

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1505 Prince Street
Suite 300
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00024968
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 01 2007 through 11 30 2007

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

Type or Print Name of Treasurer Dorothy Hitchmoth, O.D.

Signature of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. Date 12 10 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		380998.25
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	487922.62									
(c) Total Receipts (from Line 19)	108609.12	782561.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	596531.74	1163560.11								
7. Total Disbursements (from Line 31)	85630.64	652659.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	510901.10	510901.10								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	55769.82	415366.99
(i) Itemized (use Schedule A)	52812.95	358537.31
(ii) Unitemized	108582.77	773904.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	108582.77	773904.30
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	26.35	3657.56
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	108609.12	782561.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	108609.12	782561.86

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1130.64	18059.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1130.64	18059.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84500.00	633099.57
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	85630.64	652659.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	85630.64	652659.01

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	108582.77	773904.30
34. Total Contribution Refunds (from Line 28(d))	0.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	108582.77	772404.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1130.64	18059.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1130.64	18059.44

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Randolph E Brooks

Mailing Address 3 Schindler Drive

City Succasunna State NJ Zip Code 07876

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 7

Transaction ID: 26773851

Amount of Each Receipt this Period
800.00

B. Full Name (Last, First, Middle Initial)
Dr Richard F Noyes

Mailing Address 4196 Brookside Dr

City Marion State IA Zip Code 52302-9327

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 7

Transaction ID: 26779779

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Cary S Labbe

Mailing Address 1212 Nw 6Th Avenue

City Mineral Wells State TX Zip Code 76067-3404

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 7

Transaction ID: 26787369

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	1265.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Patrick M Fleming

Mailing Address 149 Linwood Way

City State Zip Code
Martinsburg WV 25401

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: 26787744

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Kristen A Langner

Mailing Address 46 E Irving Park Rd

City State Zip Code
Roselle IL 60172

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: 26787745

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Stuart J Thomas

Mailing Address 180 High Ridge Pl

City State Zip Code
Athens GA 30606-1971

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: 26787746

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Justin Michaels		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 2437 Sandpiper Pl		Transaction ID: 26787747	
City State Zip Code Ontario CA 91761-6247	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Jeffrey L Koenen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 4600 University Ave		Transaction ID: 26787775	
City State Zip Code Des Moines IA 50311-2501	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr Bruce Laurence Reese		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 2239 Autumn Drive		Transaction ID: 26787777	
City State Zip Code Kinston NC 28501	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 106		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr William A Ernstein		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 229 Heather Ln		Transaction ID: 26787778	
City Wilmette	State IL	Zip Code 60091	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Samuel J Wilson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 5616 117Th Street Sw		Transaction ID: 26787923	
City Tacoma	State WA	Zip Code 98499-4913	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Lynn J Coon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 870450		Transaction ID: 26787925	
City Wasilla	State AK	Zip Code 99687-0450	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Steven J Davis

Mailing Address 917 Olympia Dr

City State Zip Code
Walla Walla WA 99362-1534

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: 26787928

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Richard Thomas D'Addio

Mailing Address 183 Englewood Drive

City State Zip Code
Orange CT 06477

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: 26787930

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Phillip B Jacobs

Mailing Address 2236 Hilldale Road

City State Zip Code
Rock Hill SC 29732-9420

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: 26787931

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	765.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr James Brian Connelly		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address 3243 Evergreen Road		Transaction ID: 26787932
City State Zip Code Fargo ND 58102-1214	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr Scott Smith Weaver		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address 50 Doersam Ct		Transaction ID: 26787939
City State Zip Code York PA 17406-6916	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Richard James Pinelli		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7
Mailing Address 21 Sycamore Drive		Transaction ID: 26787947
City State Zip Code Mifflintown PA 17059	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Mark Gordon Ryan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 40 Glenwood Road		Transaction ID: 26787954	
City State Zip Code North Branford CT 06471	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Mark K Helgeson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address P O Box O		Transaction ID: 26787964	
City State Zip Code Park River ND 58270-0714	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Gregory A Webster		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 4123 Pleasant Hill Rd		Transaction ID: 26787965	
City State Zip Code Kelso WA 98626	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr James C Robinson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 440 Patriot Dr East		Transaction ID: 26788296
City State Zip Code Waterville OH 43566	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Carl A Swanson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 2604 6 Ave N		Transaction ID: 26788300
City State Zip Code Great Falls MT 59401-2004	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) C. Dr Sandra M Connell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 32965 Hilary Circle Ne		Transaction ID: 26788305
City State Zip Code Cambridge MN 55008-7768	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Paul R King		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 1203 Carson St		Transaction ID: 26788309
City State Zip Code Eureka CA 95501-4273	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr Susan G Gordon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7
Mailing Address 1715 Montemar Way		Transaction ID: 26788311
City State Zip Code San Jose CA 95125-5549	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Thomas A Dempsey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address 297 Jagger Lane		Transaction ID: 26788950
City State Zip Code Hebron CT 06248-1139	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Gretchen I Chadwick		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address P O Box 918		Transaction ID: 26789178	
City State Zip Code Redmond OR 97756-0206	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Mitchell Allen Gutwein		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 64 Churchill Court		Transaction ID: 26789180	
City State Zip Code Lafayette IN 47905	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr George Deems Edlund, Sr		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 453 Caviar Drive Okaloosa Island		Transaction ID: 26789182	
City State Zip Code Fort Walton Beach FL 32548-6942	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Judy Chan

