FEC FORM 3X	A	EPORT (ND DISB Other Than	URSE	MENTS	ee	с	ffice Use Only
1. NAME OF COMMITTEE (in fu		E FEC MAILING TYPE OR PRINT		Example:If typing over the lines	ı, type		
	ric Association	Political Action C					
ADDRESS (number and	street)	505 Prince Stree	t 				
Check if differ than previousl reported. (ACC	ent L	Alexandria					22314
2. FEC IDENTIFICAT	ION NUMBER	R 🕊	CITY 🛋		S	STATE	ZIPCODE 👗
C00024968	• • • •		3. IS THI REPO		NEW (N) OR	AMEI (A)	NDED
July 15 Quarterly	orts: Report(Q1) Report(Q2)	(b) Monthly Report Due On: (c) 12-Day PRE -Ele Report f		ИЗ)		Aug 20 Sep 20 Oct 20 General (120 Special (120	Year Only) (M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE) G) Runoff (12R)
January 3 Quarterly July 31 M Report(N Year Only	Report(Q3) 81 Report(YE) lid-Year on-election	(d) 30-Day Post -E Report f	Election on	General (300		Runoff (30R	in the State of
5. Covering Period	02	01 2	0 0 8	through	02	29	2008
I certify that I have exam Type or Print Name of T	reasurer	Dorothy Hitchmo	th, O.D.				
Signature of Treasurer	Ele <u>ctronicall</u>		thy Hitchmoth,			ate 03	11 2008
NOTE : Submission of f	alse, erroneous	s, or incomplete ir	ntormation may	subject the pers	on signing this	1	FEC FORM 3X
Use Only							(Rev. 12/2004)

6.

8.

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 ММ D D Y W м м D D 02 02 29 01 2008 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand 495385.22 2008 January 1 (b) Cash on Hand at 529891.02 Begining of Reporting Period 138351.61 297925.27 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 668242.63 793310.49 6(a) and 6(c) for Column B) 38105.59 163173.45 7. Total Disbursements (from Line 31) Cash on Hand at Close of **Reporting Period** 630137.04 630137.04 (subtract Line 7 from Line 6(d))

9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed ΒY the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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

FE6AN026

Image# 28930763734

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 06/2004)	OF RECEIPTS	Page 3				
Write or Type Committee Name American Optometric Association Political Action Committee						
Report Covering the Period: From:		^{M M} 2 29 2008				
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 (i) Itemized (use Schedule A) 	79280.01	166570.01				
(ii) Unitemized	59039.05	131293.86				
(iii) TOTAL (add Lines 11(a)(i) and (ii)	128210.00	297863.87				
(b) Political Party Committees	0.00	0.00				
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00				
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	► 138319.06	297863.87				
12. Transfers From Affiliated/Other Party Committees	0.00	0.00				
13. All Loans Received	0.00	0.00				
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00				
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)16. Refunds of Contributions Made	0.00	0.00				
to Federal candidates and Other Political Committees	0.00	0.00				
17. Other Federal Receipts (Dividends, Interest, etc.)	32.55	61.40				
18. Transfers from Non-Federal and Levin F	Funds					
(a) Non-Federal Account (from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)		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))	138351.61	297925.27				
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	138351.61	297925.27				

Image# 28930763735

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	of Disbursements	of Disbursements Page		
II. DISBURSEMENTS	COLUMN A	COLUMN B		
 Operating Expenditures: (a) Shared Federal/Non-Federal 	Total This Period	Calendar Year-to-Date		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	4605.59	6173.45		
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	4605.59	6173.45		
2. Transfers to Affiliated/Other Party Committees	0.00	0.00		
3. Contributions to Federal Candidates/Committees and Other Political Committees	33000.00	156500.00		
4. Independent Expenditure (use Schedule E)	0.00	0.00		
 Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) 	0.00	0.00		
6. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	500.00	500.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	500.00	500.00		
9. Other Disbursements	0.00	0.00		
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity 				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
I. Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	38105.59	163173.45		
2. Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	20105 50	100170.4		

38105.59

163173.45

from Line 31).....

Image# 28930763736

DETAILED SUMMARY PAGE

	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)	138319.06	297863.87
34.	Total Contribution Refunds (from Line 28(d))	500.00	500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	137819.06	297363.87
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4605.59	6173.45
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	4605.59	6173.45

FE6AN026

				FOR LINE NUMBER: PAGE 6 / 77
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Michelle Mesker Reeves	Date of Receipt		
	Mailing Address 333 Parkside Drive			M M / D D / Y Y Y Y 02 04 2008
	City	State	Zip Code	Transaction ID: 27236157
	Simpsonville	SC	29681-5241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupatio	n	
	Self Employed	Doctor of	f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		500.00	
_	Other (specify) ▼	0 0		
3.	Full Name (Last, First, Middle Initial) Dr Viktoria L Davis			Date of Receipt
	Mailing Address 310 E Main St			M M / D D / Y Y Y Y 02 04 2008
	City	State	Zip Code	Transaction ID: 27237064
	Madelia	MN	56062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupatio	n	
	Self Employed	Doctor of	f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	365.00]
_).	Full Name (Last, First, Middle Initial) Dr Beatrice Halperin Michel			Date of Receipt
	Mailing Address 1910 Alder Cove Rd W	V		M M / D D / Y Y Y Y 02 04 2008
	City	State	Zip Code	Transaction ID: 27237065
	Tillamook	OR	97141-8354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	7
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1365.00
┝	CODICIAL OF RECEIPTS THIS Fage (optional)			
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 77 (check only one) 7 X 11a 11b 11c 12 13 14 15 16 17				
Ar	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.							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action Co	ommittee					
A.	Full Name (Last, First, Middle Initial) Dr Janis M Cotter			Date of Receipt				
	Mailing Address Parkway Eyecare 80 Broadway			0 2 / D D / Y Y Y Y 0 2 0 4 2 0 0 8				
	City	State	Zip Code	Transaction ID: 27237067				
	Revere FEC ID number of contributing federal political committee.	MA C	02151	Amount of Each Receipt this Period 500.00				
	Name of Employer Self Employed	Occupation Doctor of C	Optometry					
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date V 500.00					
— B.	Full Name (Last, First, Middle Initial) Dr Gwenda Renee' Gnadt			Date of Receipt				
	Mailing Address 624 Hawkins Ave			0 2 / D D / Y Y Y Y 0 2 / 0 4 2 0 0 8				
	City	State	Zip Code	Transaction ID: 27237071				
	Lake Ronkonkoma FEC ID number of contributing federal political committee.	C	11779	Amount of Each Receipt this Period 365.00				
	Name of Employer Self Employed	Occupation Doctor of C	optometry					
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 365.00]				
 c.	Full Name (Last, First, Middle Initial) Dr William J Mateik Mailing Address 13 Walnut St			Date of Receipt				
	P O Box 460			0 2 / 0 4 / Y Y Y Y 0 2 0 0 8				
	City Winchendon	State MA	Zip Code 01475-1626	Transaction ID: 27237095 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupation Doctor of C						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date V 500.00]				
s	UBTOTAL of Receipts This Page (optional)			1365.00				
	OTAL This Period (last page this line number of		•					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 / 77 (check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Pol	itical Action Cor	mmittee	
۹.	Full Name (Last, First, Middle Initial) Dr Gomesindo E Hendricks	Date of Receipt		
	Mailing Address 301 E Middleton Dr			02 / D D / Y Y Y Y 02 04
	City	State	Zip Code	Transaction ID: 27237098
	Henderson	NV	89015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	Doctor of O	· · · ·	
	Primary General	Aggregate Ye		1
	Other (specify)	0 0 0	365.00	
- 3.	Full Name (Last, First, Middle Initial) Dr Irene R Rosenberg			Date of Receipt
-	Mailing Address 26 Ledgewood Drive			M M / D D / Y Y Y Y 02 04 2008
	City	State	Zip Code	Transaction ID: 27237099
	Wilton	СТ	06897	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
	· · ·	Doctor of O		
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	Other (specify)		250.00	
-	Full Name (Last, First, Middle Initial) Dr Alva S Pack, III	1		Date of Receipt
	Mailing Address 111 Spring Lake Drive	9		M M / D D / Y Y Y Y 02 04 2008
	City	State	Zip Code	Transaction ID: 27237104
	<u>Spartanburg</u>	SC	29302-3686	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of O	ptometry	
	Receipt For:	Aggregate Ye	ear-to-Date	
	Primary General Other (specify) ▼		365.00]
Γ	SURTOTAL of Receipts This Page (aptional)	1		980.00
┝	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC F	form 3X)		FOR LINE NUMBER: PAGE 9/77				
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)				
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such or for commercial purposes, other	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such						
NAME OF COMMITTEE (In F	Full)						
American Optometric Ass	sociation Political Action (Committee					
Full Name (Last, First, Middle Dr John Wayne Buck	Full Name (Last, First, Middle Initial) Dr John Wayne Buck						
Mailing Address 1202 Ced	ar		M M / D D / Y				
City	State	Zip Code	Transaction ID: 27237106				
Crossett	AR	71635-3616	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Self Employed	Occupation	n Öptometry					
Receipt For:	I I	Year-to-Date V					
Primary Gener	00 0						
Other (specify)	0 0	500.00					
Full Name (Last, First, Middle Dr Gregory A Foster	Initial)		Date of Receipt				
Mailing Address N 4585 C	awley Avenue		0 2 / 0 4 / Y Y Y Y 0 2 0 4				
City	State	Zip Code	Transaction ID: 27237108				
Neillsville	WI	54456	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Self Employed	Occupation						
	I I	Optometry					
Receipt For: Primary Gener		Year-to-Date					
Other (specify) ▼		500.00					
Full Name (Last, First, Middle Dr Thomas R Roselius	Initial)		Date of Receipt				
Mailing Address 7301 Alat	na #A		M M / D D / Y Y Y Y 02 04 2008				
City	State	Zip Code	Transaction ID: 27237111				
Anchorage	AK	99516	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self Employed	Occupation Doctor of	n Optometry					
Receipt For:		Year-to-Date V					
Primary Gener Other (specify) ▼	al	250.00					
CINTAL of Dessints This De			1250.00				
SUBTOTAL of Receipts This Pa							
TOTAL This Period (last page th	nis line number only)		• L				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 77 (check only one) Image: Compare the state of the
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	American Optometric Association Poli	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Frank L Winski			Date of Receipt
	Mailing Address 5335 S Trimble Rd Ne	9		0 2 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27237113
	Atlanta	GA	30342-2175	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Doctor o	on of Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) Dr Scott R Ream	1		Date of Receipt
	Mailing Address 209 Wildwood Terrace	9		0 2 0 4 Y Y Y Y 0 2 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27237114
	West Plains	MO	65775	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Doctor o	on If Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	500.00	
- с.	Full Name (Last, First, Middle Initial) Dr Antonio Ramirez	1		Date of Receipt
	Mailing Address 4013 N 23Rd Ste B			0 2 0 4 Y Y Y Y 0 2 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: 27237116
	McAllen	ТХ	78504-4131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Doctor o	on If Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 250.00	
-	Other (specify)	0 0		
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 77 (check only one) X X 11a 11b 11c 13 14 15 16 17
	or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	American Optometric Association Pol	itical Action Committee	
۸.	Full Name (Last, First, Middle Initial) Nicole A Gurbal	Date of Receipt	
	Mailing Address 1070 North Point Drive	e	0 2 0 4 2 0 0 8
	City	State Zip Code	Transaction ID: 27237117
	Roswell	GA 30075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
-	Full Name (Last, First, Middle Initial) Dr Troy D Raber	1	Date of Receipt
	Mailing Address 195 Masters Ln		M M / D D / Y Y Y Y 02 05 2008
	City	State Zip Code	Transaction ID: 27237473
	Magnolia	DE 19962-1186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	_
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	500.00	
-	Full Name (Last, First, Middle Initial) Dr Michael Paul Wood	1	Date of Receipt
	Mailing Address 1 High Hawk Ct		M M / D D / Y Y Y Y 02 05 2008
	City	State Zip Code	Transaction ID: 27238029
	Greenville	SC 29615-6169	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) \bigtriangledown	365.00	
Γ	SUBTOTAL of Receipts This Page (optional)		1365.00
┢	TOTAL This Period (last page this line number	-	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/77 (check only one) 11a X 11a 11b 11c 13 14
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Ronald Lee Hopping		Date of Receipt
Mailing Address 1801 Creekside Dr		M M / D D / Y Y Y Y 02 05 2008
City	State Zip Code	Transaction ID: 27238101
Friendswood	TX 77546-7821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr William Robert Waldron		Date of Receipt
Mailing Address 106 Lance Way		M M / D D / Y Y Y Y 02 05 2008
City	State Zip Code	Transaction ID: 27238431
Yorktown	VA 23693-2644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
 Primary General Other (specify) ▼ 	250.00	
Full Name (Last, First, Middle Initial) Dr Ronald C Fronczek		Date of Receipt
Mailing Address 5050 Black Quartz	Rd	M M / D D / Y Y Y Y 02 05 2008
City	State Zip Code	Transaction ID: 27238444
Las Cruces	NM 88011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	al)	1615.00
	nber only)	

