	EMIZED RECEIPTS	or each category of the		(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	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.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson			Date of Receipt
	Mailing Address 9940 S Ashleigh Way			10 10 2007
	City	State	Zip Code	Transaction ID: 26663340
	Highlands Ranch	CO	80126-4244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		800.00	
— В.	Full Name (Last, First, Middle Initial) Dr Gregory C Russell			Date of Receipt
	Mailing Address 2505 Rivermont Circle	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26663342
	Kingsport	TN	37660-2392	Amount of Each Receipt this Period
	•		57500 2002	Amount of Each recorpt this remod
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer Self Employed	Occupation	n	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	749.97	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Jack L Schaeffer			Date of Receipt
	Mailing Address 3801 River View Cr			10 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: 26663343
	Birmingham	AL	35243	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7
	Receipt For:		e Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify)	0 0	450.00	
٩	UBTOTAL of Receipts This Page (optional)			233.33
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COLLEDING A (FEO Forms OV)]		FOR LINE NUMBER: PAGE 16 / 59
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the		
••			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Douglas J Walker			Date of Receipt
	Mailing Address P O Box 988			10 10 2007
	City	State	Zip Code	Transaction ID: 26663345
	Brookings	OR	97415-0021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	l	400.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr Jennifer E Davis			Date of Receipt
	Mailing Address 16 Pambrook Dr			M M / D D / Y Y Y Y
				10 10 2007
	City	State	Zip Code	Transaction ID: 26663348
	Fishersville	VA	22939-2123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self Employed	Occupation	1	
	Seir Empioyed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		420.00	1
	Other (specify) ▼	0 0	420.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr Richard L Foss			Date of Receipt
	Mailing Address W5224 Knobloch Road			10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26663351
	<u>La Crosse</u>	WI	54601-2461	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	55. 55410	=	1
	Other (specify)		416.60	
	(-p), 4		1 1 1 1 1 1 1 1	1
_	IIDTOTAL of December This Design (and and by			133.66
\vdash	UBTOTAL of Receipts This Page (optional)		······	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 59 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta	stamanta may	not be gold or used by any paras	13 14 15 16 17
or for commercial purposes, other than using the n	name and add	ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Politic	cal Action (Committee	
Full Name (Last, First, Middle Initial) A. Dr Mira B Swiecicki			Date of Receipt
Mailing Address 450 F Street			10 10 2007
City	State	Zip Code	Transaction ID: 26663352
Blaine	WA	98230-4201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	' '	350.00	
Care (openit) \	0 0		
Full Name (Last, First, Middle Initial) 3. Dr Jason K Dickerson			Date of Receipt
Mailing Address 2581 Bridlewood Drive	M M / D D / Y Y Y		
City	10 10 2007		
Helena	State AL	Zip Code 35080-3916	Transaction ID: 26663353 Amount of Each Receipt this Period
FEC ID number of contributing		33000 3310	
federal political committee.	C		42.00
Name of Employer Self Employed	Occupation		
Receipt For:	-	Optometry Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	252.00	
Full Name (Last, First, Middle Initial) Dr Ron W Roelfs			Date of Receipt
Mailing Address 600 3Rd St Se			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26663354
Waverly	IA	50677-3516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer Self Employed	Occupation Doctor of	Optometry	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	350.00	
SUBTOTAL of Receipts This Page (optional)			102.00
CODITION OF THOSE OPERATION AND THE COPERATION OF THE COPERATION O			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 59 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	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.
\setminus	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Maurice William Geldert			Date of Receipt
	Mailing Address 604 N Kentucky			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Roswell	State NM	Zip Code 88201-4820	Transaction ID: 26663361 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Dr Frank Thomas Chinisci			Date of Receipt
	Mailing Address 8315 Holbrook Ct Ne			10 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: 26663363
	Albuquerque	NM	87122-3841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa			Date of Receipt
	Mailing Address 4280 Reiland Lane			10 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: 26663365
	Shoreview	MN	55126-3127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼		840.00	
s	UBTOTAL of Receipts This Page (optional)		\	284.00

COUEDING A /EEC Form OV)				FOR LINE NUMBER: PAGE 19 / 59	
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)	
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
۸r	ny information copied from such Reports and Sta	atomonte may	y not be cold or used by any perce		
or	for commercial purposes, other than using the i	name and add	frot be sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by any personal discontinuous from the sold of used by th	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Optometric Association Politi	ical Action (Committee		
	American Optometric Accordition Folia	icai / iction (Sommittee		
	Full Name (Last, First, Middle Initial)				
A.	Dr Richard H Hatch			Date of Receipt	
	Mailing Address 2150 Crescent Drive			M M / D D / Y Y Y Y	
				10 09 2007	
	City	State	Zip Code	Transaction ID: 26666024	
	Graham	NC	27253-8522	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		365.00	
	federal political committee.	0			
	Name of Employer Self Employed	Occupation	า	┥	
	Self Employed	Doctor of	Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General			1	
	Other (specify) ▼		365.00		
				1	
	Full Name (Last, First, Middle Initial)				
В.	Dr Daniel Lee Markley			Date of Receipt	
	Mailing Address 427 Harvey Rd	10 09 2007			
	City	State	Zip Code		
	Coldwater	MI	49036-9111	Transaction ID: 26666025	
	•	IVII	49036-9111	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	reactal political committee.				
	Name of Employer Self Employed	Occupation	1		
	Sell Employed		Optometry		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		200.00	J.	
	Full Name (Leat First Middle Initial)				
C.	Full Name (Last, First, Middle Initial) Dr Miriam Stemle Boyd			Date of Receipt	
	Mailing Address 1996 E Deerpath Trail			M M / D D / Y Y Y Y	
				10 09 2007	
	City	State	Zip Code	Transaction ID: 26666026	
	Vincennes	IN	47591-6815	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
	Name of Employer	Occupation	1	\dashv	
	Self Employed		Optometry		
	Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	99. 09410		1	
	Other (specify)		250.00		
		0 0		1	
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s	UBTOTAL of Receipts This Page (optional)			865.00	
\vdash	ago (optional)			-	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 20 / 59
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIVIIZED RECEIP I S		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Anthony Efre			Date of Receipt
	Mailing Address 5020 Barrowe Dr			10 09 7 2007
	City	State	Zip Code	Transaction ID: 26666033
	Tampa	FL	33624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)	0 0	200.00	
— В.	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander			Date of Receipt
	Mailing Address 8830 Walnut Trail			M M / D D / Y Y Y Y Y 1 1 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 26682735
	Sylvania	OH	43560-8990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Terence O Tack			Date of Receipt
	Mailing Address 819 Bodine Rd			10 10 2007
	City	State	Zip Code	Transaction ID: 26691704
	Kelso	WA	98626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio	n f Optometry	
	Receipt For:			
	Primary General	, iggi ogali	e Year-to-Date ▼	1
	Other (specify) ▼		500.00	
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s	UBTOTAL of Receipts This Page (optional)			450.00