Mailing Address 1315 Ne 152Nd Ave

City State Zip Code
Vancouver WA 98684-0849

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 26789184

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Mark L Davis

Mailing Address 603 1/2 E Main St
Po Box 398

City State Zip Code
Anamosa IA 52205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 26789190

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Hope Bernard-Marandola

Mailing Address 213 Spaulding Road

City State Zip Code
Plainfield CT 06374-2126

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 26789192

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Anne K Matsushima		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 654 12Th Avenue		Transaction ID: 26789197	
City State Zip Code Honolulu HI 96816	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Giselle A Lander		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 5010 Boulder Creek Dr		Transaction ID: 26789201	
City State Zip Code Solon OH 44139-1380	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Mark Elwood Mather		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 2682 Tom Sawyer Rd		Transaction ID: 26789202	
City State Zip Code Muscatine IA 52761-9755	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Susan A Driscoll

Mailing Address 717 St Dunstan Way

City State Zip Code
Winter Park FL 32792-4851

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 26789698

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr La Rue I Collins

Mailing Address 171 South Central

City State Zip Code
Oviedo FL 32765-9027

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 26789699

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Kim Martin Kron

Mailing Address 7811 77Th Street Ne

City State Zip Code
Marysville WA 98270

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 7

Transaction ID: 26789701

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Nathaniel Roland		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 10001 Admiral Emerson AVE NE		Transaction ID: 26789974
City State Zip Code Albuquerque NM 87111-1339	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Dr Ron Benner		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 1408 E Maryland		Transaction ID: 26789975
City State Zip Code Laurel MT 59044-2238	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Dr Brett D Mc Vey		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7
Mailing Address 6640 Lemonwood Court		Transaction ID: 26791217
City State Zip Code Lorain OH 44053-3847	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Charles Emil Moorhead		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7	
Mailing Address 4898 Nw Francis Drive		Transaction ID: 26791220	
City State Zip Code Silverdale WA 98383-9239	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Barbara M Yanak		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7	
Mailing Address Rr3 Box 178B		Transaction ID: 26791232	
City State Zip Code Towanda PA 18848	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00		

Full Name (Last, First, Middle Initial) C. Dr Jamie J Casper		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 7	
Mailing Address 1031 Avenshire Circle		Transaction ID: 26791257	
City State Zip Code Wilmington NC 28412-5131	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	765.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Michael Howard Moorehead		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7	
Mailing Address 1720 Tatum Lane		Transaction ID: 26793815	
City State Zip Code Hamilton OH 45013	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) B. Dr Toni C Harvey		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7	
Mailing Address 175 Cody Lane		Transaction ID: 26793866	
City State Zip Code Alexandria LA 71303-7800	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Jacque Diane Young		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7	
Mailing Address 22723 Glenview		Transaction ID: 26793872	
City State Zip Code Glenwood IA 51534-6250	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Paul W Beaver		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 386 9Th Street Sw		Transaction ID: 26793875
City State Zip Code Sioux Center IA 51250-1366	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr David G Storer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 12852 Monroe St		Transaction ID: 26793891
City State Zip Code Crown Point IN 46307-9220	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Jennifer L Planitz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 3537 New Castle Dr Se		Transaction ID: 26795502
City State Zip Code Rio Rancho NM 87124-3672	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1400.00	

