

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

Office Use Only

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

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different  
than previously  
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☒Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

0 1

2 0 0 7

through

1 0

3 1

2 0 0 7

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

Type or Print Name of Treasurer

Dorothy Hitchmoth, O.D.

Signature of Treasurer

Electronically Filed by Dorothy Hitchmoth, O.D.

Date

1 1

1 5

2 0 0 7

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	7

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2007</span>		380998.25
(b) Cash on Hand at Beginning 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
7. Total Disbursements (from Line 31) .....	19074.20	567028.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	487922.62	487922.62
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 7

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26074.73	359597.17
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	21180.42	305724.36
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	47255.15	665321.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	47255.15	665321.53
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	27.53	3631.21
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	47282.68	673952.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47282.68	673952.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(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
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		18000.00	548599.57
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	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
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		19074.20	567028.37
32. 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/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	47255.15	665321.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1500.00
35. 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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 59

(check only one)

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

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 Glenda B Brown

Mailing Address 80 Idlegate Court

City	State	Zip Code
Alpharetta	GA	30022-5509

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26621271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr Clark Lee Seyboth

Mailing Address 50 Cherrywood Ct

City	State	Zip Code
Hunt Valley	MD	21030-1932

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26634170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Dr Michael K Estes

Mailing Address 278 N W Quarry Rd

City	State	Zip Code
Albany	OR	97321

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26634177

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 7 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Ivan J Grupe  
Mailing Address 7543 S Monaco Way

City State Zip Code  
Centennial CO 80112-2549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 26642677

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nathaniel Roland  
Mailing Address 10001 Admiral Emerson AVE NE

City State Zip Code  
Albuquerque NM 87111-1339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 26648610

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Jennifer L Planitz  
Mailing Address 3537 New Castle Dr Se

City State Zip Code  
Rio Rancho NM 87124-3672

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 26659809

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Mark Alan Topolewski

Mailing Address 313 Fairway Court

City State Zip Code  
St Clair MI 48079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 26661322

Amount of Each Receipt this Period

450.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Andrea P Thau

Mailing Address 170 East 83 Street

City State Zip Code  
New York NY 10028-1920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 26663309

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Bronte D Baker

Mailing Address 179 Redbird Ridge

City State Zip Code  
Beeville TX 78102-8465

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 26663312

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 9 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III Mailing Address 1229 Highland Lakes Trail City Birmingham State AL Zip Code 35242-6886 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date <b>500.00</b> <input type="checkbox"/> Other (specify) ▼			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID: 26663314</b> Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Donald W Furman Mailing Address 855 11Th St Place City Garner State IA Zip Code 50438-1847 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date <b>405.00</b> <input type="checkbox"/> Other (specify) ▼			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID: 26663316</b> Amount of Each Receipt this Period 45.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Markus I Barth Mailing Address 1346 Heller Drive City Yardley State PA Zip Code 19067-2714 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date <b>466.69</b> <input type="checkbox"/> Other (specify) ▼			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID: 26663319</b> Amount of Each Receipt this Period 66.67

**SUBTOTAL** of Receipts This Page (optional) .....

**161.67**

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 10 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr Robert J Blumthal

Mailing Address 119 Exmore Drive

City State Zip Code  
 Springfield IL 62704-3137

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

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

Transaction ID: 26663321

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**B.** Dr Michael T Cron

Mailing Address 9217 Elmwood Court

City State Zip Code  
 Stanwood MI 49346-9305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

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

Transaction ID: 26663323

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C.** Dr Frederick P Darin

Mailing Address 405 Tirrell Rd

City State Zip Code  
 Charlotte MI 48813-2131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

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

Transaction ID: 26663324

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional) .....

239.33

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr G. Chad Green

Mailing Address 5960 Co Rd 19

City	State	Zip Code
Linden	AL	36748

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: 26663326

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Maryjane Healey

Mailing Address 6710 124Th Place Se

City	State	Zip Code
Snohomish	WA	98296-8649

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 26663327

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Mark J Hennen

Mailing Address 1613 Atwater Path

City	State	Zip Code
Inver Grove Height	MN	55077-1201

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 26663328

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 12 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr George W Hertneky

Mailing Address 16862 County Road 28

City State Zip Code  
 Brush CO 80723-9424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

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

Transaction ID: 26663329

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Dr Robert L Jarrell, III

Mailing Address 50 Cedar Hill Rd

City State Zip Code  
 Albuquerque NM 87122-1928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 26663330

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Peter H Kehoe

Mailing Address 789 N Broad

City State Zip Code  
 Galesburg IL 61401-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: 26663331

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional) .....