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 77 (check only one) 11a X 11a 13 14 15 16
Any inform or for com	ation copied from such Reports and S mercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full) can Optometric Association Polit	tical Action	Committee	
Full Na A. Dr Ron	me (Last, First, Middle Initial) Benner			Date of Receipt
Mailing	Address 1408 E Maryland			M M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City		State	Zip Code	Transaction ID: 27239438
	number of contributing political committee.	MT C	59044-2238	Amount of Each Receipt this Period 250.00
Name c Self En	of Employer nployed	Occupatio Doctor of	ⁿ f Optometry	_
	t For: rimary General 0ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
B. Dr Mark	me (Last, First, Middle Initial) E Allmaras Address 3107 Kesterel St			Date of Receipt
		0 1		02 06 2008
City Valara	aiso	State IN	Zip Code 46383-7090	Transaction ID: 27246410 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		250.00
Name o Self En	of Employer nployed	Occupatio Doctor of	ⁿ f Optometry	
	t For: rimary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	me (Last, First, Middle Initial) el A Gaynor	I		Date of Receipt
Mailing	Address 1743 Springtime Ct Ne)		M M / D D / Y Y Y Y 02 06 2008
City		State	Zip Code	Transaction ID: 27246412
	number of contributing political committee.	OR	97303-2052	Amount of Each Receipt this Period 500.00
Name o Self En	of Employer nployed	Occupatio Doctor of	ⁿ f Optometry	_
	t For: rimary General 0ther (specify) ▼	Aggregate	e Year-to-Date V 500.00]
SUBTOT	AL of Receipts This Page (optional)		·····	1000.00
TOTAL T	his Period (last page this line number	only)	·····	-

SCHEDULE A (FI	-	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 77 (check only one) 11a X 11a 13 14 15 16
Any information copied from or for commercial purposes	n such Reports and Statements ma s, other than using the name and ac	ay not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE American Optometri	E (In Full) ic Association Political Action	Committee	
Full Name (Last, First, N Dr Cynthia S Strawn			Date of Receipt
Mailing Address 4785	5 Paulette St Ne		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
City	State	Zip Code	Transaction ID: 27246413
Keizer FEC ID number of contr federal political committe		97303	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Other (specify) ▼	General Aggregat	e Year-to-Date 500.00	
Full Name (Last, First, N Dr Joseph J BerkelyMailing Address303	,		Date of Receipt
City	State	Zip Code	0 2 0 6 2 0 0 8 Transaction ID: 27246414
New Castle	PA	16101-2314	Amount of Each Receipt this Period
FEC ID number of contr federal political committe			250.00
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Other (specify) ▼	General Aggregat	e Year-to-Date ▼ 250.00	
Full Name (Last, First, M Dr James Cooke Bieber	/iddle Initial)		Date of Receipt
Mailing Address 1837	7 Baldridge Rd		M M / D D / Y Y Y Y 02 06 2008
City	State	Zip Code	Transaction ID: 27246415
<u>Columbus</u> FEC ID number of contr federal political committe		43221-3811	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of	on of Optometry	
Receipt For: Primary Other (specify) ▼	General	e Year-to-Date 250.00]
SUBTOTAL of Receipts T	his Page (optional)		1000.00
TOTAL This Period (last p	page this line number only)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/77 (check only one) I1a 11b 11c 12 I 11a 11b 11c 12 I 13 14 15 16 17
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
<u>}</u>	American Optometric Association Poli	itical Action	Committee	
	ull Name (Last, First, Middle Initial) Dr Allan O Dean			Date of Receipt
-	Jailing Address 2867 Kilkierane			M M / D D / Y Y Y Y 02 / 06 / 2008
	City	State	Zip Code	Transaction ID: 27246417
_	Tallahassee	FL	32309-2664	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N 93	lame of Employer Self Employed	Occupation Doctor of	n f Optometry	
F	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		500.00	
3. _	ull Name (Last, First, Middle Initial) Dr Dale Sherman Barr	•		Date of Receipt
N	Aailing Address 894 E Court Street			M M / D D / Y Y Y Y Y 02 06 2008
C	City	State	Zip Code	Transaction ID: 27246421
2	Sidney	OH	45365-2816	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
5	lame of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
F	Receipt For:	Aggregate	Year-to-Date V	_
	Other (specify) ▼	0 0	250.00	
	ull Name (Last, First, Middle Initial) Dr Scott M Schwartz	1		Date of Receipt
N	Aailing Address 1311 Kenton Way			M M / D D / Y Y Y Y 02 06 2008
	City	State	Zip Code	Transaction ID: 27246422
_	Ггоу	OH	45373	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
-	lame of Employer Self Employed	1	f Optometry	
F	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		250.00	
SU	BTOTAL of Receipts This Page (optional)	ı		1000.00
	TAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 77 (check only one) 11a X 11a 11a 11b 12 14 15 16
	or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	American Optometric Association Pol	itical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr Karen T Fortman		Date of Receipt
	Mailing Address 11613 St Rt 362		02 06 2008
	City	State Zip Code	Transaction ID: 27246423
	Minster	OH 45865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	250.00	
В.	Full Name (Last, First, Middle Initial) Dr Denise L Gutman		Date of Receipt
	Mailing Address 1348 Spruce Ave		02 / D D / Y Y Y Y 02 / 06 / 2008
	City	State Zip Code	Transaction ID: 27246424
	Sidney	OH 45365-3453	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	250.00	
– C.	Full Name (Last, First, Middle Initial) Dr Jeffrey Richard Ahrns		Date of Receipt
	Mailing Address 05062 Loretta Ln		M M / D D / Y Y Y Y 02 06 2008
	City	State Zip Code	Transaction ID: 27246425
	Minster	OH 45865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	750.00
F	TOTAL This Period (last page this line number	r only)	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 77 (check only one) 11a X 11a 11b 11c 13 14
or for	commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any per- Idress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) merican Optometric Association Pol	itical Action	Committee	
	ull Name (Last, First, Middle Initial) r John E Beigel			Date of Receipt
M	ailing Address 350 Oakridge Drive			0 2 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci	-	State	Zip Code	Transaction ID: 27246426
FE	idney EC ID number of contributing deral political committee.	ОН	45365-8430	Amount of Each Receipt this Period 250.00
Na	ame of Employer elf Employed	Occupatio Doctor o	on of Optometry	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	
B. <u>D</u>	ull Name (Last, First, Middle Initial) r Ronald Curtiss Mozingo, Sr ailing Address 105 South Lake Drive	I		Date of Receipt
Ci	ty	State	Zip Code	0 2 0 6 2 0 0 8 Transaction ID: 27246435
<u>H</u>	attiesburg	MS	39401-9357	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na Se	ame of Employer elf Employed	Occupation Doctor o	on of Optometry	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	
	III Name (Last, First, Middle Initial) r Mark M Mastervich	I		Date of Receipt
M	ailing Address 640 Fernando Dr			0 2 / 0 6 / Y Y Y Y 0 2 0 6 2 0 0 8
Ci	•	State PA	Zip Code	Transaction ID: 27246437
FE	arrisburg EC ID number of contributing deral political committee.	C	17111	Amount of Each Receipt this Period 365.00
Na Se	ame of Employer elf Employed	Occupation Doctor o	on of Optometry	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUB	TOTAL of Receipts This Page (optional)			1115.00
тот	AL This Period (last page this line number	only)		•

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 77 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any persor the name and address of any political committee to the	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association Pe	olitical Action Committee	
Full Name (Last, First, Middle Initial) Dr William B Goldsmith		Date of Receipt
Mailing Address 20 Hilldale Road		02 06 YYYY 02 08
City	State Zip Code	Transaction ID: 27246449
Pine Brook	NJ 07058-9534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr Steven L Ehrenworth		Date of Receipt
Mailing Address 19 Langdale Rd		M M / D D / Y Y Y Y 02 06 2008
City	State Zip Code	Transaction ID: 27246450
Wayne	NJ 07470-2451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr Mikel R Weideman		Date of Receipt
Mailing Address 11 Ridge Road		M M / D D / Y Y Y Y 02 06 2008
City	State Zip Code	Transaction ID: 27246473
Lander	WY 82520-9788	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)	·	1000.00
TOTAL This Period (last page this line numb		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 77 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma	ay not be sold or used by any pers Idress of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action	Committee	
۷ A.	Full Name (Last, First, Middle Initial) Dr Mark L Jaffe			Date of Receipt
	Mailing Address 6404 W Wethersfield F	Rd		M M / D D / Y Y Y Y 02 06 2008
	City	State	Zip Code	Transaction ID: 27246475
	Glendale FEC ID number of contributing federal political committee.	AZ	85304-1630	Amount of Each Receipt this Period
	Name of Employer Self Employed	1 .	of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	
В.	Full Name (Last, First, Middle Initial) Dr Johnny Lee Lewis Mailing Address 1109 Spivey Rd			Date of Receipt
	City	State	Zip Code	Transaction ID: 27246477
	Whiteville FEC ID number of contributing	NC	28472-2910	Amount of Each Receipt this Period 500.00
	federal political committee.	C		
	Name of Employer Self Employed	1	of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Dr Jeff D Miller			Date of Receipt
	Mailing Address 706 Wedgewood			M M / D D / Y Y Y Y 02 06 2008
	City	State	Zip Code	Transaction ID: 27246481
	Stillwater FEC ID number of contributing federal political committee.	OK	74075	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			▶ 1750.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 77 (check only one) 11a X 11a 13 14 15 16 16 1
	Any information copied from such Reports and a provident of the second sec	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Po		
. Z	Full Name (Last, First, Middle Initial) Dr Frances C Flower		Date of Receipt
	Mailing Address 479 Cartwright Drive		02 06 2008
	City	State Zip Code	Transaction ID: 27246482
	Fairlawn FEC ID number of contributing federal political committee.	OH 44333-3168	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00]
	Full Name (Last, First, Middle Initial) Dr Robert Brian Macneil	I	Date of Receipt
	Mailing Address 73 Cooney Road		0 2 0 6 Y Y Y Y 0 2 0 6 2 0 0 8
	City	State Zip Code	Transaction ID: 27246483
	Pomfret Center FEC ID number of contributing federal political committee.	CT 06259	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 365.00]
-	Full Name (Last, First, Middle Initial) Dr Don Edward Mills, Jr	1	Date of Receipt
	Mailing Address 121 Colony Drive		M M / D D / Y Y Y Y 02 06 2008
	City	State Zip Code	Transaction ID: 27246485
	Mooresville FEC ID number of contributing federal political committee.	NC 28115	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	L	865.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 77 (check only one) 11a X 11a 113 14 15 16 17
Any information copied from such Report or for commercial purposes, other than us	s and Statements may not be sold or used by any pers sing the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr John Biestek		Date of Receipt
Mailing Address 17 Whiffle Tree	Road	M M / D D / Y
City	State Zip Code	Transaction ID: 27246493
Wallingford FEC ID number of contributing federal political committee.	CT 06492-2861	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Kent G Yount Mailing Address 9063 S Arrowgra	ass Way	Date of Receipt
	-	02 07 2008
City Highlands Ranch	State Zip Code CO 80126-2640	Transaction ID: 27247004 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr Robert Carl Layman	I	Date of Receipt
Mailing Address 4937 Homerdale	Avenue	02 07 2008
City	State Zip Code	Transaction ID: 27247008
Toledo FEC ID number of contributing federal political committee.	OH 43623-2930	Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00]
SUBTOTAL of Receipts This Page (opti	ional)	1350.00
TOTAL This Period (last page this line r	number only)	