SUBTOTAL of Receipts This Page (optional) ▶	575.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Bronte D Baker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7
Mailing Address 179 Redbird Ridge		Transaction ID: 26797986
City State Zip Code Beeville TX 78102-8465	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr C. Thomas Crooks, III		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7
Mailing Address 1229 Highland Lakes Trail		Transaction ID: 26797988
City State Zip Code Birmingham AL 35242-6886	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Dr Donald W Furman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7
Mailing Address 855 11Th St Place		Transaction ID: 26797990
City State Zip Code Garner IA 50438-1847	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	145.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Markus I Barth		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7
Mailing Address 1346 Heller Drive		Transaction ID: 26797992
City Yardley	State PA	Zip Code 19067-2714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 533.36	

Full Name (Last, First, Middle Initial) B. Dr Robert J Blumthal		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7
Mailing Address 119 Exmore Drive		Transaction ID: 26797994
City Springfield	State IL	Zip Code 62704-3137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. Dr Michael T Cron		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7
Mailing Address 9217 Elmwood Court		Transaction ID: 26797996
City Stanwood	State MI	Zip Code 49346-9305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26	

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Frederick P Darin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 405 Tirrell Rd		Transaction ID: 26797997	
City State Zip Code Charlotte MI 48813-2131	Amount of Each Receipt this Period 31.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00		

Full Name (Last, First, Middle Initial) B. Dr G. Chad Green		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 5960 Co Rd 19		Transaction ID: 26797999	
City State Zip Code Linden AL 36748	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr Maryjane Healey		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 6710 124Th Place Se		Transaction ID: 26798000	
City State Zip Code Snohomish WA 98296-8649	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶	181.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

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

Mailing Address 1613 Atwater Path

City Inver Grove Height State MN Zip Code 55077-1201

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 7

Transaction ID: 26798001

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr George W Hertneky

Mailing Address 16862 County Road 28

City Brush State CO Zip Code 80723-9424

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 7

Transaction ID: 26798002

Amount of Each Receipt this Period
42.00

C. Full Name (Last, First, Middle Initial)
Dr Robert L Jarrell, III

Mailing Address 50 Cedar Hill Rd

City Albuquerque State NM Zip Code 87122-1928

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 7

Transaction ID: 26798003

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	192.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Peter H Kehoe		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 789 N Broad		Transaction ID: 26798004	
City State Zip Code Galesburg IL 61401-2766	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1475.00		

Full Name (Last, First, Middle Initial) B. Dr Timothy G Koop		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 4912 Bluff Run Drive		Transaction ID: 26798005	
City State Zip Code Greensboro NC 27455-2200	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Edward M Kosnoski		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 305 Kensington Ave S		Transaction ID: 26798006	
City State Zip Code Kent WA 98030-7004	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Gary W Lasken Mailing Address 10215 N North Forest Trail City Peoria State IL Zip Code 61615-1378 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7 Transaction ID: 26798008 Amount of Each Receipt this Period 41.66
Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 458.26		

B. Full Name (Last, First, Middle Initial) Dr Matthew J Maki Mailing Address 372 Split Rail Ridge City Williamston State MI Zip Code 48895-1668 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7 Transaction ID: 26798009 Amount of Each Receipt this Period 25.00
Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		

C. Full Name (Last, First, Middle Initial) Dr Ronald J Meyer Mailing Address 9802 US 41 City Champion State MI Zip Code 49814 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7 Transaction ID: 26798011 Amount of Each Receipt this Period 50.00
Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)	116.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Susan M Brunnett		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 9940 S Ashleigh Way		Transaction ID: 26798012	
City State Zip Code Highlands Ranch CO 80126-4244	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Dr Mitchell Todd Munson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 9940 S Ashleigh Way		Transaction ID: 26798013	
City State Zip Code Highlands Ranch CO 80126-4244	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. Dr Gregory C Russell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 2505 Rivermont Circle		Transaction ID: 26798015	
City State Zip Code Kingsport TN 37660-2392	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30		

SUBTOTAL of Receipts This Page (optional) ▶	233.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Jack L Schaeffer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 3801 River View Cr		Transaction ID: 26798016	
City State Zip Code Birmingham AL 35243	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Douglas J Walker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address P O Box 988		Transaction ID: 26798018	
City State Zip Code Brookings OR 97415-0021	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Dr Scott Burns Taylor		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 724 Broadway Circle		Transaction ID: 26798019	
City State Zip Code Salmon ID 83467-3556	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Jared E Birch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 3101 E 1St Street		Transaction ID: 26798020	
City State Zip Code Idaho Falls ID 83401-4522	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Dr Jennifer E Davis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 16 Pambrook Dr		Transaction ID: 26798021	
City State Zip Code Fishersville VA 22939-2123	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 462.00		