COLLEDING A (FEO Forms OV)]		FOR LINE NUMBER: PAGE 21 / 59
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may same and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Bret W Harrison			Date of Receipt
	Mailing Address 1935 Dennison Ct			10 10 2007
	City	State	Zip Code	Transaction ID: 26691706
	Colorado Sprgs	CO	80918-3648	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:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	500.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr Lucy P Sheffield			Date of Receipt
	Mailing Address 319 Longwood Drive			M M / D D / Y Y Y Y
				10 10 2007
	City	State	Zip Code	Transaction ID: 26691713
	Haddonfield	NJ	08033	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr Steven K Brownmiller			Date of Receipt
	Mailing Address 1004 Ridge Road			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: 26700774
	Denison	IA	51442-1124	Amount of Each Receipt this Period
			31442 1124	Amount of Lacri Necept this Feriod
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer	Occupation	1	٦
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	1	375.00	
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0	UBTOTAL of Receipts This Page (optional)			625.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 59
	•	Use separate schedule(s)		(check only one)
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Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	ny information copied from such Reports and Sta for commercial purposes, other than using the I	name and add	lress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
_	E. H. Nicocco (Local, Elizat, Adiable, Lettical)			
A.	Full Name (Last, First, Middle Initial) Dr Rick Tadashi Iwai			Date of Receipt
	Mailing Address 627 Rapallo Avenue			10 13 2007
	City	State	Zip Code	Transaction ID: 26700775
	San Pedro	CA	90732-3329	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date Very state Very s	
	Primary General	Aggregate	Teal-10-Date	1
	Other (specify)		375.00	
		1 1	0 0 0 0 0 0 0	
— В.	Full Name (Last, First, Middle Initial) Dr Alan Rada			Date of Receipt
	Mailing Address 823 Scenic Drive			M M / D D / Y Y Y Y
				10 14 2007
	City	State	Zip Code	Transaction ID: 26700792
	Charleston	WV	25311-1528	Amount of Each Receipt this Period
	FEC ID number of contributing			125.00
	federal political committee.	C		123.00
	Name of Employer	Occupation	1	
	Self Employed		Optometry	
	Receipt For:	-	Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
				4
C.	Full Name (Last, First, Middle Initial) Dr Shannon L Steinhauser			Date of Receipt
	Mailing Address 501 W Port Royale Ln			10 14 YYYY 10 14 2007
	City	State	Zip Code	Transaction ID: 26700793
	Phoenix	AZ	85023-5272	Amount of Each Receipt this Period
	FEC ID number of contributing		00020 02:2	
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	1	7
	Seiт Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General	1 1	1000.00	1
	Other (specify)		1000.00	
s	UBTOTAL of Receipts This Page (optional)			500.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 59 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements 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 solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		o	
\angle	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman			Date of Receipt
	Mailing Address 4535 Nw Aspen St			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 26700794
	Camas	WA	98607-8302	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:	Aggregate	Year-to-Date ▼	
	Primary General	' '	375.00	1
	Other (specify) ▼	0 0		
— В.	Full Name (Last, First, Middle Initial) Dr Todd F Birch			Date of Receipt
	Mailing Address 1513 Lowell			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
	City	State	Zip Code	Transaction ID: 26700795
	Idaho Falls	ID	83402-5157	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 Optometry	
	Receipt For:	-	Year-to-Date ▼	
	Primary General		400.00	1
	Other (specify)	0 0	100.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Lee J Carter			Date of Receipt
	Mailing Address 6927 E Greens Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26700796
	Nampa	<u>ID</u>	83687-9428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	-	Optometry Year-to-Date	_
	Primary General	Aggregate		1
	Other (specify) ▼	0 0	240.00	
				285.00
S	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 24/59
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Statem	nents mav	not be sold or used by any perso	
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Political	Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Steven M Berry			Date of Receipt
	Mailing Address PO Box 1275			10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State	Zip Code	Transaction ID: 26700808
	Cedar Crest	NM	87008-1275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Self Employed 1	octor of	Optometry	
			Year-to-Date ▼	-
	Primary General	33 -3	300.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Dr Naeem Z Abdulla			Date of Receipt
	Mailing Address 442 Gregg Ave #203	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26700809
	Santa Fe	NM	87501-1667	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Self Employed 1	ccupation		
			Optometry Year-to-Date ▼	_
	Primary General	nggregate	Teal-10-Date ▼	
	Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial) Dr Jane Ellen Compton			Date of Receipt
	Mailing Address P O Box 1877			M M / D D / Y Y Y Y
				10 15 2007
	•	State	Zip Code	Transaction ID: 26700810
	Taos	NM	87571-1877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Self Employed	occupation		
			Optometry Year-to-Date ▼	-
	Primary General	rggregate		
	Other (specify) ▼	1 1	600.00	
_ s	UBTOTAL of Receipts This Page (optional)			200.00
_	(optional)			
т	OTAL This Period (last page this line number only)		•	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 59		
ITEMIZED RECEIPTS		or each category of the	(check only one)		
TI LIVIIZED TIEOLII 13		Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
Any information copied from such Reports and Stror for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Optometric Association Politi	ical Action (Committee			
	100171011011				
Full Name (Last, First, Middle Initial)			Data of Descipt		
A. Dr Michael G Blake Mailing Address P O Box 2859			Date of Receipt		
Mailing Address P O Box 2859			10 15 2007		
City	State	Zip Code	Transaction ID: 26700811		
<u>Gallup</u>	NM	87305-2859	Amount of Each Receipt this Period		
FEC ID number of contributing					
federal political committee.	C		100.00		
Name of Employer	Occupation	n	-		
Self Employed		f Optometry			
Receipt For:		e Year-to-Date ▼	-		
Primary General	33 -3		1		
Other (specify) ▼		850.00			
			'		
Full Name (Last, First, Middle Initial)			Data of Descript		
Dr Robert D Ratzlaff Mailing Address HC 98	Date of Receipt				
Mailing Address HC 98	10 15 2007				
City	State	Zip Code	Transaction ID: 26700812		
Taos	NM	87571-9501	Amount of Each Receipt this Period		
FEC ID number of contributing			50.00		
federal political committee.	C		50.00		
Name of Employer	Occupation	n	-		
Self Employed		f Optometry			
Receipt For:		e Year-to-Date ▼			
Primary General	00 0		1		
Other (specify) ▼		300.00			
			"		
Full Name (Last, First, Middle Initial) Dr Arlene T. H. Sokola			Date of Receipt		
Mailing Address 213 Summer Winds Dr	Se		M M / D D / Y Y Y Y		
City	State	Zip Code	Transaction ID: 26700814		
Rio Rancho	NM	87124	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
rederai politicai committee.					
Name of Employer Self Employed	Occupation				
		f Optometry	_		
Receipt For:	Aggregate	e Year-to-Date ▼	. [
Primary General		300.00			
Other (specify) ▼					
SUBTOTAL of Receipts This Page (optional)			200.00		
CODITION OF THE OF THE TAGE (OPTIONAL)					