or for N. A Fu D M Ci C C Fu C C C Fu D M C C C C Fu D M C C C C C C C C C C C C C	nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Optometric Association P ull Name (Last, First, Middle Initial) r John A Wiener ailing Address 9205 Indian Hill Roa ity cincinnati EC ID number of contributing deral political committee. ame of Employer elf Employed eceipt For: Primary General	State Zip Code OH 45243-1052 C Occupation Occupation Doctor of Optometry	Date of Receipt M M / D D / Y Y Y M M / D D / Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y
A Fu D M C C C C Ff fe INS R Fu D M C C C Fu Fu D M C C C C Fu Fu D M C C C C Fu Fu D M C C C C Fu Fu D M C C C C C C C C Fu Fu D M C C C C C C C C C C Fu C C C C C C C C	merican Optometric Association P ull Name (Last, First, Middle Initial) r John A Wiener ailing Address 9205 Indian Hill Roa ity EC ID number of contributing deral political committee. ame of Employer elf Employed eccipt For:	State Zip Code OH 45243-1052 C Occupation Occupation Doctor of Optometry	M M M D D T Y
D M C C F F f e NS R C F C M M C	r John A Wiener ailing Address 9205 Indian Hill Roa ity Encinnati EC ID number of contributing deral political committee. ame of Employer elf Employed eccipt For:	State Zip Code OH 45243-1052 C Occupation Doctor of Optometry	M M M D D T Y
	ity EC ID number of contributing deral political committee. ame of Employer elf Employed eccipt For:	State Zip Code OH 45243-1052 C Occupation Doctor of Optometry	0 2 0 7 2 0 0 8 Transaction ID: 27247010 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee. ame of Employer elf Employed eceipt For:	OH 45243-1052 C Occupation Doctor of Optometry	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee. ame of Employer elf Employed eccipt For:	Occupation Doctor of Optometry	
fe N:S S R C	deral political committee. ame of Employer elf Employed eceipt For:	Occupation Doctor of Optometry	
	eceipt For:	Doctor of Optometry	
D M Ci	Primary General	Aggregate Year-to-Date	
D M Ci	Other (specify)	300.00	
C	ull Name (Last, First, Middle Initial) r Abie R Chadderdon		Date of Receipt
	ailing Address 2005 Timberline Rd		02 07 2008
N/	ity	State Zip Code	Transaction ID: 27247221
_	larshalltown	IA 50158-3865	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	2000.00
N	ame of Employer elf Employed	Occupation Doctor of Optometry	
R	eceipt For:	Aggregate Year-to-Date V	
-	Primary General Other (specify) ▼	2000.00	
	ull Name (Last, First, Middle Initial) r Dale F Hardy		Date of Receipt
М	ailing Address 10573 S Weeping W	/illow Dr	M M / D D / Y Y Y Y 02 07 2008
	ity _	State Zip Code	Transaction ID: 27247222
_	andy	UT 84070-4241	Amount of Each Receipt this Period
fe	EC ID number of contributing deral political committee.	C	250.00
	ame of Employer elf Employed	Occupation Doctor of Optometry	
R	eceipt For: Primary General	Aggregate Year-to-Date V	
-	Other (specify) \bigtriangledown	250.00	
SUF)	2550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sche for each category Detailed Summary	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used to name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
\geq	American Optometric Association Poli	tical Action Committee	
۱.	Full Name (Last, First, Middle Initial) Dr Leon A Renaud		Date of Receipt
	Mailing Address 174 Redwood Lane		M M / D D / Y Y Y Y 02 07 2008
	City	State Zip Code	Transaction ID: 27247227
	Hoover	AL 35226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3	365.00
	Full Name (Last, First, Middle Initial) Dr Reid K Saito		Date of Receipt
	Mailing Address 99-537 Kahilinai Place		02 07 Y Y Y Y 02 07
	City	State Zip Code	Transaction ID: 27247231
	Aiea	HI 96701-3536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼		365.00
	Full Name (Last, First, Middle Initial) Dr Jeffery D La Plume		Date of Receipt
	Mailing Address 1492 EI Tair Trail		02 07 Y Y Y Y 02 07 2008
	City	State Zip Code	Transaction ID: 27247232
	Clearwater	FL 33765	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼	250.00
		0 0 0 0 0 0	• • •
s	UBTOTAL of Receipts This Page (optional)		980.00
т	OTAL This Period (last page this line number	only)	

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 77 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and S or commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any perso ress of any political committee to	pr for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action C	ommittee	
A	Full Name (Last, First, Middle Initial) Dr David A Cockrell			Date of Receipt
l	Mailing Address 6111 W Canterbury			02 / D D / Y Y Y Y 02 07 2008
	City	State	Zip Code	Transaction ID: 27247237
	Stillwater	OK	74074-1038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
ļ	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate	Year-to-Date V	_
	Primary General Other (specify) ▼	0.0	2000.00]
	Full Name (Last, First, Middle Initial) Dr Cherry B Cockrell			Date of Receipt
l	Mailing Address 6111 W. Canterbury			02 07 2008
-	City	State	Zip Code	Transaction ID: 27247238
	Stillwater	OK	74074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
ļ	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	Aggregate `	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	2000.00]
	Full Name (Last, First, Middle Initial) Dr Ronald M Jackson			Date of Receipt
	Mailing Address 8109 W Meadow Pass	s Ct		M M / D D / Y Y Y Y 02 07 2008
	City	State	Zip Code	Transaction ID: 27247240
•	Wichita	KS	67205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
		Aggregate `	Year-to-Date V	
	Primary General Other (specify)		300.00	
SL	BTOTAL of Receipts This Page (optional)		b	4300.00
	TAL This Period (last page this line number			

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 77 (check only one) X X 11a 11b 11c 12
Any information copied from su or for commercial purposes, oth	ch Reports and Statements ma her than using the name and ad	y not be sold or used by any pers dress of any political committee t	13 14 15 16 17 son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (Ir American Optometric A	n Full) ssociation Political Action	Committee	
Full Name (Last, First, Midd Dr Bruce W Varner	le Initial)		Date of Receipt
Mailing Address 6320 OI	d Antioche Rd		0 2 / D D / Y Y Y Y Y 0 7 2 0 0 8
City	State	Zip Code	Transaction ID: 27247241
Pauls Valley	OK	73075	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ing C		250.00
Name of Employer Self Employed	Occupatio Doctor c	on f Optometry	
Receipt For:		e Year-to-Date V	7
Primary Gen Other (specify) ▼	eral	250.00	
Full Name (Last, First, Midd Dr Gary L Vines	le Initial)		Date of Receipt
Mailing Address 2058 Ki	rkland Blvd		M M / D D / Y Y Y Y 02 07 2008
City	State	Zip Code	Transaction ID: 27247242
Maryville	TN	37803-3600	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	C C		250.00
Name of Employer Self Employed	Occupation Doctor c	on f Optometry	
Receipt For:		e Year-to-Date 🔻	
Other (specify) ▼		250.00	
Full Name (Last, First, Midd Dr Cheryl Runkle Archer	le Initial)		Date of Receipt
Mailing Address 216 Ora	ange Drive		M M / D D / Y Y Y Y 02 07 2008
City	State	Zip Code	Transaction ID: 27247248
Wapakoneta	OH	45895-1352	Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ing C		500.00
Name of Employer Self Employed	Occupation Doctor c	n f Optometry	
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date V 500.00	
SUBTOTAL of Receipts This	Page (optional)		1000.00
TOTAL This Period (last page			· · · · · · · · · · · · · · · · · · ·

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 77 (check only one)
A 0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	American Optometric Association Pol	itical Action (Committee	
۹.	Full Name (Last, First, Middle Initial) Dr David P Yaniglos			Date of Receipt
	Mailing Address 7629 West Lake Blvd			M M / D D / Y Y Y Y 02 / 07 / 2008
	City	State	Zip Code	Transaction ID: 27247251
	Kent	OH	44240-6342	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date	
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr Mark R Flora			Date of Receipt
	Mailing Address 806 Albatross Way			0 2 / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8
	City	State	Zip Code	Transaction ID: 27247253
	Hampstead	NC	28443-8354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	Aggregate	Year-to-Date V	_
	Other (specify)	0 0	250.00	
—).	Full Name (Last, First, Middle Initial) Dr John D Emch			Date of Receipt
	Mailing Address Po Box 93			M M / D D / Y Y Y Y Y 02 / 07 / 2008
	City	State	Zip Code	Transaction ID: 27247254
	Archbold	OH	43502-0093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	1 1	Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date V	_
	Other (specify)		250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 77 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
/ c	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Po	litical Action Committee	
. Ľ	Full Name (Last, First, Middle Initial) Dr Christina M Olivetti		Date of Receipt
	Mailing Address 303 W. Latham St.		02 / 07 / Y Y Y 02 07 07
	City	State Zip Code	Transaction ID: 27247255
	Phoenix	AZ 85003-1232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	7
	Primary General Other (specify) ▼	500.00]
	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz	1	Date of Receipt
	Mailing Address 3537 New Castle Dr S	Se	M M / D D / Y Y Y Y 02 09 2008
	City	State Zip Code	Transaction ID: 27250053
	Rio Rancho	NM 87124-3672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	400.00	
_	Full Name (Last, First, Middle Initial) Dr Robert J Blumthal	1	Date of Receipt
	Mailing Address 119 Exmore Drive		M M / D D / Y Y Y Y 02 10 2008
	City	State Zip Code	Transaction ID: 27250074
	Springfield	IL 62704-3137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	333.34	
Γ		L	866.67

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 28 / 77 (check only one) X 11a 11b 11c 12
_		Detailed Summary Page	
4	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	American Optometric Association Pol	itical Action Committee	
Z	Full Name (Last, First, Middle Initial)		
-	Dr Peter H Kehoe	Date of Receipt	
	Mailing Address 789 N Broad		0 2 / D D / Y Y Y Y 0 2 / 1 0 2 0 0 8
	City	State Zip Code	Transaction ID: 27250081
	Galesburg	IL 61401-2766	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		175.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	350.00]
-	Full Name (Last, First, Middle Initial) Dr Joe Ernest Ernest Ellis	1	Date of Receipt
•	Mailing Address 179 Wood Trace		0 2 1 0 2 2 0 0 8
	City	State Zip Code	Transaction ID: 27250120
	Benton	KY 42025-9400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	166.67
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General Other (specify) ▼	333.34	
_	Full Name (Last, First, Middle Initial) Dr William Drost Altig		Date of Receipt
	Mailing Address 520 Cr 4856		0 2 1 0 2 2 0 8
	City	State Zip Code	Transaction ID: 27250124
	Newark	TX 76071	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	841.67
┝	SUBTUTAL OF DECEIPTS THIS Page (optional)		
	TOTAL This Period (last page this line number	r only)	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 77 (check only one) X X 11a 11b 11c
Any information copied from such Reports and or for commercial purposes, other than using the second	Statements may not be sold or used by any person he name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association Po	plitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Kevin J Krajewski		Date of Receipt
Mailing Address 3770 S Ames Street		02 / 08 / Y Y Y Y 02 / 08
City	State Zip Code	Transaction ID: 27257817
Denver	CO 80235-2911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Phillip Maroudis		Date of Receipt
Mailing Address 1810 Creston Place		M M / D D / Y Y Y Y 02 08 2008
City	State Zip Code	Transaction ID: 27257818
Ashland	KY 41101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr Gary Bryan Lukes		Date of Receipt
Mailing Address 506 Curtis Street P.O. Box 10		M M / D D / Y Y Y Y 02 08 2008
City	State Zip Code	Transaction ID: 27257831
Spring Valley	WI 54767	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 77 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any persor	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Leif E Erickson		Date of Receipt
Mailing Address Rt 8		M M / D D Y
City	State Zip Code	Transaction ID: 27257833
Hayward	WI 54843	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr Alison A Arrants		Date of Receipt
Mailing Address P O Box 2256		M M / D / Y
City	State Zip Code	Transaction ID: 27257835
Rock Springs	WY 82901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr Gerald E Olson		Date of Receipt
Mailing Address 1338 Knollwood E	Drive	M M / D D / Y
City	State Zip Code	Transaction ID: 27257836
Monroeville	PA 15146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1500.00
TOTAL This Period (last page this line nu	mber only)	