317.00

TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 13 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Timothy G Koop  
Mailing Address 4912 Bluff Run Drive

City State Zip Code  
Greensboro NC 27455-2200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 26663332

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Edward M Kosnoski  
Mailing Address 305 Kensington Ave S

City State Zip Code  
Kent WA 98030-7004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: 26663333

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Gary W Lasken  
Mailing Address 10215 N North Forest Trail

City State Zip Code  
Peoria IL 61615-1378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

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

Transaction ID: 26663335

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional) .....

141.66

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 14 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr Matthew J Maki

Mailing Address 372 Split Rail Ridge

City State Zip Code  
 Williamston MI 48895-1668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26663336

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B.** Dr Ronald J Meyer

Mailing Address 9802 US 41

City State Zip Code  
 Champion MI 49814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 26663338

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** Dr Susan M Brunnett

Mailing Address 9940 S Ashleigh Way

City State Zip Code  
 Highlands Ranch CO 80126-4244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 26663339

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 15 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson Mailing Address 9940 S Ashleigh Way City Highlands Ranch State CO Zip Code 80126-4244 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID: 26663340</b> Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Gregory C Russell Mailing Address 2505 Rivermont Circle City Kingsport State TN Zip Code 37660-2392 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID: 26663342</b> Amount of Each Receipt this Period 83.33
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Jack L Schaeffer Mailing Address 3801 River View Cr City Birmingham State AL Zip Code 35243 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <b>Transaction ID: 26663343</b> Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) .....

233.33

TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 16 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Douglas J Walker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address P O Box 988		
City	State	Zip Code
Brookings	OR	97415-0021
FEC ID number of contributing federal political committee.		Transaction ID: 26663345
Amount of Each Receipt this Period		50.00
Name of Employer Self Employed		Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

<b>B.</b> Full Name (Last, First, Middle Initial) Dr Jennifer E Davis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 16 Pambrook Dr		
City	State	Zip Code
Fishersville	VA	22939-2123
FEC ID number of contributing federal political committee.		Transaction ID: 26663348
Amount of Each Receipt this Period		42.00
Name of Employer Self Employed		Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00

<b>C.</b> Full Name (Last, First, Middle Initial) Dr Richard L Foss		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address W5224 Knobloch Road		
City	State	Zip Code
La Crosse	WI	54601-2461
FEC ID number of contributing federal political committee.		Transaction ID: 26663351
Amount of Each Receipt this Period		41.66
Name of Employer Self Employed		Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.60

**SUBTOTAL** of Receipts This Page (optional) .....

133.66

**TOTAL** This Period (last page this line number only) .....



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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 17 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Mira B Swiecicki

Mailing Address 450 F Street

City State Zip Code  
 Blaine WA 98230-4201

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 26663352

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)

Dr Jason K Dickerson

Mailing Address 2581 Bridlewood Drive

City State Zip Code  
 Helena AL 35080-3916

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: 26663353

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

Dr Ron W Roelfs

Mailing Address 600 3Rd St Se

City State Zip Code  
 Waverly IA 50677-3516

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 26663354

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) .....

102.00

TOTAL This Period (last page this line number only) .....

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 18 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr Maurice William Geldert

Mailing Address 604 N Kentucky

City State Zip Code  
 Roswell NM 88201-4820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 26663361

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Dr Frank Thomas Chinisci

Mailing Address 8315 Holbrook Ct Ne

City State Zip Code  
 Albuquerque NM 87122-3841

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26663363

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City State Zip Code  
 Shoreview MN 55126-3127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

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

Transaction ID: 26663365

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional) .....

284.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Richard H Hatch  
Mailing Address 2150 Crescent Drive

City State Zip Code  
Graham NC 27253-8522

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 26666024

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Daniel Lee Markley  
Mailing Address 427 Harvey Rd

City State Zip Code  
Coldwater MI 49036-9111

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 26666025

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Miriam Stemle Boyd  
Mailing Address 1996 E Deerpath Trail

City State Zip Code  
Vincennes IN 47591-6815

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 26666026

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

865.00

TOTAL This Period (last page this line number only) .....