PAGE 26/59 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt **A.** Dr Raymond P Herrera Mailing Address #23 Road 5198 10 15 2007 City State Zip Code Transaction ID: 26700815 Bloomfield NM 87413-9713 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Lynn A Davis Date of Receipt Mailing Address 1424 Tiffany Lane Se 15 2007 City State Zip Code Transaction ID: 26700816 Rio Rancho NM 87124-0976 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr D. C. Dean Date of Receipt Mailing Address 532 Queens Court Ne 2007 10 15 City State Zip Code Transaction ID: 26700817 Albuquerque NM 87109 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)

PAGE 27/59 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Dr Michael L English Date of Receipt Mailing Address 4924 Chaqar Ct 10 15 2007 Zip Code City State Transaction ID: 26700818 Las Cruces NM 88007-5464 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Donald B Leach Date of Receipt Mailing Address 221 Wittwer Ct Nw 15 2007 P O Box 129 City State Zip Code Transaction ID: 26700819 Los Lunas NM 87031-8438 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Craig F Clatanoff Date of Receipt Mailing Address 3537 Newcastle Dr Se 2007 10 15 City State Zip Code Transaction ID: 26700820 Rio Rancho NM 87124-3672 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 59
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Optometric Association Polit	ical Action	Committee	
Full Name (Last, First, Middle Initial) A. Dr Brent E Shelley			Date of Receipt
Mailing Address P O Box 130			10 15 2007
City	State	Zip Code	Transaction ID: 26700821
Mesilla Park	NM	88047-0130	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	7
Receipt For:		e Year-to-Date ▼	
Primary General	7 igg. 0gu.		1
Other (specify) ▼	0 0	600.00	
Full Name (Last, First, Middle Initial) 3. Dr Scott L Nehring			Date of Receipt
Mailing Address 32840 S Meridian Road	10 15 / Y Y Y Y		
City	State	Zip Code	Transaction ID: 26700822
Woodburn	OR	97071-8768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self Employed	Occupation	n	_
Self Employed	Doctor of	f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		050.00	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) C. Dr Cameron Eugene Herrin			Date of Receipt
Mailing Address 1114 Timber Lake Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 26703571
<u>Purcell</u>	OK	73080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed			500.00
		n f Optometry	7
Receipt For:		e Year-to-Date ▼	_
Primary General	33 -3		1
Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)		_	650.00
ODDIVIAL OF HECEIPIS THIS FAGE (OPHORIAL)		······	

0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 29 / 59
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)
		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	ntomonte mou	reat he cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Folia	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Steven Richlin			Date of Receipt
	Mailing Address 16225 Quemada Rd			M M / D D / Y Y Y Y
				10 12 2007
	City	State	Zip Code	Transaction ID: 26703574
	Encino	CA	91316	Amount of Each Receipt this Period
	FEC ID number of contributing			2000.00
	federal political committee.	C		2000.00
				_
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		2000.00	
	Other (specify)			J.
В.	Full Name (Last, First, Middle Initial) Dr Michael R Sellers			Date of Receipt
υ.	Mailing Address 3441 E Cathedral Rock	─		
	Mailing Address 3441 E Cathedral Rock	10 12 2007		
	City	State	Zip Code	Transaction ID: 26703576
	Tucson	AZ	85718	Amount of Each Receipt this Period
		7 15	307.10	Amount of Each recorpt this i chea
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
	Sell Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	1000.00	1
	Other (specify)		1000.00	
_	Full Name (Last, First, Middle Initial) Dr Marla Husz			Date of Receipt
Ċ.				-
	Mailing Address 1802 S Regina Cleri Dr			10 03 2007
	City	State	Zip Code	Transaction ID: 26703616
	Tucson	AZ	85710-8664	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		
			Optometry	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify)		300.00	
_				
				3000.00
S	UBTOTAL of Receipts This Page (optional)			3000.00
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0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 30 / 59
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements 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 solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		_	
\angle	American Optometric Association Politic	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten			Date of Receipt
	Mailing Address 7135 Shefford Lane			10 15 2007
	City	State	Zip Code	Transaction ID: 26705466
	Louisville	KY	40242-2854	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 ▼	
	Primary General		375.00	1
	Other (specify)		373.00	
— В.	Full Name (Last, First, Middle Initial) Dr Alice Sterling			Date of Receipt
	Mailing Address 5727 Canton Cove #111	M M / D D / Y Y Y Y		
		10 16 2007		
	City	State	Zip Code	Transaction ID: 26705833
	Winter Springs	<u>FL</u>	32708-5033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		215.00	1
	Other (specify)	1 1	315.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Robert P Pharr			Date of Receipt
	Mailing Address 130 Pharr Circle			10 15 2007
	City	State	Zip Code	Transaction ID: 26716921
	Attalla	AL	35954-5599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	n	7
	Self Employed	1	Optometry	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Other (Specify) 🔻	0 0		1
s	UBTOTAL of Receipts This Page (optional)			220.00