nformation copied from such Reports and commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Optometric Association Po- ull Name (Last, First, Middle Initial) r Douglas C Morrow ailing Address 903 Midway Dr ity uburn EC ID number of contributing deral political committee. ame of Employer elf Employed eceipt For: Primary General Other (specify) ▼	Statements may not be sold or used by any persise name and address of any political committee to a sold or used by any persise name and address of any political committee to a sold or used by any persise and a sold or used by any political committee	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. Date of Receipt 0 Date of Receipt 0 2 0 8 Transaction ID: 27257839 Amount of Each Receipt this Period 500.00
merican Optometric Association Po ull Name (Last, First, Middle Initial) r Douglas C Morrow ailing Address 903 Midway Dr ity uburn EC ID number of contributing deral political committee. ame of Employer elf Employed eceipt For: Primary General	State Zip Code IN 46706 C Occupation Doctor of Optometry Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 2 0 0 8 2008 Transaction ID: 27257839 Amount of Each Receipt this Period
r Douglas C Morrow ailing Address 903 Midway Dr ity uburn EC ID number of contributing deral political committee. ame of Employer elf Employed eceipt For: Primary General	IN 46706 C Occupation Doctor of Optometry Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 2 0 0 8 2008 Transaction ID: 27257839 Amount of Each Receipt this Period
ity uburn EC ID number of contributing deral political committee. ame of Employer elf Employed eceipt For: Primary General	IN 46706 C Occupation Doctor of Optometry Aggregate Year-to-Date	0 2 0 8 2 0 0 8 Transaction ID: 27257839 Amount of Each Receipt this Period
uburn EC ID number of contributing deral political committee. ame of Employer elf Employed eceipt For: Primary General	IN 46706 C Occupation Doctor of Optometry Aggregate Year-to-Date	Amount of Each Receipt this Period
EC ID number of contributing deral political committee. ame of Employer elf Employed eceipt For: Primary General	C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
elf Employèd ´ eceipt For: Primary General	Doctor of Optometry Aggregate Year-to-Date	
Primary General	Aggregate Year-to-Date ▼	
		Date of Receipt
ailing Address 120 Antler Ct		M M / D D / Y Y Y Y 02 / 08 / 2008
	State Zip Code	Transaction ID: 27257850
EC ID number of contributing	C 27295	Amount of Each Receipt this Period 125.00
elf Employed	Occupation Doctor of Optometry	
eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
		Date of Receipt
ailing Address 120 Antler Ct		02 08 YYYY 02 08
•	State Zip Code	Transaction ID: 27257851
EC ID number of contributing	NC 27295-6998	Amount of Each Receipt this Period 125.00
ame of Emplover	Occupation	
eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 275.00	
TOTAL of Receipts This Page (optional)	•	750.00
	Other (specify) ▼ UII Name (Last, First, Middle Initial) r Sandra Schrader-Moore ailing Address 120 Antler Ct ity exington EC ID number of contributing deral political committee. ame of Employer elf Employed ecceipt For: Primary General Other (specify) ▼ ETOTAL of Receipts This Page (optional)	JII Name (Last, First, Middle Initial) r James Curtis Moore ailing Address 120 Antler Ct ity State Zip Code exington NC 27295 EC ID number of contributing deral political committee. C

		[
Ş	SCHEDULE A (FEC Form 3X)	ι ι	Jse separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 77 (check only one)
1	TEMIZED RECEIPTS		or each category of the	
-		[Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	tical Action Con	nmittee	
. Z	Full Name (Last, First, Middle Initial) Dr Keith Carl Miller	Date of Receipt		
	Mailing Address 11270 Lima St			M M / D D Y
	City	State	Zip Code	Transaction ID: 27257854
	Henderson	CO	80640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
		Doctor of Op		-1
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Other (specify) ▼	0 0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr Karen A Griffith	•		Date of Receipt
	Mailing Address 9060 Cypress Avenue			M M / D D / Y Y Y Y 02 08 2008
	City	State	Zip Code	Transaction ID: 27257856
	Cotati	CA	94931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
		Doctor of Op	otometry	
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	_
	Primary General Other (specify) ▼		250.00]
-	Full Name (Last, First, Middle Initial) Dr William James Hasquet			Date of Receipt
•	Mailing Address 2503 Gold Rush Aven	ue		M M / D D / Y Y Y Y 02 08 2008
	City	State	Zip Code	Transaction ID: 27257857
	Helena	MT	59601-5668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of Op	otometry	
	Receipt For:	Aggregate Yea	·	
	Primary General Other (specify) ▼		365.00]
ſ	SUBTOTAL of Receipts This Page (optional)	I		865.00
┢	and the office provide the tage (optional)			
	TOTAL This Period (last page this line number	only)		· · · · · · · · · · · · · · · · · · ·

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	() Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 77 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr William H Simons		Date of Receipt
Mailing Address 66 Cloverview Lane		M M / D D / Y Y Y Y 02 08 2008
City	State Zip Code	Transaction ID: 27257858
Helena	MT 59601-0251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
 Primary General Other (specify) ▼ 	365.00	
Full Name (Last, First, Middle Initial) Dr Michael D Weinberg		Date of Receipt
Mailing Address 8 South Humes		M M / D D / Y
City	State Zip Code	Transaction ID: 27257859
Memphis	TN 38111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary GeneralOther (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr James L Price, Jr		Date of Receipt
Mailing Address 120 Hazelwood		M / D / Y
City	State Zip Code	Transaction ID: 27275238
	AR 71655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optiona	l)	1015.00
TOTAL This Period (last page this line num	·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 77 (check only one) X X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	American Optometric Association Polit	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Jeffrey Kraushaar		Date of Receipt
	Mailing Address 20 East Amber Lane		02 11 2008
	City	State Zip Code	Transaction ID: 27275240
	Wading River	NY 11792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	250.00]
- 3.	Full Name (Last, First, Middle Initial) Dr Bobby J Christensen		Date of Receipt
	Mailing Address 207 Guy Dr		02 / D D / Y Y Y Y 02 11 2008
	City	State Zip Code	Transaction ID: 27275242
	Midwest City	OK 73110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify)	1000.00]
 ;.	Full Name (Last, First, Middle Initial) Dr David Robert Esquibel		Date of Receipt
	Mailing Address 34860 Redwood Lane P O Box 826		M - M / D - D / Y - Y - Y Y 0 2 1 1 2 0 0 8
	City	State Zip Code	Transaction ID: 27275250
	Calimesa FEC ID number of contributing	CA 92320	Amount of Each Receipt this Period
	federal political committee.		500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	500.00]
Γ	SUBTOTAL of Receipts This Page (optional)	l	1750.00
┢			
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 35/77 (check only one) X 11a 11b 11c 12
–			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)		0	
	American Optometric Association Poli	tical Action		
۰.	Full Name (Last, First, Middle Initial) Dr Wesley D Cooper			Date of Receipt
	Mailing Address 18043 Woodgate Rd			
	City	State	Zip Code	Transaction ID: 27275254
	Montrose	CO	81401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	on of Optometry	
	Receipt For:	1 .	e Year-to-Date V	-1
	Primary General	, 'ggi cgall		
	Other (specify) v		500.00	
. –	Full Name (Last, First, Middle Initial) Dr Paula F Hernandez			Date of Receipt
	Mailing Address 100 Secretariat Way			0 2 1 1 2 0 0 8
	City	State	Zip Code	Transaction ID: 27275258
	Frankfort	KY	40601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:	1 1	e Year-to-Date 🔻	-1
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr Ronald D Frame	1		Date of Receipt
	Mailing Address 416 Division Street			02 11 2008
	City	State	Zip Code	Transaction ID: 27275259
	Parkersburg	WV	26101-5619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I		1000.00
╞				
L	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 77 (check only one) X X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to s	13 14 15 16 1 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association P	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr James R Dallas		Date of Receipt
Mailing Address 7762 SvI Box		M M / D D Y
City	State Zip Code	Transaction ID: 27275260
Victorville	CA 92392	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr Larry W Binford		Date of Receipt
Mailing Address 1806 Hunt		02 / 11 / Y Y Y Y 02 / 11
City	State Zip Code	Transaction ID: 27275265
Friendswood	TX 77546-5135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dr Derek T Tong		Date of Receipt
Mailing Address 1832 S 7Th PI		M M / D D / Y
City	State Zip Code	Transaction ID: 27275268
Arcadia	CA 91006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	865.00
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numb	·	865.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 77 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	son for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action	Committee	
А.	Full Name (Last, First, Middle Initial) Dr Michael J Long			Date of Receipt
	Mailing Address 8808 W Stebbinsville F	Rd		M M / D D / Y Y Y Y 02 11 2008
	City	State	Zip Code	Transaction ID: 27275275
	Edgerton FEC ID number of contributing federal political committee.	C	53534-8877	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	1 · · · · · · · · · · · · · · · · · · ·	of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	
B.	Full Name (Last, First, Middle Initial) Dr Susan Scott Whaley Mailing Address 9984 Buck Point Road	I		Date of Receipt
	City	State	Zip Code	0 2 1 1 2 0 0 8 Transaction ID: 27275308
	Tallahassee	FL	32312-3709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed		of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr James D Sandefur			Date of Receipt
	Mailing Address 219 Blue Bush Road			M M / D D / Y Y Y Y 02 08 2008
	City	State	Zip Code	Transaction ID: 27276927
	Oakdale FEC ID number of contributing federal political committee.	C	71463-4911	Amount of Each Receipt this Period 635.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 1000.00	
	SUBTOTAL of Receipts This Page (optional)			▶ 1385.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 77 (check only one) X X 11a 13 14 15 16 17
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions
	American Optometric Association Pol	itical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Marion K Williams	Date of Receipt	
	Mailing Address 100 Shorebrook Drive		02 08 2008
	City	State Zip Code	Transaction ID: 27276928
	Williamston	SC 29697	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Dr Robert A Colon		Date of Receipt
	Mailing Address 160 Fir Street		M M / D D / Y Y Y Y 02 12 2008
	City	State Zip Code	Transaction ID: 27276966
	Elko	NV 89801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
;.	Full Name (Last, First, Middle Initial) Dr Lori R Donovan	1	Date of Receipt
	Mailing Address 1205 Flowering Oak V	Vay	M M / D D / Y Y Y Y 02 13 2008
	City	State Zip Code	Transaction ID: 27277476
	Mount Pleasant	SC 29466-9000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	SUBTOTAL of Receipts This Page (optional) .	1	1250.00
	TOTAL This Period (last page this line number		