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 20 / 59

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Anthony Efre  
Mailing Address 5020 Barrowe Dr

City State Zip Code  
Tampa FL 33624

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 26666033

Amount of Each Receipt this Period

150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kevin L Alexander  
Mailing Address 8830 Walnut Trail

City State Zip Code  
Sylvania OH 43560-8990

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26682735

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Terence O Tack  
Mailing Address 819 Bodine Rd

City State Zip Code  
Kelso WA 98626

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26691704

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 21 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Bret W Harrison

Mailing Address 1935 Dennison Ct

City State Zip Code  
 Colorado Sprgs CO 80918-3648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26691706

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Lucy P Sheffield

Mailing Address 319 Longwood Drive

City State Zip Code  
 Haddonfield NJ 08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26691713

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Steven K Brownmiller

Mailing Address 1004 Ridge Road

City State Zip Code  
 Denison IA 51442-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 26700774

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 22 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr Rick Tadashi Iwai

Mailing Address 627 Rapallo Avenue

City State Zip Code  
 San Pedro CA 90732-3329

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 26700775

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B.** Dr Alan Rada

Mailing Address 823 Scenic Drive

City State Zip Code  
 Charleston WV 25311-1528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: 26700792

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C.** Dr Shannon L Steinhauser

Mailing Address 501 W Port Royale Ln

City State Zip Code  
 Phoenix AZ 85023-5272

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 4 / 2 0 0 7

Transaction ID: 26700793

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 23 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Lori Ann Youngman Mailing Address 4535 Nw Aspen St City Camas State WA Zip Code 98607-8302 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID: 26700794</b> Amount of Each Receipt this Period 125.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Todd F Birch Mailing Address 1513 Lowell City Idaho Falls State ID Zip Code 83402-5157 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID: 26700795</b> Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Lee J Carter Mailing Address 6927 E Greens Drive City Nampa State ID Zip Code 83687-9428 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 7 <b>Transaction ID: 26700796</b> Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Steven M Berry

Mailing Address PO Box 1275

City State Zip Code  
 Cedar Crest NM 87008-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700808

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Dr Naeem Z Abdulla

Mailing Address 442 Gregg Ave #203

City State Zip Code  
 Santa Fe NM 87501-1667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700809

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Dr Jane Ellen Compton

Mailing Address P O Box 1877

City State Zip Code  
 Taos NM 87571-1877

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700810

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....



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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr Michael G Blake

Mailing Address P O Box 2859

City State Zip Code  
 Gallup NM 87305-2859

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700811

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** Dr Robert D Ratzlaff

Mailing Address HC 98

City State Zip Code  
 Taos NM 87571-9501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700812

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** Dr Arlene T. H. Sokola

Mailing Address 213 Summer Winds Dr Se

City State Zip Code  
 Rio Rancho NM 87124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700814

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 26 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Raymond P Herrera

Mailing Address #23 Road 5198

City State Zip Code  
 Bloomfield NM 87413-9713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700815

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Dr Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City State Zip Code  
 Rio Rancho NM 87124-0976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700816

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Dr D. C. Dean

Mailing Address 532 Queens Court Ne

City State Zip Code  
 Albuquerque NM 87109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700817

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Michael L English

Mailing Address 4924 Chaqar Ct

City State Zip Code  
 Las Cruces NM 88007-5464

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700818

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Donald B Leach

Mailing Address 221 Wittwer Ct Nw  
P O Box 129

City State Zip Code  
 Los Lunas NM 87031-8438

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700819

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Craig F Clatanoff

Mailing Address 3537 Newcastle Dr Se

City State Zip Code  
 Rio Rancho NM 87124-3672

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700820

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Brent E Shelley

Mailing Address P O Box 130

City

Mesilla Park

State

NM

Zip Code

88047-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700821

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Scott L Nehring

Mailing Address 32840 S Meridian Road

City

Woodburn

State

OR

Zip Code

97071-8768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26700822

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Cameron Eugene Herrin

Mailing Address 1114 Timber Lake Dr

City

Purcell

State

OK

Zip Code

73080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26703571

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Steven Richlin  
Mailing Address 16225 Quemada Rd

City State Zip Code  
Encino CA 91316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 26703574

Amount of Each Receipt this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Michael R Sellers  
Mailing Address 3441 E Cathedral Rock Cir