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S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 59
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one)
				X 11a
			13 14 15 16 17	
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	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.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politica	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Steven Harry Kantor			Date of Receipt
	Mailing Address 4136 W Runion Dr	10 15 2007		
	City	State	Zip Code	Transaction ID: 26716922
	Glendale	AZ	85308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n · Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr Heather Lynne Thompson	Date of Receipt		
	Mailing Address 11132 E Clinton St			10 15 2007
	City	Transaction ID: 26716925		
	Scottsdale	AZ	85259	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n : Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		400.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr James Robert Walker			Date of Receipt
	Mailing Address 131 Pine Ridge			10 15 2007
	City	State	Zip Code	Transaction ID: 26716933
	Winnfield	LA	71483-7057	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			900.00
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0	CHEDIII E A /EEC Form 2V)	ĺ		FOR LINE NUMBER: PAGE 32/59
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)
			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δ	ny information copied from such Reports and Sta	atomonte mo	rot be cold or used by any perc	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Foliti	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address 15 Ridge Rd Loop			M M / D D / Y Y Y Y
				10 15 2007
	City	State	Zip Code	Transaction ID: 26717329
	Sylvan Grove	KS	67481	Amount of Each Receipt this Period
	FEC ID number of contributing			105.00
	federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation		
	-		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		375.00	1
	Other (specify) ▼		373.00	
_	Full Name (Last, First, Middle Initial)			Data of Baselat
В.	Dr William U Reeves	Date of Receipt		
	Mailing Address 107 Ridgeside Cte Cir-C	10 15 2007		
	City			
	•	State	Zip Code	Transaction ID: 26720132
	Munroe Falls	OH	44262	Amount of Each Receipt this Period
	FEC ID number of contributing	C		365.00
	federal political committee.			
	Name of Employer	Occupation	า	\neg
	Self Employed	1	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			7
	Other (specify) ▼		365.00	
				*
	Full Name (Last, First, Middle Initial)			
C.	Dr Vasana Lerdvoratavee			Date of Receipt
	Mailing Address 2704 Rosewood Court			M M / D D / Y Y Y Y
	0"			10 15 2007
	City	State	Zip Code	Transaction ID: 26720133
	Woodridge	<u>IL</u>	60517-3702	Amount of Each Receipt this Period
	FEC ID number of contributing	С		91.25
	federal political committee.	<u> </u>		011.20
	Name of Employer	Occupation	 1	\dashv
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	, 1991 09410		7
	Other (specify)		365.00	
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_	LIPTOTAL of Possints This Page (anticard)			581.25
\vdash	UBTOTAL of Receipts This Page (optional)			_
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 59
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Mr Richard Cornett			Date of Receipt
	Mailing Address Ohio Optometric Assn, 250 E Wilson-Bridge Ro			10 15 2007
	City	State	Zip Code	Transaction ID: 26720134
	Worthington	OH	43085	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Ohio Optometric Associati-	Occupation State Exe		
	on, Inc. Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr Michael Allen Corben			Date of Receipt
	Mailing Address 19592 Shadow Ridge W	M M / D D / Y Y Y Y		
		10 15 2007		
	City	State	Zip Code	Transaction ID: 26720138
	Northridge	CA	91326	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	1	
	Self Employed		Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750,00	1
	Other (specify) ▼		750.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr Jason R Miller			Date of Receipt
	Mailing Address 250 Andover Dr			10 18 2007
	City	State	Zip Code	Transaction ID: 26722036
	Powell	OH	43065-8457	Amount of Each Receipt this Period
	FEC ID number of contributing			35.00
	federal political committee.	C		33.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry Year-to-Date	-
	Primary General	Aggregate	Freai-io-Date ▼	,
	Other (specify)		210.00	
		0 0	1 1 1 1 1 1 1	4
	L			
۱	UBTOTAL of Receipts This Page (optional)			785.00
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0	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 34 / 59
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)
			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	atomonte mo	y not be cold or used by any pers	
or	for commercial purposes, other than using the r	name and add	froit be sold of used by any persi fress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	7 anonoan optomotro 7 tooosiation 1 ont	04171011011	5011111111100	
_	Full Name (Last, First, Middle Initial)			
A.	Dr James C Falconer, Jr			Date of Receipt
	Mailing Address 3421 Kachemak Circle			10 18 2007
	Cit.	Ctata	7in Code	
	City	State	Zip Code	Transaction ID: 26722038
	Anchorage	AK	99515-2380	Amount of Each Receipt this Period
	FEC ID number of contributing	C		84.00
	federal political committee.			
	Name of Employer Self Employed	Occupation	1	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		420.00	1
	Other (specify) ▼	0 0	420.00	
ь	Full Name (Last, First, Middle Initial)			Data of Descript
В.		Date of Receipt		
	Mailing Address 130 Beaufort Circle	10 18 2007		
	City	State	Zip Code	Transaction ID: 26722039
	Anchorage	AK	99515-3706	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
				_
	Name of Employer Self Employed	Occupation		
	Descript For:	-	Optometry Veer to Date T	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.00	
	Cure (epocus) V	0 0		4
_	Full Name (Last, First, Middle Initial)			+
C.	Dr Michael James Bennett			Date of Receipt
	Mailing Address 1624 Second St			M M / D D / Y Y Y Y
			7. 0.	10 18 2007
	City	State	Zip Code	Transaction ID: 26722040
	Douglas	AK	99824-5211	Amount of Each Receipt this Period
	FEC ID number of contributing	C		85.00
	federal political committee.			
	Name of Employer	Occupation	1	
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		40E 00	1
	Other (specify)		425.00	J
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				000.00
s	UBTOTAL of Receipts This Page (optional)			269.00
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S	CHEDULE A (FEC Form 3X)		Llos concrete cobadulo(o)	FOR LINE NUMBER: PAGE 35 / 59
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Optometric Association Politi	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Brian D Cin			Date of Receipt
	Mailing Address 11912 Town Park Circle	10 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 26722041
	Eagle River	AK	99577-7788	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	425.00	1
	Other (specify)		425.00]
В.	Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower			Date of Receipt
	Mailing Address 2301 Loussac Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26722042
	Anchorage	AK	99517-1230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		84.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	420.00	1
	Other (specify)		420.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Larry D De Cook			Date of Receipt
	Mailing Address Two Larchwood Ct			10 18 2007
	City	State	Zip Code	Transaction ID: 26722043
	Newton	IA	50208-3533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			60.00
	Name of Employer Self Employed	Occupatio		
			f Optometry e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	e rear-lu-Dale ♥	,
	Other (specify)	' '	240.00	
	V = 37 ▼		0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			229.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action C	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Kirby T Treat			Date of Receipt
	Mailing Address 809 S 12Th St			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Worland	State WY	Zip Code	Transaction ID: 26727731
	FEC ID number of contributing federal political committee.	C	82401-4015	Amount of Each Receipt this Period 125.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr David R Free			Date of Receipt
	Mailing Address 3727 E 43Rd Place City	State	Zip Code	1 0 1 8 2 0 0 7 Transaction ID: 26731508
	Tulsa	OK	74135-2742	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr Jeffrey Garcia			Date of Receipt
Mailing Address 12 Heinlen St				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lemoore	State CA	Zip Code 93245-2943	Transaction ID: 26731510 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30240	100.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			475.00
	<u> </u>			