A.	commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Optometric Association Poull Name (Last, First, Middle Initial) r Michael D Moore ailing Address 3716 Holiday Dr Se	he name and address	of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.			
A. <u>D</u>	merican Optometric Association Po ull Name (Last, First, Middle Initial) r Michael D Moore ailing Address 3716 Holiday Dr Se	olitical Action Com	mittee				
4 . <u>D</u>	r Michael D Moore ailing Address 3716 Holiday Dr Se						
			Full Name (Last, First, Middle Initial) Dr Michael D Moore				
N	•.	Mailing Address 3716 Holiday Dr Se					
C	ity	State	Zip Code	0 2 1 3 2 0 0 8 Transaction ID: 27277480			
<u>C</u>	Ilympia	WA	98501	Amount of Each Receipt this Period			
	EC ID number of contributing deral political committee.	C		250.00			
N	ame of Employer elf Employed	Occupation Doctor of Opt	omotry				
_	eceipt For:	Aggregate Year					
	Primary General Other (specify) ▼		250.00]			
	ull Name (Last, First, Middle Initial) r Scott Louis Philippe			Date of Receipt			
N	Mailing Address 412 Pondview Court			02 / D D / Y Y Y Y 02 13 2008			
	ity		Zip Code	Transaction ID: 27277490			
_	larvin	NC	28173-7586	Amount of Each Receipt this Period			
	EC ID number of contributing deral political committee.	C		250.00			
N S	ame of Employer elf Employed	Occupation Doctor of Opt	ometry				
R	eceipt For:	Aggregate Year	•	_			
	Primary General Other (specify)		250.00]			
	ull Name (Last, First, Middle Initial) r Clarke D Newman			Date of Receipt			
M	ailing Address 9325 Stratford Way			0 2 1 3 2 0 0 8			
	ity 		Zip Code	Transaction ID: 27277495			
-	allas	TX	75220-5084	Amount of Each Receipt this Period			
fe	EC ID number of contributing deral political committee.	C		1000.00			
N S	ame of Employer elf Employed	Occupation Doctor of Opt	ometry				
R	eceipt For:	Aggregate Year	r-to-Date ▼				
	Primary General Other (specify) ▼	0 0 0	1000.00]			
SUE	BTOTAL of Receipts This Page (optional)			1500.00			
	AL This Period (last page this line numb						

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 77 (check only one) 11a 11b 11c 12 13 14 15 16 17			
A C	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm						
	NAME OF COMMITTEE (In Full) American Optometric Association Polit	tical Action (Committee				
∠ A.	Full Name (Last, First, Middle Initial) Dr Paul William Heersink			Date of Receipt			
	Mailing Address 2094 West Hwy 160			M M / D D / Y			
	City	State	Zip Code	Transaction ID: 27277498			
	Monte Vista	CO	81144	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		300.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:	Aggregate	Year-to-Date V				
	Other (specify)		300.00]			
— В.	Full Name (Last, First, Middle Initial) Dr Martin J Sikorski			Date of Receipt			
	Mailing Address 1912 E York Lane			02 13 Y Y Y Y 02 13 2008			
	City	State	Zip Code	Transaction ID: 27277500			
	Wheaton	IL	60187-5816	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Other (specify)	0 0	365.00]			
– c.	Full Name (Last, First, Middle Initial) Dr Mark W Harris			Date of Receipt			
	Mailing Address 137 Pasture Drive			M M / D D / Y Y Y Y 02 19 2008			
	City	State	Zip Code	Transaction ID: 27332893			
	Manchester	NH	03102-4961	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]			
	SUBTOTAL of Receipts This Page (optional)		•	1165.00			
	TOTAL This Period (last page this line number						

		Г		
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 77 (check only one)
	ITEMIZED RECEIPTS		for each category of the	X 11a \Box 11b \Box 11c \Box 12
			Detailed Summary Page	
	Any information copied from such Reports and a or for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Po	litical Action C	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Lyman C Norden			Date of Receipt
	Mailing Address 5517 Afton Drive			0 2 / D D / Y Y Y Y 0 2 0 0 8
	City	State	Zip Code	Transaction ID: 27332899
	<u>Birmingham</u>	AL	35242-4202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:		Year-to-Date V	_
	Primary General	33 13 11		1
	Other (specify)		250.00	
в.	Full Name (Last, First, Middle Initial) Dr Sandra Schrader-Moore			Date of Receipt
	Mailing Address 120 Antler Ct			M M / D D / Y Y Y Y 02 19 2008
	City	State	Zip Code	Transaction ID: 27332905
	Lexington	NC	27295-6998	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	1 1	Year-to-Date V	
	Primary General Other (specify) ▼		350.00]
-	Full Name (Last, First, Middle Initial)			Delection
C.	Dr James Curtis Moore Mailing Address 120 Antler Ct			Date of Receipt 0 2 1 9 2 0 0 8
	City	State	Zip Code	Transaction ID: 27332906
	Lexington	NC	27295	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Self Employed	Occupation Doctor of	Optometry	
	Receipt For:	- t · t	Year-to-Date V	
	Primary General Other (specify) ▼		350.00]
	SUBTOTAL of Receipts This Page (optional) .		`	400.00
ŀ	TOTAL This Period (last page this line numbe			
	INITE THIS I CHOU (IAST PAYE THIS INTE HUITIDE	<i>i</i> Only <i>)</i>		

A. Fu Ar Fu Ar Fu Ar Citl Ka FE fec Re Fu B. Fu Dr Ma Citl	commercial purposes, other than using t ME OF COMMITTEE (In Full) nerican Optometric Association Po Il Name (Last, First, Middle Initial) Harvey W Sturdevant illing Address 1307 Prince Creek C		Date of Receipt 0 2 / 1 9 / 2 0 0 8 Transaction ID: 27332925 Amount of Each Receipt 150.00
Ar Fu Fu Fu Cit Ka Cit Re Fu B. Fu B. Cit Cit Cit	nerican Optometric Association Po Il Name (Last, First, Middle Initial) Harvey W Sturdevant illing Address 1307 Prince Creek C y aty C ID number of contributing leral political committee. me of Employer If Employed ceipt For: Primary General Other (specify) ▼	Ct State Zip Code TX 77450 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y 0 2 1 9 2 0 0 8 Transaction ID: 27332925 Amount of Each Receipt this Period
A. Dr Ma Cit Ka FE fec Se Se Se Se Se Se Se Se Se Se Cit	Harvey W Sturdevant illing Address 1307 Prince Creek C y aty C ID number of contributing leral political committee. me of Employer If Employed ceipt For: Primary General Other (specify) ▼	State Zip Code TX 77450 C Occupation Doctor of Optometry Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 2 1 9 2 0 0 8 Transaction ID: 27332925 Amount of Each Receipt this Period
Cit Ka FE fec Se Se Se Se Se Se Se Se Se Se Se Se Se	y aty C ID number of contributing leral political committee. me of Employer If Employed ceipt For: Primary General Other (specify) ▼	State Zip Code TX 77450 C Occupation Doctor of Optometry Aggregate Year-to-Date	0 2 1 9 2 0 0 8 Transaction ID: 27332925 Amount of Each Receipt this Period
Ka FE fec Na Se Re Se Se Se Cit	aty C ID number of contributing leral political committee. me of Employer If Employed ceipt For: Primary General Other (specify) ▼	TX 77450 C Occupation Doctor of Optometry Aggregate Year-to-Date	Amount of Each Receipt this Period
FE fec Na Se Re J B. Dr Ma	C ID number of contributing leral political committee. me of Employer If Employed ceipt For: Primary General Other (specify) ▼	C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	
B. Dr G. Cit	ceipt For: Primary General Other (specify) ▼	Doctor of Optometry Aggregate Year-to-Date	7
Fu B. Dr Ma Cit	Primary General Other (specify) •		7
B. <u>Dr</u> Ma Cit	Il Name (Last, First, Middle Initial)	1	-
	Carol Moss Bridges illing Address 309 Westfield Road		Date of Receipt
Sł	у	State Zip Code	0 2 1 9 2 0 0 8 Transaction ID: 27332926
	nelby	NC 28150-4841	Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	C	250.00
Na Se	me of Employer If Employed	Occupation Doctor of Optometry	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	ll Name (Last, First, Middle Initial) George M Redwine		Date of Receipt
Ma	iling Address 14019 Crossing Way	y East	M M / D D / Y Y Y Y 02 19 2008
Cit	•	State Zip Code	Transaction ID: 27332946
FE	Imond C ID number of contributing leral political committee.	OK 73013-4731	Amount of Each Receipt this Period
	me of Employer If Employed	Occupation Doctor of Optometry	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
SUB	FOTAL of Receipts This Page (optional))	650.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 77 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r 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 Pol	litical Action Committee						
۷ ۹.	Full Name (Last, First, Middle Initial) Dr Brian E Bleiler		Date of Receipt					
	Mailing Address 1875 Pertl Road		0 2 / D D / Y Y Y Y Y 1 9 2 0 0 8					
	City	State Zip Code NY 14869	Transaction ID: 27332948					
	Odessa FEC ID number of contributing federal political committee.	NY 14869	Amount of Each Receipt this Period					
	Name of Employer Self Employed	Occupation Doctor of Optometry						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
-	Full Name (Last, First, Middle Initial) Dr Bill G Codner Mailing Address 4193 W Old Orchard	Ln	Date of Receipt					
			02 19 2008					
	City Cedar Hills	State Zip Code UT 84062	Transaction ID: 27332952 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer Self Employed	Occupation Doctor of Optometry						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]					
-	Full Name (Last, First, Middle Initial) Dr Carrie A Heller	1	Date of Receipt					
	Mailing Address 3528 Trillium Ct		M M / D D / Y Y Y Y 02 19 2008					
	City	State Zip Code	Transaction ID: 27332953					
	Tallahassee FEC ID number of contributing federal political committee.	FL 32312-1717	Amount of Each Receipt this Period					
	Name of Employer Self Employed	Occupation Doctor of Optometry						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 250.00]					
Γ		-	750.00					

	EDULE A (FEC Form 3X) /IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 77 (check only one) 11a 11b 11c 12 13 14 15 16 1
Any in or for o	formation copied from such Reports and S commercial purposes, other than using the	son for the purpose of soliciting contributions o solicit contributions from such committee.		
	ME OF COMMITTEE (In Full) nerican Optometric Association Poli	tical Action	Committee	
	l Name (Last, First, Middle Initial) Daniel T Nowak			Date of Receipt
Ma	iling Address N2986 Herman Lane			M M / D D / Y
Cit		State	Zip Code	Transaction ID: 27332955
FE	ortonville C ID number of contributing leral political committee.	C	54944-9773	Amount of Each Receipt this Period
Na Se	me of Employer If Employed	Occupation Doctor o	on f Optometry	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
B. <u>Dr</u>	l Name (Last, First, Middle Initial) Brett K Radow iling Address 6621 Kanawha Av S E	<u>.</u>		
Cit	y	State	Zip Code	0 2 1 9 2 0 0 8 Transaction ID: 27332957
<u>Ch</u>	narleston	WV	25304-2915	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Se	me of Employer If Employed	1 1	of Optometry	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	l Name (Last, First, Middle Initial) Thomas V Casella, Sr			Date of Receipt
Ma	iling Address 5 Bristlecone Way			M · M / D · D / Y · Y · Y · Y Y 0 2 1 9 2 0 0 8 1 <t< td=""></t<>
Cit		State	Zip Code	Transaction ID: 27332960
FE	Igusta C ID number of contributing leral political committee.	GA	30909-1846	Amount of Each Receipt this Period
Na Se	me of Employer If Employed	Occupation Doctor o	on f Optometry	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00	
SUBT	FOTAL of Receipts This Page (optional)			1000.00
тоти	AL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 77 (check only one) 11a X 11a 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
American Optometric Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Lane C Robeson	Date of Receipt	
Mailing Address 1350 Hwy 43		M M / D D / Y Y Y Y 02 19 2008
City	State Zip Code	Transaction ID: 27332973
Winona	MN 55987-5017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) Dr Rebecca H Wartman		Date of Receipt
Mailing Address 46 Lambeth Walk		M M / D D / Y Y Y Y 02 20 20 208
City	State Zip Code	Transaction ID: 27334051
Fairview	NC 28730	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dr James R Eakin		Date of Receipt
Mailing Address P O Box 1325		M M / D D / Y Y Y Y 02 22 2008
City	State Zip Code	Transaction ID: 27345782
Laconia	NH 03247-1325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number	· · · · ·	