City State Zip Code  
Tucson AZ 85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 26703576

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Marla Husz  
Mailing Address 1802 S Regina Cleri Dr

City State Zip Code  
Tucson AZ 85710-8664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26703616

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Elliott M Rosengarten Mailing Address 7135 Shefford Lane City State Zip Code Louisville KY 40242-2854 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> 26705466 Amount of Each Receipt this Period 125.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Alice Sterling Mailing Address 5727 Canton Cove #111 City State Zip Code Winter Springs FL 32708-5033 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7 <b>Transaction ID:</b> 26705833 Amount of Each Receipt this Period 45.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Robert P Pharr Mailing Address 130 Pharr Circle City State Zip Code Attalla AL 35954-5599 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> 26716921 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Steven Harry Kantor

Mailing Address 4136 W Runion Dr

City State Zip Code  
Glendale AZ 85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26716922

Amount of Each Receipt this Period

200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Heather Lynne Thompson

Mailing Address 11132 E Clinton St

City State Zip Code  
Scottsdale AZ 85259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26716925

Amount of Each Receipt this Period

200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr James Robert Walker

Mailing Address 131 Pine Ridge

City State Zip Code  
Winnfield LA 71483-7057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26716933

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 32 / 59

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Gregory F Copeland  
Mailing Address 15 Ridge Rd Loop

City State Zip Code  
Sylvan Grove KS 67481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26717329

Amount of Each Receipt this Period

125.00

**B.** Full Name (Last, First, Middle Initial)  
Dr William U Reeves  
Mailing Address 107 Ridgeside Cte Cir-C

City State Zip Code  
Munroe Falls OH 44262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26720132

Amount of Each Receipt this Period

365.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Vasana Lerdvoratavee  
Mailing Address 2704 Rosewood Court

City State Zip Code  
Woodridge IL 60517-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26720133

Amount of Each Receipt this Period

91.25

**SUBTOTAL** of Receipts This Page (optional) .....

581.25

**TOTAL** This Period (last page this line number only) .....



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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr Richard Cornett

Mailing Address Ohio Optometric Assn, Inc  
250 E Wilson-Bridge Rd #240

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Optometric Associati-  
on, Inc.

Occupation  
State Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26720134

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Michael Allen Corben

Mailing Address 19592 Shadow Ridge Way

City State Zip Code  
Northridge CA 91326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 26720138

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Jason R Miller

Mailing Address 250 Andover Dr

City State Zip Code  
Powell OH 43065-8457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: 26722036

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) .....

785.00

TOTAL This Period (last page this line number only) .....

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 34 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City State Zip Code  
Anchorage AK 99515-2380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 26722038

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr Denise Lynn Thanepohn

Mailing Address 130 Beaufort Circle

City State Zip Code  
Anchorage AK 99515-3706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26722039

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Michael James Bennett

Mailing Address 1624 Second St

City State Zip Code  
Douglas AK 99824-5211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 26722040

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

269.00

**TOTAL** This Period (last page this line number only) .....

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Brian D Cin  
Mailing Address 11912 Town Park Circle

City State Zip Code  
Eagle River AK 99577-7788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: 26722041

Amount of Each Receipt this Period

85.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Victoria Ann Blower  
Mailing Address 2301 Loussac Dr

City State Zip Code  
Anchorage AK 99517-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

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

Transaction ID: 26722042

Amount of Each Receipt this Period

84.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Larry D De Cook  
Mailing Address Two Larchwood Ct

City State Zip Code  
Newton IA 50208-3533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: 26722043

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

229.00

**TOTAL** This Period (last page this line number only) .....

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Dr Kirby T Treat

Mailing Address 809 S 12Th St

City State Zip Code  
 Worland WY 82401-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 1 9 / 2 0 0 7

Transaction ID: 26727731

Amount of Each Receipt this Period

125.00

**B.** Full Name (Last, First, Middle Initial)

Dr David R Free

Mailing Address 3727 E 43Rd Place

City State Zip Code  
 Tulsa OK 74135-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26731508

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Dr Jeffrey Garcia

Mailing Address 12 Heinlen St

City State Zip Code  
 Lemoore CA 93245-2943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26731510

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 37 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr Thomas Edward Dunlap, Jr

Mailing Address 809 Lauras Lane  
Po Drawer 1249

City State Zip Code  
 Albemarle NC 28002-1249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26731518