COUEDINE A (FEC Form OV)]		FOR LINE NUMBER: PAGE 37 / 59
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	atomonte may	y not be cold or used by any pers	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politi	cal Action (Committee	
	American Optometric Association Foliti	cai Action (Sommittee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr Thomas Edward Dunlap, Jr			Date of Receipt
	Mailing Address 809 Lauras Lane			M M / D D / Y Y Y Y
	Po Drawer 1249			10 18 2007
	City	State	Zip Code	Transaction ID: 26731518
	Albemarle	NC	28002-1249	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify)	0 0	200.00	J.
R	Full Name (Last, First, Middle Initial) Dr Aleta Belinda Gong			Date of Receipt
Ь.	·			-
	Mailing Address P O Box 11585			10 22 2007
	City	State	Zip Code	Transaction ID: 26742121
	Glendale	AZ	85318-1585	Amount of Each Receipt this Period
		- AL	85518-1585	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer Self Employed	Occupation	1	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr Shannon C Franklin			Date of Receipt
	Mailing Address 427 Cranberry Lane			10 23 2007
	City	Ctoto	Zin Codo	
	City	State	Zip Code	Transaction ID: 26743398
	Crozet	VA	22932-3160	Amount of Each Receipt this Period
	FEC ID number of contributing	C		62.50
	federal political committee.			
	Name of Employer	Occupation	1	┪
	Self Employed		Optometry	
	Receipt For:		Year-to-Date ▼	7
	Primary General	22 0		1
	Other (specify) ▼		375.00	
				*
s	UBTOTAL of Receipts This Page (optional)		b	812.50
\vdash	ago (optional)			-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 59
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	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.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Ivo Horak			Date of Receipt
	Mailing Address 4366 Cooper Oaks Dr			10 23 2007
	City	State	Zip Code	Transaction ID: 26743399
	Smyrna	GA	30082-4766	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:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	600.00	
В.	Full Name (Last, First, Middle Initial) Dr Douglas J Mc Bride			Date of Receipt
	Mailing Address 3103 Sycamore Lane			10 23 7 2007
	City	State	Zip Code	Transaction ID: 26743401
	Billings	MT	59102-0523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Larry G Obie			Date of Receipt
	Mailing Address 1330 12Th Ave			10 23 YYYYY 2007
	City	State	Zip Code	Transaction ID: 26743402
	Havre	MT	59501-5401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		300.00	
	UBTOTAL of Receipts This Page (optional)			200.00
டீ	ODITINE OF HECEIPIS THIS FAGE (OPHOHAI)		······	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 59
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer			Date of Receipt
	Mailing Address 709 South 5Th St			10 23 YYYYY 2007
	City	State	Zip Code	Transaction ID: 26743403
	Hamilton	MT	59840-2755	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	riggrogato	real to Bate V	1
	Other (specify)		300.00	
			0 0 0 0 0 0 0	,
В.	Full Name (Last, First, Middle Initial) Dr Marcus H Kelley			Date of Receipt
	Mailing Address 1127 Wilder			M M / D D / Y Y Y Y
				10 23 2007
	City	State	Zip Code	Transaction ID: 26743404
	Helena	MT	59601-2115	Amount of Each Receipt this Period
	FEC ID number of contributing	C		50.00
	federal political committee.			
	Name of Employer	Occupation	1	
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify)	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr Dennis M Brtva			Date of Receipt
	Mailing Address 57 Pebblebrook Ct			10 24 2007
	City	State	Zip Code	Transaction ID: 26744492
	Bloomington	IL	61704-6300	Amount of Each Receipt this Period
	FEC ID number of contributing	C		85.00
	federal political committee.			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3 - 10		1
	Other (specify) ▼	1	595.00	
				1
s	UBTOTAL of Receipts This Page (optional)			185.00
\vdash	. 3 (1)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 / 59
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Freddie M Mayes			Date of Receipt
	Mailing Address 117 Magnolia Drive			10 24 2007
	City	State	Zip Code	Transaction ID: 26744493
	Central City	KY	42330-1727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr Thomas E Nye			Date of Receipt
	Mailing Address 42 Tabor Lane			10 24 2007
	City	State	Zip Code	Transaction ID: 26744496
	Hamilton	OH	45013-5118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		250.00	
— С.	Full Name (Last, First, Middle Initial) Dr Riley F Uglum			Date of Receipt
٥.	Mailing Address P O Box 470			M M / D D / Y Y Y Y
	ag / tod. 555 O DOX 470			10 23 2007
	City	State	Zip Code	Transaction ID: 26745877
	New Hampton	IA	50659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	-
	Name of Employer Self Employed		Optometry	
	Receipt For:	+	Year-to-Date ▼	_
	Primary General	991 09410		1
	Other (specify)		500.00	
				1
١	JBTOTAL of Receipts This Page (optional)			600.00
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SCHEDULE A (FEC Form 3X)			Lla a apparata a abadula(a)	FOR LINE NUMBER: PAGE 41 / 59
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	II EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	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.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	al Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr David Allan Rumpf			Date of Receipt
	Mailing Address 12720 Ne 72			10 23 7 9 9 9
	City	State	Zip Code	Transaction ID: 26745879
	Kirkland	WA	98033	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:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify)	0 0	303.00	
В.	Full Name (Last, First, Middle Initial) Dr Dale A Potter			Date of Receipt
	Mailing Address 2719 Lexington Ave Se			10 23 2007
	City	State	Zip Code	Transaction ID: 26745880
	Decatur	AL	35603	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:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Larry J Davis			Date of Receipt
	Mailing Address 3309 Town And Country	Lane		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: 26748185
	Saint Charles	МО	63301-0648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self Employed	Occupation		1
			f Optometry e Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	; redi-lu-Dale ▼	,
	Other (specify)		350.00	
Г				005.00
s	UBTOTAL of Receipts This Page (optional)			665.00

PAGE 42/59 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Rhonda Greifinger Mailing Address 40 Melon Patch Lane 25 2007 10 City State Zip Code Transaction ID: 26748682 **Monroe** CT 06468-1120 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Albert S Licup Date of Receipt Mailing Address 226 S Harvey Ave 26 2007 City State Zip Code Transaction ID: 26750726 Oak Park IL 60302-3312 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 291.69 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Marcie Arnesty-Olian Date of Receipt Mailing Address 1039 Hewitt Drive 2007 10 25 Citv State Zip Code Transaction ID: 26750743 San Carlos CA 94070-3651 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 541.67 SUBTOTAL of Receipts This Page (optional)