	TEMIZED RECEIPTS		eparate schedule(s) ch category of the ed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 11				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cont or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co							
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	tical Action Committe	ee					
⊻ ۹.	Full Name (Last, First, Middle Initial) Dr Audie M Teague, Jr			Date of Receipt				
	Mailing Address 105 Friar Tuck Lane			02 [/] /21 [/] YYYY 02 ⁸ /21				
	City	State Zip C		Transaction ID: 27346109				
	Prescott FEC ID number of contributing federal political committee.	AR 7185	57-2608	Amount of Each Receipt this Period				
	Name of Employer Self Employed	Occupation Doctor of Optome	etry	-				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date V 1000.00					
	Full Name (Last, First, Middle Initial) Dr. Andrea P Thau Mailing Address 170 East 83rd Street	1		Date of Receipt				
	-	Ctata Zin (Cada	02 25 2008				
	City New York	State Zip C NY 1002	28-1920	Transaction ID: 27348872 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		166.67				
	Name of Employer Self Employed	Occupation Doctor of Optome	•					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 333.34					
. –	Full Name (Last, First, Middle Initial) Dr Herman H Ginger			Date of Receipt				
	Mailing Address 3901 Divoky Road			02 21 YYYY 02 21 2008				
	City Dia Dia K	State Zip C		Transaction ID: 27350116				
	Pine Bluff FEC ID number of contributing federal political committee.	AR 7160	03-9505	Amount of Each Receipt this Period				
	Name of Employer Self Employed	Occupation Doctor of Optome	etry	_				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date V 2000.00					
	SUBTOTAL of Receipts This Page (optional)		>	3166.67				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 77 (check only one) X X 11a 11b 11c 12 13 14 15 16 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	son for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action	Committee	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Tammy Hogan Love	Date of Receipt		
	Mailing Address 1648 Boyce-Fairview I	Rd		02 22 2008
	City	State	Zip Code	Transaction ID: 27350141
	Alvaton	KY	42122-7608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr Mark D Ross			Date of Receipt
	Mailing Address 279 Clark Estates			M M / D D / Y Y Y Y 02 22 2008
		State	Zip Code	Transaction ID: 27350145
	Tompkinsville FEC ID number of contributing federal political committee.	KY C	42167-8750	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
	Receipt For:	1 1	Year-to-Date V	
	Other (specify)	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr David P Dozack	1		Date of Receipt
	Mailing Address 228 Timothy Lane			M M / D D / Y Y Y Y 02 22 2008
	City	State	Zip Code	Transaction ID: 27350154
	Horseheads	NY	14845-1837	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 77 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using	Any information copied from such Reports and Statements may not be sold or used by any perso r for commercial purposes, other than using the name and address of any political committee to					
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee					
Full Name (Last, First, Middle Initial) Dr Mark D Pifer		Date of Receipt				
Mailing Address 1627 Cedar Point F	Rd	M M / D / Y				
City	State Zip Code	Transaction ID: 27350155				
Sandusky FEC ID number of contributing federal political committee.	OH 44870-5210	Amount of Each Receipt this Period 500.00				
Name of Employer Self Employed	Occupation Doctor of Optometry	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Dr Mark Keith Davis	1	Date of Receipt				
Mailing Address 6450 Nw Loop 410 Ste 115		02 / 22 / Y Y Y Y 02 2008				
City San Antonio	State Zip Code TX 78238-4209	Transaction ID: 27350158				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Dr Lisa S Howard	I	Date of Receipt				
Mailing Address 147 Glenstone Circ	cle	M M / D D / Y Y Y Y 02 22 2008				
City	State Zip Code	Transaction ID: 27350161				
Harrogate FEC ID number of contributing federal political committee.	TN 37752	Amount of Each Receipt this Period 500.00				
Name of Employer Self Employed	Occupation Doctor of Optometry					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1000.00					
SUBTOTAL of Receipts This Page (optional	al)	1500.00				
TOTAL This Period (last page this line num	nber only)					

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 49 / 77 (check only one)
I			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right $	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	tical Action	Committee	
4.	Full Name (Last, First, Middle Initial) Dr Brent D Johnson			Date of Receipt
	Mailing Address 118 East 9Th Street			02 / 22 / 2008
	City	State	Zip Code	Transaction ID: 27350164
	Blue Earth	MN	56013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	on f Optometry	
	Receipt For:	1 .	e Year-to-Date V	
	Primary General	ryyreydle		1
	Other (specify)	0 0	500.00	
· -	Full Name (Last, First, Middle Initial) Dr D. Matthew Burchett			Date of Receipt
	Mailing Address 1231 Parkview Way			02 22 2008
	City	State	Zip Code	Transaction ID: 27350165
	Richmond	KY	40475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:	1 .	of Optometry	_
	Primary General	Aggregate	e Year-to-Date	1
	Other (specify)	0 0	500.00	
-	Full Name (Last, First, Middle Initial) Dr Thomas A Vogelpohl			Date of Receipt
	Mailing Address 670 W Wentworth			M M / D D / Y Y Y Y 02 22 2008
	City	State	Zip Code	Transaction ID: 27350166
	Mendota Heights	MN	55118-2830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:	1 '	e Year-to-Date 🔻	-
	Primary General Other (specify) ▼		365.00]
Γ	SUBTOTAL of Receipts This Page (optional)	I		1365.00
\vdash	JUDIVIAL OF NECERDIS THIS Page (optional)		······	
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 77 (check only one) Image: Compare the second seco
Any information copied from such Reports a or for commercial purposes, other than using	Ind Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Mark C Hurst		Date of Receipt
Mailing Address Rr 6, Box 49		M M / D D / Y Y Y Y 02 22 2008
City	State Zip Code	Transaction ID: 27350170
Mount Vernon	IL 62864-9205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Mona Ruth Dewart	1	Date of Receipt
Mailing Address 11036 Scarlet Oak	Run	M M / D D / Y Y Y Y 02 22 2008
City	State Zip Code	Transaction ID: 27350174
Fort Wayne	IN 46845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Paul William Heersink		Date of Receipt
Mailing Address 2094 West Hwy 16	60	02 / 22 / Y Y Y Y 02 2008
City	State Zip Code	Transaction ID: 27350178
Monte Vista	CO 81144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (option	al)	400.00
TOTAL This Period (last page this line nur	nber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 77 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	litical Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Norma Jean Levingston			Date of Receipt
	Mailing Address 1364 Weston Ridge R	load		0 2 / D D / Y Y Y Y 0 2 2 2 2 0 0 8
	City	State	Zip Code	Transaction ID: 27350205
	Scotts Valley	CA	95066-2524	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0.0	365.00	
- В.	Full Name (Last, First, Middle Initial) Dr Edward L Robbins			Date of Receipt
	Mailing Address 11 Christine Court			02 / D D / Y Y Y Y 02 22 2008
	City	State	Zip Code	Transaction ID: 27350206
	Wayne	NJ	07470	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	500.00	
- С.	Full Name (Last, First, Middle Initial) Dr Paul M Karpecki	1		Date of Receipt
	Mailing Address 3050 Helmsdale Place	e Ste 8107		02 / D D / Y Y Y Y 22 / 2008
	City	State	Zip Code	Transaction ID: 27350208
	Lexington	KY	40509-2463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		250.00	
	SUBTOTAL of Receipts This Page (optional)	•		1115.00
-	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 77 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr J. Michael Weil			Date of Receipt
	Mailing Address 2653 Wimbledon Poin	nt Dr		02 / 22 / Y Y Y 02 2008
	City	State	Zip Code	Transaction ID: 27350209
	Virginia Beach	VA	23454-1171	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
_ В.	Full Name (Last, First, Middle Initial) Dr Peter B Tacia Mailing Address 1160 N Lawn Park	I		Date of Receipt
				02 22 2008
	City Alma	State MI	Zip Code	Transaction ID: 27350211
	FEC ID number of contributing federal political committee.	C	48801-2108	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 365.00]
_).	Full Name (Last, First, Middle Initial) Dr J. Scott Simpson			Date of Receipt
	Mailing Address 2001 Ridgewood			M M / D D / Y Y Y Y 02 22 2008
	City El Derada	State AR	Zip Code	Transaction ID: 27350212
	El Dorado FEC ID number of contributing federal political committee.	C	71730	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	_
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date ▼ 365.00]
Γ	SUBTOTAL of Receipts This Page (optional)			1230.00
	TOTAL This Period (last page this line number	· only)		

				FOR LINE NUMBER: PAGE 53 / 77
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
× ۹.	Full Name (Last, First, Middle Initial) Dr Flavel Josef Heyman, III			Date of Receipt
	Mailing Address 20 Bayles Court			M M / D D / Y
	City	State	Zip Code	Transaction ID: 27350307
	Paxton	IL	60957	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	_
	Receipt For:	- I	e Year-to-Date ▼	\neg
	Primary General		365.00	1
	Other (specify)	0 0		
- 3.	Full Name (Last, First, Middle Initial) Dr Beverly Kotara Wiatrek	•		Date of Receipt
	Mailing Address 5418 Timberbeach			M M / D D / Y Y Y Y 02 20 20 2008
	City	State	Zip Code	Transaction ID: 27350311
	San Antonio	TX	78250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio		
		1 .	f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date	
	Other (specify) ▼	0.0	365.00	
-	Full Name (Last, First, Middle Initial) Dr Richard J Choryan			Date of Receipt
	Mailing Address 9096 Costner			M M / D D / Y Y Y Y 02 20 20 2008
	City	State	Zip Code	Transaction ID: 27350314
	Caledonia	MI	49316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	1 1	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	365.00]
Γ	SUBTOTAL of Receipts This Page (optional)	1		1095.00
┝	SUBTOTAL OF RECEIPTS THIS Page (optional)			
	TOTAL This Period (last page this line number	only)		•

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 77 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
A C	r for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action Committee	
~	Full Name (Last, First, Middle Initial) Dr Elissa Maria Contillo		Date of Receipt
	Mailing Address 48 Broad Rock Road		02 / D D / Y Y Y Y 02 20 20 8
	City	State Zip Code	Transaction ID: 27350319
	South Kingstown	RI 02879-1873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	250.00	
	Full Name (Last, First, Middle Initial) Dr Grant W Jones		Date of Receipt
	Mailing Address 2117 Grandview Dr		M M / D D / Y Y Y Y 02 20 2008
	City	State Zip Code	Transaction ID: 27350330
	Torrington	WY 82240-2638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	365.00	
	Full Name (Last, First, Middle Initial) Dr Lynda L Jones		Date of Receipt
	Mailing Address 2117 Grandview Dr		M M / D D / Y Y Y Y 02 20 2008
	City	State Zip Code	Transaction ID: 27350331
	Torrington	WY 82240-2014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self Employed	Occupation Doctor of Optometry	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
Г			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 77 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any personal diverse of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action	Committee	
۷ A.	Full Name (Last, First, Middle Initial) Dr Kenneth K Sakazaki			Date of Receipt
	Mailing Address 3210 Yosemite Park W	/ay		02 / D D / Y Y Y Y 02 / 22 / 2008
	City	State	Zip Code	Transaction ID: 27350540
	Elk Grove FEC ID number of contributing federal political committee.	CA	95758-4688	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	1 I	e Year-to-Date ▼ 365.00	
- В.	Full Name (Last, First, Middle Initial) Dr John P Gabriel Mailing Address 9020 Wooded Path Dr	ive		Date of Receipt
	City	State	Zip Code	0 2 2 2 2 0 0 8 Transaction ID: 27350542
	Palos Hills	IL	60465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 250.00	
- C.	Full Name (Last, First, Middle Initial) Dr Leah M Colby			Date of Receipt
	Mailing Address 26040 Sylvan Lake Pk	wy		M M / D D / Y Y Y Y 02 22 2008
	City	State	Zip Code	Transaction ID: 27350637
	Rogers FEC ID number of contributing federal political committee.	MN C	55374-8113	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupatio Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			▶ 980.00
ľ	TOTAL This Period (last page this line number	only)		•