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr Aleta Belinda Gong

Mailing Address P O Box 11585

City State Zip Code  
 Glendale AZ 85318-1585

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26742121

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Dr Shannon C Franklin

Mailing Address 427 Cranberry Lane

City State Zip Code  
 Crozet VA 22932-3160

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: 26743398

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

812.50

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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(check only one)

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

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Ivo Horak		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 4366 Cooper Oaks Dr		<b>Transaction ID:</b> 26743399
City Smyrna	State GA	Zip Code 30082-4766
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr Douglas J Mc Bride		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 3103 Sycamore Lane		<b>Transaction ID:</b> 26743401
City Billings	State MT	Zip Code 59102-0523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr Larry G Obie		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7
Mailing Address 1330 12Th Ave		<b>Transaction ID:</b> 26743402
City Havre	State MT	Zip Code 59501-5401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr Dirk Michael Beyer

Mailing Address 709 South 5Th St

City

Hamilton

State

MT

Zip Code

59840-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26743403

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** Dr Marcus H Kelley

Mailing Address 1127 Wilder

City

Helena

State

MT

Zip Code

59601-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26743404

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City

Bloomington

State

IL

Zip Code

61704-6300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 26744492

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

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

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

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Freddie M Mayes Mailing Address 117 Magnolia Drive City State Zip Code Central City KY 42330-1727 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7 <b>Transaction ID: 26744493</b> Amount of Each Receipt this Period 50.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Thomas E Nye Mailing Address 42 Tabor Lane City State Zip Code Hamilton OH 45013-5118 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 7 <b>Transaction ID: 26744496</b> Amount of Each Receipt this Period 50.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Riley F Uglum Mailing Address P O Box 470 City State Zip Code New Hampton IA 50659 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 7 <b>Transaction ID: 26745877</b> Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr David Allan Rumpf

Mailing Address 12720 Ne 72

City State Zip Code  
 Kirkland WA 98033

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26745879

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

Dr Dale A Potter

Mailing Address 2719 Lexington Ave Se

City State Zip Code  
 Decatur AL 35603

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26745880

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr Larry J Davis

Mailing Address 3309 Town And Country Lane

City State Zip Code  
 Saint Charles MO 63301-0648

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 7

Transaction ID: 26748185

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

665.00

TOTAL This Period (last page this line number only) .....

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

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Rhonda Greifinger  
Mailing Address 40 Melon Patch Lane

City State Zip Code  
Monroe CT 06468-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 26748682

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Albert S Licup  
Mailing Address 226 S Harvey Ave

City State Zip Code  
Oak Park IL 60302-3312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26750726

Amount of Each Receipt this Period

41.67

**C.** Full Name (Last, First, Middle Initial)  
Dr Marcie Arnesty-Olian  
Mailing Address 1039 Hewitt Drive

City State Zip Code  
San Carlos CA 94070-3651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 26750743

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

541.67

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 43 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr Leora A Berns

Mailing Address 16 Willowbrook Road

City

West Hartford

State

CT

Zip Code

06107-1638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 26751329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Dr Paul B La Point, Sr

Mailing Address 300 S Weir

City

Bunkie

State

LA

Zip Code

71322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 26751339

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Dr James L Thurber

Mailing Address P O Box 634

City

Somerton

State

AZ

Zip Code

85350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 26751346

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

815.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 44 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Michele R Haranin  
Mailing Address 301 Concord Road

City State Zip Code  
Dover DE 19904-9100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26751780

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Charlotte F Nielsen  
Mailing Address 118 Whitehall Court

City State Zip Code  
Grayslake IL 60030-3492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 26751792

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Kenneth Ray Moultrie  
Mailing Address 1809 Gaslight Way

City State Zip Code  
Huntsville AL 35801-1555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 26751794

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 45 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Kathleen E Goff

Mailing Address 805 E Blanchard Ave

City State Zip Code  
El Paso TX 79902-2722

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 26751795

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Yvonne Ann Mc Closkey

Mailing Address 5 Calle Otra Banda

City State Zip Code  
Santa Fe NM 87506-2772

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 26762048

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Miriam Elsbeth Pearson

Mailing Address 282 Pigeon Creek Rd

City State Zip Code  
Pottstown PA 19465-8641

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 26762164

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

515.00

TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 46 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Dr Donna F Matthews