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 59 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	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.
\setminus	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politica	al Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Leora A Berns			Date of Receipt
	Mailing Address 16 Willowbrook Road			10 25 2007
	City	State	Zip Code	Transaction ID: 26751329
	West Hartford	CT	06107-1638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
— В.	Full Name (Last, First, Middle Initial) Dr Paul B La Point, Sr			Date of Receipt
	Mailing Address 300 S Weir			M M / D D / Y Y Y Y
	-			10 25 2007
	City	State	Zip Code	Transaction ID: 26751339
	Bunkie	LA	71322	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Colf Employed 1	Occupation	n f Optometry	
	Receipt For:		e Year-to-Date V	_
	Primary General	1.999		1
	Other (specify) ▼		450.00	
_	Full Name (Last, First, Middle Initial)			+
C.	Dr James L Thurber			Date of Receipt
	Mailing Address P O Box 634			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 26751346
	Somerton	AZ	85350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Solt Employed	Occupation		\neg
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	365.00	
	□ Other (specify) ₩			1
	UBTOTAL of Receipts This Page (optional)			815.00

				FOR LINE NUMBER: PAGE 44 / 59
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and St	atomonte may	, not be cold or used by any perc	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Polit	ical Action (Committee	
\angle				
A.	Full Name (Last, First, Middle Initial) Dr Michele R Haranin			Date of Receipt
	Mailing Address 301 Concord Road			10 28 2007
	City	State	Zip Code	Transaction ID: 26751780
	Dover	DE	19904-9100	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation		7
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Other (specify)	1 1		1
В.	Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen			Date of Receipt
٥.	Mailing Address 118 Whitehall Court			M M / D D / Y Y Y Y
		10 29 2007		
	City	State	Zip Code	Transaction ID: 26751792
	Grayslake	IL	60030-3492	Amount of Each Receipt this Period
	FEC ID number of contributing	C		100.00
	federal political committee.			100.00
	Name of Employer	Occupation	n	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		600.00	1
	Other (specify)			J
_	Full Name (Last, First, Middle Initial)			Date of Receipt
U.	Dr Kenneth Ray Moultrie Mailing Address 1809 Gaslight Way			M M / D D / Y Y Y Y
	Walling Address 1809 Gastight Way			10 29 2007
	City	State	Zip Code	Transaction ID: 26751794
	Huntsville	AL	35801-1555	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.	C		30.00
	Name of Employer Self Employed	Occupation		
			Optometry	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		700.00	
	Other (specify) ▼			1
Г				
,	UBTOTAL of Receipts This Page (optional)			200.00
\vdash	ODITION OF TRECEIPES THIS Fage (Optional)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	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.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (Committee	
A. 3.	Full Name (Last, First, Middle Initial) Dr Kathleen E Goff Mailing Address 805 E Blanchard Ave City El Paso FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Yvonne Ann Mc Closkey Mailing Address 5 Calle Otra Banda	Adhleen E Goff ing Address 805 E Blanchard Ave State Zip Code TX 79902-2722 C ID number of contributing eral political committee. The of Employer Employed Primary General Other (specify) ▼ Name (Last, First, Middle Initial) Vonne Ann Mc Closkey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 26751795 Amount of Each Receipt this Period 50.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Santa Fe FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	1	Zip Code 87506-2772 n f Optometry e Year-to-Date ▼ 600.00	Transaction ID: 26762048 Amount of Each Receipt this Period 100.00
D.	Full Name (Last, First, Middle Initial) Dr Miriam Elsbeth Pearson Mailing Address 282 Pigeon Creek Rd City Pottstown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	1	Zip Code 19465-8641 n f Optometry e Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 26762164 Amount of Each Receipt this Period 365.00
S	UBTOTAL of Receipts This Page (optional)			515.00
т	OTAL This Period (last page this line number or	nlv)		