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 77 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any pers	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	tical Action	Committee	
⊻ A.	Full Name (Last, First, Middle Initial) Dr David Robert Anderson			Date of Receipt
	Mailing Address 707 Williamsburg Drive	е		M M / D D / Y Y Y Y 02 22 2008
	City	State	Zip Code	Transaction ID: 27350638
	Tarboro FEC ID number of contributing federal political committee.	NC C	27886-3354	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupatio Doctor o	on of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) Dr Richard William Baker Mailing Address 302 Fernwood Drive	1		Date of Receipt
	City	State	Zip Code	0 2 2 2 2 0 0 8 Transaction ID: 27350639
	Moraga	CA	94556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer Self Employed	1 I	of Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
– C.	Full Name (Last, First, Middle Initial) Dr Larry J Bonderud			Date of Receipt
	Mailing Address 497 Ohaire Blvd			M M / D D / Y Y Y Y 02 25 2008
	City	State	Zip Code	Transaction ID: 27357858
	Shelby FEC ID number of contributing federal political committee.	MT C	59474-1960	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 2000.00	
ſ	SUBTOTAL of Receipts This Page (optional)			2765.00
ľ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 77 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	American Optometric Association Pol	litical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr William W St Vincent, Jr			Date of Receipt
	Mailing Address 60 Aaron Avenue			M M / D D / Y
	City	State RI	Zip Code	Transaction ID: 27357862
	Bristol FEC ID number of contributing federal political committee.	C	02809-1248	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
В.	Full Name (Last, First, Middle Initial) Dr Christopher Mar Card Mailing Address 2003 Howard			Date of Receipt
	City	State	Zip Code	0 2 2 5 2 0 0 8 Transaction ID: 27357866
	Caldwell	ID	83605-4873	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
- C.	Full Name (Last, First, Middle Initial) Dr Robert M Wlodek			Date of Receipt
	Mailing Address 245 Elkins Circle			M M / D D / Y Y Y Y 02 25 2008
	City	State NV	Zip Code	Transaction ID: 27357870
	Henderson FEC ID number of contributing federal political committee.	C	89074	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
	SUBTOTAL of Receipts This Page (optional)	•		1000.00
F	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 77 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	r not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action (Committee	
A.	Full Name (Last, First, Middle Initial) Dr Randolph D Lee			Date of Receipt
	Mailing Address 8620 West Atwater			02 25 YYYY 02 25 2008
	City	State	Zip Code	Transaction ID: 27357871
	Boise	ID	83714-1289	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date V	_
	 Primary General Other (specify) ▼ 	0 0	500.00	
- В.	Full Name (Last, First, Middle Initial) Dr John Charles Fleming			Date of Receipt
	Mailing Address 3468 Fern Canyon Rd	1		02 / 25 / 2008
	City	State	Zip Code	Transaction ID: 27357879
	Jamul	CA	91935	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	o Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date V	_
	Other (specify) ▼	0 0	500.00	
- с.	Full Name (Last, First, Middle Initial) Dr Richard L Sowby			Date of Receipt
	Mailing Address 1443 Campbell			02 / 25 / 2008
	City	State	Zip Code	Transaction ID: 27357888
	Glendale	CA	91207-1405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	1 1	Optometry	
	Receipt For: Primary General	Aggregate	Year-to-Date V	_
	Other (specify) ▼	0 0	300.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1300.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 77 (check only one) 11a X 11a 11b 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	American Optometric Association Poli	tical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Albert E Germain Mailing Address 255 Morris Town Line	Dd		Date of Receipt
	Maining Address 255 Morris Town Line	Ra		0 2 / 2 5 / Y Y Y Y 0 2 2 5 2 0 0 8
	City	State	Zip Code	Transaction ID: 27357930
	Watertown	СТ	06795-1013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Doctor o	^{on} f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00	
- B.	Full Name (Last, First, Middle Initial) Dr Jay H Messinger			Date of Receipt
	Mailing Address 3267 Corinth Ave			M M / D D / Y
	City	State	Zip Code	Transaction ID: 27357932
	Los Angeles FEC ID number of contributing federal political committee.	CA	90066	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	-
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
- С.	Full Name (Last, First, Middle Initial) Dr Larry C Wallis			Date of Receipt
	Mailing Address 20 Kentshire Court			02 27 <u>2008</u>
	City	State	Zip Code	Transaction ID: 27359276
	Greenville	DE	19807-2583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 125.00]
	SUBTOTAL of Receipts This Page (optional)			625.00
ŀ	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 60 / 77
	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Optometric Association Pc	plitical Action Committee	
Full Name (Last, First, Middle Initial) Dr Paul J Werdell		Date of Receipt
Mailing Address 49 Hansen Drive		0 2 / 2 8 / Y Y Y Y 0 2 0 0 8
City	State Zip Code	Transaction ID: 27361916
Vernon	CT 06066-5914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Terri A Wolf		Date of Receipt
Mailing Address 3690 Powderhorn Dr	ive	M M / D D / Y Y Y Y Y 02 27 2008
City	State Zip Code	Transaction ID: 27362498
Okemos	MI 48864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr Eric Todd Roush	-1	Date of Receipt
Mailing Address 174 Edwards Street		0 2 / 2 7 / Y Y Y Y 0 2 / 2 7 / 2 0 0 8
City	State Zip Code	Transaction ID: 27362508
Portland	ME 04102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date V	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		625.00
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	1 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 77 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than	orts and Statements may not be sold or used by any perso using the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr Terry Lee Schitoskey		Date of Receipt
Mailing Address 1920 Centervie	ew	M - M / D - D Y Y - Y - Y Y 0 2 2 7 2 0 0 8
City	State Zip Code	Transaction ID: 27362509
Midland	TX 79707-9763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Dr Robert Whitney Wyman		Date of Receipt
Mailing Address 451 Swanzey L	_ake Road	M M / D D / Y Y Y Y Y 02 27 2008
City	State Zip Code	Transaction ID: 27362510
W Swanzey	NH 03469	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) Dr Sarah J Hudson		Date of Receipt
Mailing Address 55 Water Road	b	M M / D D / Y Y Y Y Y 02 29 2008
City	State Zip Code	Transaction ID: 27369627
Alton	NH 03809-5154	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (o	ptional)	1175.00
	e number only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 77 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action (Committee	
۷ A.	Full Name (Last, First, Middle Initial) Dr Anthony J Garreffa			Date of Receipt
	Mailing Address 7417 Madison St			02 ^{//} 29 [/] 2008
	City	State	Zip Code	Transaction ID: 27369630
	Forest Park FEC ID number of contributing federal political committee.	C	60130	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date ▼ 250.00]
- B.	Full Name (Last, First, Middle Initial) Dr L. Bruce Mebine Mailing Address 1101 College Ave			Date of Receipt
				02 29 2008
	City Alameda	State CA	Zip Code 94501	Transaction ID: 27369632
	FEC ID number of contributing federal political committee.	C	94501	Amount of Each Receipt this Period
	Name of Employer Self Employed	1 4	Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 500.00]
- C.	Full Name (Last, First, Middle Initial) Dr Rose Marie Betz			Date of Receipt
	Mailing Address 7300 N Bluff Drive			02 29 2008
	City	State	Zip Code	Transaction ID: 27369636
	Tuscaloosa FEC ID number of contributing federal political committee.		35406-2608	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation	Optometry	_
	Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date ▼ 500.00]
ſ	SUBTOTAL of Receipts This Page (optional)		••••••	1250.00
ŀ	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 77 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	⊥ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Daniel Allen Robison			Date of Receipt
	Mailing Address 21081 Sw Jameco Co	urt		02 29 2008
	City	State	Zip Code	Transaction ID: 27369639
	Tualatin	OR	97062-9313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
	Receipt For:	1 1	e Year-to-Date V	
	Other (specify)	0.0	250.00]
— В.	Full Name (Last, First, Middle Initial) Dr Scott F Kenitz			Date of Receipt
	Mailing Address 6003 Shagbark Lane			M M / D D / Y Y Y Y Y 02 29 2008
	City	State	Zip Code	Transaction ID: 27369644
	Hartford	WI	53027-9487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr Bradley A Frederickson			Date of Receipt
	Mailing Address 1501 12Th St Sw			M M / D D / Y Y Y Y 02 29 2008
	City	State	Zip Code	Transaction ID: 27369645
	Puyallup	WA	98371-8544	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		750.00
	TOTAL This Period (last page this line number		•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 77 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Association		
Full Name (Last, First, Middle Initial) Dr Robert C Hochhalter		Date of Receipt
Mailing Address 1189 Mc Kinley Dr	ive	M M / D D / Y Y Y Y 02 29 2008
City	State Zip Code	Transaction ID: 27369657
Hudson FEC ID number of contributing federal political committee.	WI 54016	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr Christine J Janty Mailing Address 354 Brimhall St		Date of Receipt
City	State Zip Code	0 2 2 9 2 0 0 8 Transaction ID: 27369658
<u>St Paul</u>	MN 55105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr Elizabeth M Gilthvedt		Date of Receipt
Mailing Address 5642 Rose Street		M M / D D / Y Y Y Y 02 29 2008
City	State Zip Code	Transaction ID: 27369660
Owatonna FEC ID number of contributing federal political committee.	MN 55060	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	al)	1115.00
TOTAL This Period (last page this line num	nber only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 77 (check only one) 7 X 11a 11b 11c 12 13 14 15 16 17
/ c	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Pol	itical Action	Committee	
∠ A.	Full Name (Last, First, Middle Initial) Dr Steven F Tronnes			Date of Receipt
	Mailing Address 1689 N W Hopper St			02 29 YYYY 02 29 2008
	City	State	Zip Code	Transaction ID: 27370382
	Roseburg	OR	97470	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For:	1 1	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	365.00]
— В.	Full Name (Last, First, Middle Initial) Dr Scott M Burks			Date of Receipt
	Mailing Address P O Box 1351			M M / D D / Y
	City	State	Zip Code	Transaction ID: 27370383
	Buffalo	MO	65622-1351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor o	on f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼		250.00]
 C.	Full Name (Last, First, Middle Initial) Dr Wallace J Knapp			Date of Receipt
	Mailing Address P O Box 540			M M / D D / Y Y Y Y 02 29 2008
	City	State	Zip Code	Transaction ID: 27370384
	Upper Sandusky	ОН	43351-0540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor o	^{on} f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		500.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 77 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements main name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Optometric Association Polit	ical Action	Committee	
⊻ A.	Full Name (Last, First, Middle Initial) Dr Courtland J Watson			Date of Receipt
	Mailing Address 5108 Thomas Ave, S			M M / D D / Y
	City	State MN	Zip Code	Transaction ID: 27370389
	Minneapolis FEC ID number of contributing federal political committee.	C	55410	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
В.	Full Name (Last, First, Middle Initial) Dr Richard L Wallingford, Jr Mailing Address 3839 Rockwood Road			Date of Receipt
	P O Box 159 City	State	Zip Code	02 29 2008
	Rockwood	ME	04478	Transaction ID: 27370391 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00]
– c.	Full Name (Last, First, Middle Initial) Dr Gregory B Ferman			Date of Receipt
	Mailing Address 217 N Sheldon Road			M M / D D / Y Y Y Y 02 29 2008
	City Plymouth	State MI	Zip Code	Transaction ID: 27370405
	FIGURE FEC ID number of contributing federal political committee.	C	48170-1524	Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00]
ſ	SUBTOTAL of Receipts This Page (optional)			1015.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 77 (check only one) I1a 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Optometric Association Poli	litical Action C	ommittee	
Α.	Full Name (Last, First, Middle Initial) Dr Bryan Matthew Stoller			Date of Receipt
	Mailing Address 29835 N 3360 East Ro	d		02 29 2008
	City	State	Zip Code	Transaction ID: 27370406
	Chenoa	IL	61726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed	Occupation Doctor of 0	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	750.00]
- B.	Full Name (Last, First, Middle Initial) Dr Reid A Pettit			Date of Receipt
	Mailing Address 1809 Meadowlark Dr			02 / 29 / Y Y Y Y 02 29 / 2008
	City	State	Zip Code	Transaction ID: 27370407
	Pontiac	IL	61764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed	Occupation Doctor of 0	Optometry	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	750.00]
- C.	Full Name (Last, First, Middle Initial) Dr William Allen Bordwell			Date of Receipt
	Mailing Address 409 Robinson Drive			02 / 29 / Y Y Y 02 29 / 2008
	City	State	Zip Code	Transaction ID: 27370415
	Geneseo	IL	61254	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of (
	Receipt For: Primary General	Aggregate Y	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	365.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1865.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 77 (check only one) Image: Compare the state of the
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Optometric Association Poli	itical Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Marc D Levy			Date of Receipt
	Mailing Address 18413 Paradise Cove	Terrace		02 29 2008
	City	State	Zip Code	Transaction ID: 27370417
	Olney	MD	20832-1750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	 Primary General Other (specify) ▼ 	0 0	365.00	
- В.	Full Name (Last, First, Middle Initial) Dr Douglas R Weberling			Date of Receipt
	Mailing Address 455 Arlington Avenue			M M / D D / Y Y Y Y 02 29 2008
	City	State	Zip Code	Transaction ID: 27370418
	Bristol	VA	24201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	250.00	
- С.	Full Name (Last, First, Middle Initial) Dr George F Brown			Date of Receipt
	Mailing Address 2604 Woodlawn Trail			02 / D D / Y Y Y Y 02 29 2008
	City	State	Zip Code	Transaction ID: 27370421
	Alexandria	VA	22306-2565	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Doctor o	ⁿ f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		500.00	
	SUBTOTAL of Receipts This Page (optional)			1115.00
ľ	TOTAL This Period (last page this line number	only)		