Mailing Address 5620 11Th Avenue South

City State Zip Code  
 Birmingham AL 35222-4138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26762340

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

Dr Susan Yee

Mailing Address 1613 Cedarlimb Court

City State Zip Code  
 Winston Salem NC 27127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 26767367

Amount of Each Receipt this Period

100.00

**C.** Full Name (Last, First, Middle Initial)

Dr Robert Vernon Glaze, Jr

Mailing Address 5097 165Th Pl, Se

City State Zip Code  
 Bellevue WA 98004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 7

Transaction ID: 26767374

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 59

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr John Steven Corvese Mailing Address 34 Chicory Lane City Cranston State RI Zip Code 02921-2713 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7 <b>Transaction ID: 26767382</b> Amount of Each Receipt this Period 200.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Sharon Kelly Ellis Mailing Address P. O. Box 870613 City Stone Mountain State GA Zip Code 30087-0016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7 <b>Transaction ID: 26772443</b> Amount of Each Receipt this Period 365.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Paul K Tran Mailing Address 8109 Estate Dr City Laredo State TX Zip Code 78045 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7 <b>Transaction ID: 26779688</b> Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....**815.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 48 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Thomas G Quinn, Jr  
Mailing Address 8281 Rock Riffle Road

City State Zip Code  
Athens OH 45701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26779729

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr John Gilliland Rosten  
Mailing Address 945 Jeffrey Lane

City State Zip Code  
Dixon CA 95620-2630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26779732

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Clayton B Rhodes  
Mailing Address 5828 North Park Road

City State Zip Code  
Hixson TN 37343-4619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26779733

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 49 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Peter Jeffery Shoji

Mailing Address 1910 Puu Nanea Place

City State Zip Code  
 Honolulu HI 96822-1760

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 26779740

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Richard Y Jacobson

Mailing Address 1640 North 22Nd Street

City State Zip Code  
 Fort Dodge IA 50501

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 26779743

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr Lamar G Zigler

Mailing Address 2955 Pickwick Drive

City State Zip Code  
 Columbus OH 43221-2925

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 26780064

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1165.00

TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 50 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Dr Riley Austin

Mailing Address Rt 1 Box 335

City State Zip Code  
Ethelsville AL 35461

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 26780066

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

Dr Larry Don Coon

Mailing Address P O Box 60483

City State Zip Code  
Fairbanks AK 99706-0483

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26780069

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

Dr James R Mason

Mailing Address Po Box 0446

City State Zip Code  
Gastonia NC 28055-0446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 26780079

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 / 59

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Barbara T Washburn Mailing Address 4520 Holly Cir Ne City Cedar Rapids State IA Zip Code 52411-2200 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26780086 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	7	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		3	0		2	0	0	7																								
250.00																																	
<b>B.</b> Full Name (Last, First, Middle Initial) Dr Kim Ashbrook Baxter Mailing Address 1211 Custer Court City North Platte State NE Zip Code 69101-6313 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26784212 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">400.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	7	400.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		3	0		2	0	0	7																								
400.00																																	
<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Janet Rose Fett Mailing Address 517 So Ridge Dr City S Sioux City State NE Zip Code 68776 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.50			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26784236 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">72.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	7	72.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
1	0		3	0		2	0	0	7																								
72.00																																	

**SUBTOTAL** of Receipts This Page (optional) .....

722.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Teri Kae Geist Mailing Address 15620 Grant Circle City State Zip Code Omaha NE 68116-2416 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 26784243 Amount of Each Receipt this Period 200.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dr David M Kincaid Mailing Address 560 200Th Street City State Zip Code Dakota City NE 68731 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 26784259 Amount of Each Receipt this Period 288.00
<b>C.</b> Full Name (Last, First, Middle Initial) Dr Corey M Langford Mailing Address 7756 N 153Rd Street City State Zip Code Bennington NE 68007-1551 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 357.87		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> 26784273 Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) .....