COLLEDING A (FEO Forms OV)				FOR LINE NUMBER: PAGE 46 / 59
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and ado	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.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Donna F Matthews			Date of Receipt
	Mailing Address 5620 11Th Avenue Sout	th		10 30 7 2007
	City	State	Zip Code	Transaction ID: 26762340
	Birmingham	AL	35222-4138	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	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr Susan Yee			Date of Receipt
	Mailing Address 1613 Cedarlimb Court			10 29 2007
	City	State	Zip Code	Transaction ID: 26767367
	Winston Salem	NC	27127	Amount of Each Receipt this Period
				7 tillouit of East Hoosipt tills I office
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		290.00	
	Other (specify) ▼	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Dr Robert Vernon Glaze, Jr			Date of Receipt
	Mailing Address 5097 165Th PI, Se			10 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26767374
	Bellevue	WA	98004	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:		Year-to-Date ▼	7
	Primary General	111		1
	Other (specify) ▼		250.00	
				600.00
Ls	UBTOTAL of Receipts This Page (optional)		······	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 47 / 59
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			_ common common, coge	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politi	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr John Steven Corvese			Date of Receipt
	Mailing Address 34 Chicory Lane			10 29 2007
	City	State	Zip Code	Transaction ID: 26767382
	Cranston	RI	02921-2713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		400.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr Sharon Kelly Ellis			Date of Receipt
	Mailing Address P. O. Box 870613			10 31 YYYY 2007
	City	State	Zip Code	Transaction ID: 26772443
	Stone Mountain	GA	30087-0016	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
	Name of Employer	Occupation	`	_
	Name of Employer Self Employed		Optometry	
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr Paul K Tran			Date of Receipt
	Mailing Address 8109 Estate Dr			10 30 2007
	City	State	Zip Code	Transaction ID: 26779688
	Laredo	TX	78045	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	050.00	1
	Other (specify) ▼		250.00	
				045.00
s	UBTOTAL of Receipts This Page (optional)			815.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 48 / 59
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinary Lage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Thomas G Quinn, Jr			Date of Receipt
	Mailing Address 8281 Rock Riffle Road			10 30 2007
	City	State	Zip Code	Transaction ID: 26779729
	Athens	ОН	45701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	_
	Primary General	33 13		1
	Other (specify) ▼	l	250.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr John Gilliland Rosten			Date of Receipt
	Mailing Address 945 Jeffrey Lane			M M / D D / Y Y Y Y
				10 30 2007
	City	State	Zip Code	Transaction ID: 26779732
	Dixon	CA	95620-2630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	N (5)	10 "		
	Name of Employer Self Employed	Occupation		
	Pagaint For:		Optometry Year-to-Date	_
	Receipt For: Primary General	Aggregate	rear-10-Date V	
	Other (specify)	' '	300.00	
	Guisi (openily) 🔻		1 1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Clayton B Rhodes			Date of Receipt
	Mailing Address 5828 North Park Road			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: 26779733
	Hixson	TN	37343-4619	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	33 13111		1
	Other (specify) ▼	1	365.00	
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s	UBTOTAL of Receipts This Page (optional)			915.00
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COUEDING A (FEC Forms OV)				FOR LINE NUMBER: PAGE 49 / 59
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
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۸۰	y information copied from such Reports and Sta	ntomonto mo	ret be eald or used by any perce	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politi	cal Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Peter Jeffery Shoji			Date of Receipt
	Mailing Address 1910 Puu Nanea Place			10 30 2007
	City	State	Zip Code	Transaction ID: 26779740
	Honolulu	HI	96822-1760	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	1 1		1
	Other (specify) ▼		365.00	
В.	Full Name (Last, First, Middle Initial) Dr Richard Y Jacobson			Date of Receipt
	Mailing Address 1640 North 22Nd Street	M M / D D / Y Y Y Y		
		10 30 2007		
	City	State	Zip Code	Transaction ID: 26779743
	Fort Dodge	IA	50501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date V	\dashv
	Primary General	Aggregate	r rear-to-bate V	1
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr Lamar G Zigler			Date of Receipt
	Mailing Address 2955 Pickwick Drive			10 30 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26780064
	Columbus	OH	43221-2925	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 ▼	7
	Primary General	33 3		1
	Other (specify) ▼		1000.00	
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5	CHEDULE A (FEC Form 3X)									
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12						
•			Detailed Summary Page							
				13 14 15 16 17						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	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.						
\setminus	NAME OF COMMITTEE (In Full)									
\rangle	American Optometric Association Politic	cal Action (Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Riley Austin			Date of Receipt						
	Mailing Address Rt 1 Box 335			10 30 7 2007						
	City	State	Zip Code	Transaction ID: 26780066						
	Ethelsville	AL	35461	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:	Aggregate	Year-to-Date V							
	Primary General	1 1		1						
	Other (specify) ▼		500.00							
				4						
В.	Full Name (Last, First, Middle Initial) Dr Larry Don Coon			Date of Receipt						
	Mailing Address P O Box 60483			M M / D D / Y Y Y						
				10 30 2007						
	City	State	Zip Code	Transaction ID: 26780069						
	Fairbanks	AK	99706-0483	Amount of Each Receipt this Period						
	FEC ID number of contributing			050.00						
	federal political committee.	C		250.00						
	Name of Employer	Occupation	1	┥						
	Name of Employer Self Employed		Optometry							
	Receipt For:		Year-to-Date ▼	-						
	Primary General	7.99.094.0	Tour to Date (1						
	Other (specify) ▼		250.00							
				1						
<u> </u>	Full Name (Last, First, Middle Initial) Dr James R Mason			Date of Receipt						
	Mailing Address Po Box 0446			M M / D D / Y Y Y Y						
				10 30 2007						
	City	State	Zip Code	Transaction ID: 26780079						
	Gastonia	NC	28055-0446	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Destar of		7						
	Pagaint For:		Optometry Year-to-Date Very state Very s	\dashv						
	Receipt For: Primary General	Aggregate	r rear-10-Date V							
	, –	' '	250.00							
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S	UBTOTAL of Receipts This Page (optional)			1000.00						
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		FOR LINE NUMBER: PAGE 51 / 59 (check only one) X 11a 11b 11c 12	
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Barbara T Washburn			Date of Receipt
	Mailing Address 4520 Holly Cir Ne			10 30 7 2007
	City	State	Zip Code	Transaction ID: 26780086
	Cedar Rapids	IA	52411-2200	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:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Dr Kim Ashbrook Baxter			Date of Receipt
	Mailing Address 1211 Custer Court			10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 26784212
	North Platte	NE	69101-6313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	400.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Janet Rose Fett			Date of Receipt
	Mailing Address 517 So Ridge Dr			10 30 7 2007
	City	State	Zip Code	Transaction ID: 26784236
	S Sioux City	NE	68776	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		72.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.50	
S	UBTOTAL of Receipts This Page (optional)			722.00

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Any information or for commerce NAME OF CAMERICAN AMERICAN Full Name (I Dr Teri Kae CAMERICAN AMERICAN	cial purposes, other than using the COMMITTEE (In Full) Optometric Association Polast, First, Middle Initial) Geist	or each category of Detailed Summary Statements may not be sold or used be name and address of any political contents.	f the Crieck only one)
Any information or for commerce NAME OF CAMERICAN AMERICAN Full Name (I Mailing Add City Omaha FEC ID num federal politic Name of Emself Employ Receipt For:	D RECEIPTS In copied from such Reports and sial purposes, other than using the COMMITTEE (In Full) Optometric Association Polast, First, Middle Initial) Geist	or each category of Detailed Summary Statements may not be sold or used be name and address of any political contents.	f the Page X 11a 11b 11c 12 15 16 17 by any person for the purpose of soliciting contributions from such committee.
Any information or for commerce NAME OF Commerce American Full Name (Information of for commerce) Full Name (Information of for commerce) Mailing Additional of the commerce of the comme	n copied from such Reports and cial purposes, other than using the COMMITTEE (In Full) Optometric Association Polast, First, Middle Initial) Geist	Statements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name (I A. Dr Teri Kae (I Mailing Addi City Omaha FEC ID num federal politi Name of Em Self Employ Receipt For: Primal	cial purposes, other than using the COMMITTEE (In Full) Optometric Association Polast, First, Middle Initial) Geist	ne name and address of any political co	by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name (I A. Dr Teri Kae (I Mailing Addi City Omaha FEC ID num federal politi Name of Em Self Employ Receipt For: Primal	cial purposes, other than using the COMMITTEE (In Full) Optometric Association Polast, First, Middle Initial) Geist	ne name and address of any political co	ommittee to solicit contributions from such committee.
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Full Name (I A. Dr Teri Kae C Mailing Addi City Omaha FEC ID num federal politi Name of Em Self Employ Receipt For: Primal	Last, First, Middle Initial) Geist	olitical Action Committee	Data of Respire
A. Dr Teri Kae C Mailing Addi City Omaha FEC ID num federal politi Name of Em Self Employ Receipt For: Primal	Geist		Date of Possint
City Omaha FEC ID num federal politi Name of Em Self Employ Receipt For:	lress 15620 Grant Circle		Date of Neceipt
Omaha FEC ID num federal politi Name of Em Self Employ Receipt For:			10 30 7 2007
FEC ID num federal politing the politic self and politic		State Zip Code	Transaction ID: 26784243
Name of Em Self Employ Receipt For:		NE 68116-2416	Amount of Each Receipt this Period
Self Employ Receipt For:	nber of contributing ical committee.	C	200.00
Prima	nployer yed	Occupation Doctor of Optometry	
	:	Aggregate Year-to-Date ▼	
Other	,		100.00
	(specify) ▼	4	100.00
Full Name (I	Last, First, Middle Initial) Kincaid	•	Date of Receipt
Mailing Add	ress 560 200Th Street		10 30 7 2007
City		State Zip Code	Transaction ID: 26784259
<u>Dakota Ci</u>	ty	NE 68731	Amount of Each Receipt this Period
	nber of contributing ical committee.	C	288.00
Name of Em Self Employ	nployer yed	Occupation Doctor of Optometry	
Receipt For:	:	Aggregate Year-to-Date ▼	
Prima	ry General		200 00
Other	(specify) ▼		288.00
Full Name (I	Last, First, Middle Initial)		Date of Receipt
Mailing Add			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: 26784273
Benningto	on	NE 68007-1551	Amount of Each Receipt this Period
	nber of contributing ical committee.	C	60.00
Name of Em Self Employ		Occupation	
Receipt For:	nployer /ed	I Doctor of Optometry	
Prima		Doctor of Optometry Aggregate Year-to-Date ▼	
Other		Aggregate Year-to-Date ▼	
SUBTOTAL o		Aggregate Year-to-Date ▼	357.87