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 77 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	rmation copied from such Reports and S mmercial purposes, other than using the IE OF COMMITTEE (In Full)	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	erican Optometric Association Poli	tical Action	Committee	
	Name (Last, First, Middle Initial) ndrew J Lovsin			Date of Receipt
	ng Address 3019 White Cloud Circ	cle		02 29 2008
City		State	Zip Code	Transaction ID: 27370427
<u>Ape</u>	x	NC	27502-4065	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		365.00
Nam Self	e of Employer Employed	Occupation Doctor o	n f Optometry	
Rece	Pipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	365.00	
	Name (Last, First, Middle Initial) ichard P Belhumeur			Date of Receipt
	ng Address 192 Harmony Rd			02 / 29 / Y Y Y Y 02 / 29 / 2008
City	cituate	State RI	Zip Code	Transaction ID: 27370428
FEC	ID number of contributing al political committee.	C	02857-1317	Amount of Each Receipt this Period 365.00
Nam Self	e of Employer Employed	Occupatio Doctor o	n f Optometry	_
Rece	eipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) v	0 0	365.00]
	Name (Last, First, Middle Initial) eborah A Long	I		Date of Receipt
Maili	ng Address 1115 John Short Rd			M M / D D / Y Y Y Y Y 02 29 2008
City		State	Zip Code	Transaction ID: 27370429
<u>Fort</u>		SC	29715-7633	Amount of Each Receipt this Period
feder	ID number of contributing al political committee.	C		365.00
	e of Employer Employed	1 1	f Optometry	
Rece	eipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼	0 0	365.00	
SUBTO	DTAL of Receipts This Page (optional)			1095.00
	. This Period (last page this line number		•	

ļ	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 70 / 77
			Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Poli	itical Action	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Lynn C Shewmaker			Date of Receipt
	Mailing Address 110 Beech Drive			0 2 / 2 9 / Y Y Y Y 0 2 0 0 8
	City	State	Zip Code	Transaction ID: 27370430
	Edgewood	KY	41017-2305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	on of Optometry	
	Receipt For:		e Year-to-Date V	-
	Primary General	Aggregat		1
	Other (specify)		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr Kenneth S Lawenda	•		Date of Receipt
	Mailing Address 8210 Santa Monica Bl	lvd		M M / D D / Y Y Y Y 02 29 2008
	City	State	Zip Code	Transaction ID: 27370433
	West Hollywood	CA	90046-5913	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupatio		
	Receipt For:		of Optometry	
	Primary General	Aggregat	e Year-to-Date 🔻	1
	Other (specify)		1000.00	
- c.	Full Name (Last, First, Middle Initial) Dr Larry C Wallis			Date of Receipt
	Mailing Address 20 Kentshire Court			0 2 2 7 2 0 0 8
	City	State	Zip Code	Transaction ID: 27394753
	Greenville	DE	19807-2583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer Self Employed	Occupation Doctor o	on of Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		125.00	Refund(s) on Schedule B Totaling \$500.00 This cha- nges the YTD Total to \$12- 5.00
ſ	SUDTOTAL of Doppinto This Dopp (anti-	1		1250.00
┝	SUBTOTAL of Receipts This Page (optional)		••••••	
	TOTAL This Period (last page this line number	only)		79280.01

CHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE NUMBE	R:	F	PAGE	71 / 1	77
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 2	1b 22 7 28a	23 28b	24 28		25 29	
y Information copied from such Reports and Stater								s
for commercial purposes, other than using the nam	e and address of any political	committee	e to solicit contr	butions f	rom such	n comr	nittee	
NAME OF COMMITTEE (In Full)								
American Optometric Association Politica	Action Committee							
Full Name (Last, First, Middle Initial)			Trans	action II): 27378	448		
Bank of America				of Disburs				
Mailing Address PO Box 790251			0 ^M 2	M / D	0 ¹ /	°2	οòε	3 ^Y
City	State Zip Code		Amou	nt of Eac	h Disburs	semen	t this F	Perio
St. Louis	MO 63179							
Purpose of Disbursement			<u>.</u>			1	533.6	52
Bank of America Fee 02/01/2008		001						
Candidate Name		Category	y/					
Office Sought: House Disburs	ement For:	Туре						
Senate	Primary General		Bank /2008	of Ame	rica Fee	02/0	1-	
President	Other (specify)		/2008					
State: District:								
Full Name (Last, First, Middle Initial)			Trans	action II): 27378	449		
Bank of America				of Disbur				
Mailing Address PO Box 790251			0 2	M / D	04	Ý Ž	ο ό ε	3 ^Y
City	State Zip Code		Amou	nt of Eac	h Disburs	semen	t this F	Perio
St. Louis	MO 63179		7 41104		Biobait			
Purpose of Disbursement	- L.				71.4	0		
Discover Service Fee 02/04/2008		001						
Candidate Name	Candidate Name Category/							
Office Sought: House Disburg	ement For:	Туре						
Office Sought: House Disburs	Primary General		Disco 4/200	ver Serv	vice Fee	02/0)_	
President	Other (specify)		4/200	5				
State: District:								
Full Name (Last, First, Middle Initial)			Trans	action II): 27378	453		
Bank of America				of Disburs				
			0 [™] 2	M / D	05	Ý Ý	οòε	3 ^Y
Mailing Address PO Box 790251						<u> </u>		-
City	State Zip Code		Amou	nt of Eac	h Disbur	semen	t this F	Perio
St. Louis	MO 63179						045.0	
Purpose of Disbursement		001	<u>م ا لــ</u>				215.8	51
American Express Fee 02/05/2008 Candidate Name								
Candidate Nathe		Category Type	y/					
Office Sought: House Disburs	ement For:	- 745	—	_	-		' -	
Senate	Primary General		Ameri 5/200		oress Fe	e 02/	/0-	
	Other (specify)		0,200	-				
President								
State: District:								
								•
					• •	18	320.8	3

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		? :	PA	PAGE 72/77					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 2	21b 27	ly one) 22 28a	23 28b		24 28c	25 29	F	26 301
ny Information copied from such Reports and Star r for commercial purposes, other than using the n										
NAME OF COMMITTEE (In Full) American Optometric Association Politi	al Action Committee									
Full Name (Last, First, Middle Initial) Wachovia Federal		iction ID f Disburs			06					
Mailing Address 1650 Tyson Blvd.				0 2	/ D	1 ^D	/ Y	² o ò	8 ^Y	
City McLean	State Zip Code VA 22102			Amour	it of Each	ı Dis	burse	ment this	s Peri	od
Purpose of Disbursement Wachovia Bank Fee 02/13/08	[001			<u> </u>			1218.	.73	
Candidate Name Office Sought: House Disbu	rsement For:	Categor Type	y/	_						
Office Sought: House Disbu Senate President State: District:	Primary General Other (specify)			Wacho	ovia Bar	nk F	ee 02	2/13/08		
Full Name (Last, First, Middle Initial) Bank of America					iction ID f Disburs			52		
Mailing Address PO Box 790251				0 2	/ D	15	/ Y	²0ŏ	8 ^Y	
City St. Louis	State Zip Code MO 63179			Amour	it of Each	ı Dis	burse		-	od
Purpose of Disbursement Bank of America Fee 02/15/2008						88.	.03			
Candidate Name	(Categor Type	у/							
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼			Bank o /2008	of Ameri	ca	Fee 0	2/15-		
Full Name (Last, First, Middle Initial) US Treasury				Date of	ction ID f Disburs	eme		33		
Mailing Address Internal Revenue Serv	ce Center			0 2		2 ^D	/ Y	² o ŏ	8 ^Y	
City Ogden	State Zip Code UT 84201			Amour	it of Each	ı Dis	burse			od
Purpose of Disbursement Income Taxes		001						1257.	.00	
Candidate Name		Categor Type	y/							
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify) ▼			Incom	e Taxes					
SUBTOTAL of Disbursements This Page (option	90		►				•	2563.	76	

	IT	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	ſS	Use sepa for each o Detailed s	category Summa	y of the ry Page		(ch X	eck or 21b 27	22 28a		23 28b		24 28c	73 / 7 25 29		26 30b
Any Information copied from such Reports and Statements may not be sold or used or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee																	
Α.		Full Name (Last, First, Middle Initial) Virginia Department of Taxation Mailing Address P O Box 1500								Trans Date	of D	sburs	eme		 0 Ŏ 8	Y	
		City Richmond Purpose of Disbursement Income Taxes Candidate Name	-	State VA	Zip Co 2321	ode 8-1500	Ca	001 atego Typo	ory/	Amou	int o	f Each	ı Dis	burser	 t this F 221.0		d
		Office Sought: House Senate President State: District:		ment For: Primary Other (spe		General		i ypi	<u> </u>	Incon	ıe T	axes					

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	Detailed	Summary Page		P	21b 27	22 28a		23 28b		4 8c		25 29	Π			
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American Optometric Association Politica	al Action Co	ommittee														
Full Name (Last, First, Middle Initial) Democratic National Committee						Trans Date o	of Dis	sburse	ement	812	20					
Mailing Address 430 South Capitol Stree	et, S.E					0 ^M 2	M /	^D 0	6	Y	ž (0 ð 8	Y			
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Full Name (Last, First, Middle Initial) James Webb For US Senate						Trans Date o			-	033	32					
Mailing Address 1916 Wilson Boulevard	, Suite 304					[™] 2	M /	D 1	^D /	Y	ž.	0 ð 8	Y			
City Arlington	State VA	Zip Code 22201				Amou	nt of	Each	Disbu	rsen	-					
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NAME OF COMMITTEE (In Full)	Action Co														
American Optometric Association Political	Action Co	ommittee													
Full Name (Last, First, Middle Initial)					2752	07									
Committee To Elect McHugh								sburs		ent	X	V	X		
Mailing Address 228 S. Washington St. S Suite 115	Ste. 115					0 ^M 2	M	<u> </u>	13	/ r	ź	οòε	3		
City Alexandria	State VA	Zip Code 22314				Amou	nt of	Each	n Dis	sburse	ment	t this F	Perio		
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Andre Carson For Congress						Date	-			ent	_				
Mailing Address 2527 North Alabama Str	eet					[™] 2	M	D	2 ¹	/ Y	ž	οòε	3 ^Y		
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Mailing Address P O Box 52-2784						0 ^M 2	M	D	25	/ Y	ž	οòε	3 ^Y		
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NAME OF COMMITTEE (In Full)	e and address of any political col	mmillee lo									
American Optometric Association Politica	Action Committee										
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Mailing Address P O Box 52-2784											
City Miami	Amount of Each	Amount of Each Disbursement this Period									
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Candidate Contribution Candidate Name Rep. Ileana Ros-Lehtinen											
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Full Name (Last, First, Middle Initial) Rush Holt For Congress			Transaction ID: Date of Disburse								
Mailing Address PO Box 782	0 ^M 2 ^M / ^D 2	5 [′] [°]									
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Α.	Full Name (Last, First, Middle Initial) Dr Larry C Wallis Mailing Address 20 Kentshire Co	urt			Transaction Date of Disk			0 0́8 `	ſ			
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