548.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 53 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Dr Richard L Powell

Mailing Address 820 Manchester Circle

City State Zip Code  
 Lincoln NE 68528-1043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Date of Receipt

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

Transaction ID: 26784303

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B.** Dr Joseph Leon Shetler

Mailing Address 136 N Pine Street

City State Zip Code  
 Gordon NE 69343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.30

Date of Receipt

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

Transaction ID: 26784315

Amount of Each Receipt this Period

63.99

Full Name (Last, First, Middle Initial)

**C.** Dr Jay Robert Trofholz

Mailing Address 3362 39Th Avenue

City State Zip Code  
 Columbus NE 68601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: 26784320

Amount of Each Receipt this Period

288.00

**SUBTOTAL** of Receipts This Page (optional) .....

471.99

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 54 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr Steven S Wolfe

Mailing Address 14023 Sahler St

City State Zip Code  
 Omaha NE 68164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 26784335

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

Dr Anthony S Diecidue

Mailing Address 300 McMichaels Drive

City State Zip Code  
 Stroudsburg PA 18360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: 26784344

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

Dr. Andrea P Thau

Mailing Address 170 East 83 Street

City State Zip Code  
 New York NY 10028-1920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.67

Date of Receipt

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

Transaction ID: 26793859

Amount of Each Receipt this Period

166.67

**SUBTOTAL** of Receipts This Page (optional) .....

616.67

**TOTAL** This Period (last page this line number only) .....

26074.73

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 59

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
Bank of America Fee 10/01/07

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 26789290

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

404.07

Bank of America Fee 10/01-  
/07

Full Name (Last, First, Middle Initial)

## **B. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
Bank of America Fee 10/01/07

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 26789293

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

0.01

Bank of America Fee 10/01-  
/07

Full Name (Last, First, Middle Initial)

## **C. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
Discover Service Fee 10/02/07

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 26789296

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

13.10

Discover Service Fee 10/0-  
2/07

**SUBTOTAL** of Disbursements This Page (optional) .....

417.18

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 59

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
American Express Fee 10/05/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 26789299

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

52.56

American Express Fee 10/0-5/07

## **B. Wachovia Federal**

Mailing Address 1650 Tyson Blvd.

City  
McLean

State  
VA

Zip Code  
22102

Purpose of Disbursement  
Wachovia Bank Fee 10/10/2007

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 26787750

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

576.49

Wachovia Bank Fee 10/10/2-007

## **C. Bank of America**

Mailing Address PO Box 790251

City  
St. Louis

State  
MO

Zip Code  
63179

Purpose of Disbursement  
Bank of America Fee 10/15/07

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 26789302

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

27.97

Bank of America Fee 10/15-/07

**SUBTOTAL** of Disbursements This Page (optional) .....

657.02

**TOTAL** This Period (last page this line number only) .....

1074.20



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 59

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Massachusetts Democratic State Committee/Federal Account**

Mailing Address 56 Roland Street  
North Lobby/ Suite 203

City Boston State MA Zip Code 02129

Purpose of Disbursement  
Committee Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 26704334

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

## **B. Tim Ryan For Congress**

Mailing Address 1600 Roosevelt Avenue  
Suite 804

City Niles State OH Zip Code 44446

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Timothy J. Ryan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 17

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

Transaction ID: 26727433

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

## **C. Klein For Congress**

Mailing Address 21301 Powerline Road Suite 204

City Boca Raton State FL Zip Code 33433

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Ronald Klein

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 22

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

Transaction ID: 26743804

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 59

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Hall For Congress Committee

Mailing Address Post Office Box 711

City State Zip Code  
Rockwall TX 75087

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Ralph M. Hall

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: TX District: 4

Transaction ID: 26750550

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B.** Solis For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City State Zip Code  
Los Angeles CA 90048

Purpose of Disbursement  
Void - Originally reported 2/27/07

Candidate Name  
Rep. Hilda L. Solis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CA District: 32

Transaction ID: 26750602

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

-2500.00

Void - Originally reported  
2/27/07

Full Name (Last, First, Middle Initial)

**C.** Solis For Congress

Mailing Address 6380 Wilshire Blvd. #1612

City State Zip Code  
Los Angeles CA 90048

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Hilda L. Solis

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

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

State: CA District: 32

Transaction ID: 26750603

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 59

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Andrews For Congress Committee**

Mailing Address 215 Fourth Avenue  
Suite 200

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Rep. Robert E. Andrews

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 1

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

Transaction ID: 26751213

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

011  
Category/  
Type

Candidate Contribution

Full Name (Last, First, Middle Initial)

## **B. ERIC PAC - Every Republican is Crucial PAC**

Mailing Address 4914 Fitzhugh Avenue  
Suite 200

City Richmond State VA Zip Code 23230

Purpose of Disbursement  
Committee Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: 26751190

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

Committee Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

18000.00