TOTAL This Period (last page this line number only)

SO	CHEDULE A (FEC Form 3X)			OR LINE NUMBER: PAGE 53 / 59						
	•		Use separate schedule(s) or each category of the	(check only one)						
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions						
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	American Optometric Association Politi	cal Action (Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Richard L Powell			Date of Receipt						
	Mailing Address 820 Manchester Circle			10 30 YYYYY 2007						
	City	State	Zip Code	Transaction ID: 26784303						
	Lincoln	NE	68528-1043	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		120.00						
	Name of Employer Self Employed	Occupation Doctor of	n Optometry							
	Receipt For:	_	Year-to-Date ▼							
	Primary General	00 0		1						
	Other (specify) ▼	1	292.50							
				1						
В.	Full Name (Last, First, Middle Initial) Dr Joseph Leon Shetler			Date of Receipt						
	Mailing Address 136 N Pine Street			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: 26784315						
	Gordon	NE	69343	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		63.99						
	Name of Employer	Occupation	1							
	Self Employed	Doctor of	Optometry							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		205.00	1						
	Other (specify) ▼		205.30							
— С.	Full Name (Last, First, Middle Initial) Dr Jay Robert Trofholz			Date of Receipt						
٠.	Mailing Address 3362 39Th Avenue			M M / D D / Y Y Y Y						
	0002 03 111 AVCINC			10 30 2007						
	City	State	Zip Code	Transaction ID: 26784320						
	Columbus	NE	68601	Amount of Each Receipt this Period						
	FEC ID number of contributing			000.00						
	federal political committee.	C		288.00						
	Name of Employer Self Employed	Occupation	n Optometry							
	Receipt For:		Year-to-Date ▼	-						
	Primary General	, iggi egale	Tour to Duto ¥	1						
	Other (specify)		288.00							
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91	JBTOTAL of Receipts This Page (optional)			471.99						
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IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions			
\setminus	NAME OF COMMITTEE (In Full)						
	American Optometric Association Politi	cal Action (Committee				
Α.	Full Name (Last, First, Middle Initial) Dr Steven S Wolfe			Date of Receipt			
	Mailing Address 14023 Sahler St			10 30 YYYYY 10 30 2007			
	City	State	Zip Code	Transaction ID: 26784335			
	<u>Omaha</u>	NE	68164	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		400.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:		e Year-to-Date ▼				
	Primary General	1 1	400.00	1			
	Other (specify)	0 0	400.00	1			
В.	Full Name (Last, First, Middle Initial) Dr Anthony S Diecidue			Date of Receipt			
	Mailing Address 300 Mcmichaels Drive			10 30 2007			
	City	State	Zip Code	Transaction ID: 26784344			
	Stroudsburg	PA	18360	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:		e Year-to-Date ▼				
	Primary General Other (specify) ▼		350.00]			
_	Full Name (Last, First, Middle Initial)						
C.	Dr. Andrea P Thau			Date of Receipt			
	Mailing Address 170 East 83 Street			10 31 Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 26793859			
	New York	NY	10028-1920	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		166.67			
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry				
	Receipt For:		e Year-to-Date ▼				
	Primary General Other (specify) ▼		566.67				
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s	UBTOTAL of Receipts This Page (optional)			616.67			
				26074.73			

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	-	22 28a	$\boldsymbol{\sqcup}$	23 28b	24 28c	\Box	25 29	26	6 0b
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or for commercial purposes, other than using the name	and address of any political co	OHIIIIII	ilee io s	SOIICIL COTIL	ribulic	ons iro	m such	COMM	iiilee		_
NAME OF COMMITTEE (In Full) American Optometric Association Political	Action Committee										
Full Name (Last, First, Middle Initial)				Trans	sactio	n ID:	267892	290			
A. Bank of America					of Dis	burse		v v	V	V	
Mailing Address PO Box 790251				1 0	IVI /	^D 0	1 / [2	0 ŏ 7		
	State Zip Code MO 63179			Amou	unt of	Each I	Disburse	ement	this P	eriod	
Purpose of Disbursement	MO 63179			- [404.0	7	
Bank of America Fee 10/01/07		00	1			-		0	-		
Candidate Name		Cateo Typ									
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			Bank /07	of A	meric	a Fee	10/01	-		
State: District: Full Name (Last, First, Middle Initial)											—
Bank of America						on ID: : burse	267892 ment	293			
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_	Full Name (Last, First, Middle Initial)					Trans	sact	on ID	: 267	70433	34		
Α.	Massachusetts Democratic State Committ	e/Federal Account					_	isburs		nt		V °	V
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B.	Tim Ryan For Congress					Date		isburs	_			Y _	Υ
	Mailing Address 1600 Roosevelt Avenue Suite 804					10			1 8		20	ŏ7	
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	Candidate Name Rep. Timothy J. Ryan		Ca	-	gory/								
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C.	Full Name (Last, First, Middle Initial) Klein For Congress							on ID		74380 nt)4		
	Mailing Address 21301 Powerline Road S	uite 204				1 ^M 0	М	/ D	2 3	/ Y	ž 0	ŏ7	Y
	City Boca Raton	State Zip Code FL 33433				Amou	ınt o	f Eacl	n Disl	burser	nent t	his P	eriod
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Hall For Congress Committee			M	of Disbu		Y Y Y	/ Y
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17	American Optometric Association	Political Action Commi	ittee				
\mathbb{L}							
۸	Full Name (Last, First, Middle Initial)				Transaction ID: 26		
A.	Andrews For Congress Committe	е			Date of Disburseme		
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