Full Name (Last, First, Middle Initial) C. Dr Shelby D Robinson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 32325 10Th Ave S		Transaction ID: 26798022	
City State Zip Code Federal Way WA 98003-5925	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	82.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Paul William Bigelow		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7
Mailing Address 6970 Diamond St		Transaction ID: 26798023
City State Zip Code Boise ID 83709-4937	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B. Full Name (Last, First, Middle Initial) Dr Richard L Foss		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7
Mailing Address W5224 Knobloch Road		Transaction ID: 26798024
City State Zip Code La Crosse WI 54601-2461	Amount of Each Receipt this Period 41.66	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26	

C. Full Name (Last, First, Middle Initial) Dr Mira B Swiecicki		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7
Mailing Address 450 F Street		Transaction ID: 26798025
City State Zip Code Blaine WA 98230-4201	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	86.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Jason K Dickerson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 2581 Bridlewood Drive		Transaction ID: 26798026	
City State Zip Code Helena AL 35080-3916	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00		

Full Name (Last, First, Middle Initial) B. Dr Ron W Roelfs		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 600 3Rd St Se		Transaction ID: 26798027	
City State Zip Code Waverly IA 50677-3516	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		

Full Name (Last, First, Middle Initial) C. Dr Thomas J Landry		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 7	
Mailing Address 3 Taylor Street		Transaction ID: 26798030	
City State Zip Code Painted Post NY 14870-9381	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	127.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Maurice William Geldert

Mailing Address 604 N Kentucky

City State Zip Code
Roswell NM 88201-4820

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 7

Transaction ID: 26798033

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr Frank Thomas Chinisci

Mailing Address 8315 Holbrook Ct Ne

City State Zip Code
Albuquerque NM 87122-3841

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 7

Transaction ID: 26798035

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Paul Philippe Cote

Mailing Address 18 Little Androscoggin Drive

City State Zip Code
Auburn ME 04210-8884

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 7

Transaction ID: 26798036

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)	▶	241.67
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Gregory W Kraupa

Mailing Address 4280 Reiland Lane

City State Zip Code
Shoreview MN 55126-3127

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 7

Transaction ID: 26798037

Amount of Each Receipt this Period
84.00

B. Full Name (Last, First, Middle Initial)
Dr Kevin L Alexander

Mailing Address 8830 Walnut Trail

City State Zip Code
Sylvania OH 43560-8990

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 7

Transaction ID: 26798045

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Dennis R Bales

Mailing Address 775 Fredensburg Canyon Road

City State Zip Code
Solvang CA 93463

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 26798473

Amount of Each Receipt this Period
360.00

SUBTOTAL of Receipts This Page (optional)	▶	494.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Paul E Reimer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7	
Mailing Address 1613 W 20Th Park Place		Transaction ID: 26798476	
City State Zip Code Emporia KS 66801	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Douglas Arthur Safley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 700 1St Avenue		Transaction ID: 26801427	
City State Zip Code Havre MT 59501-4402	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr Bonnie Marie Gauer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 1802 Flournoy Valley Rd		Transaction ID: 26801429	
City State Zip Code Roseburg OR 97470-9792	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	475.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Orlin James Fick		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7	
Mailing Address 54 Keith Drive		Transaction ID: 26813272	
City State Zip Code Shenandoah IA 51601	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Patria Dulce Walker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7	
Mailing Address 3001 La Villita Pl Ne		Transaction ID: 26813273	
City State Zip Code Albuquerque NM 87111-5619	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Kristin L Campbell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 2199 Hope Lane		Transaction ID: 26813361	
City State Zip Code Delaware OH 43015	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Steven M Berry		Date of Receipt MM / DD / YYYY 11 / 15 / 2007
Mailing Address PO Box 1275		Transaction ID: 26813983
City Cedar Crest	State NM	Zip Code 87008-1275
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr Naeem Z Abdulla		Date of Receipt MM / DD / YYYY 11 / 15 / 2007
Mailing Address 442 Gregg Ave #203		Transaction ID: 26813984
City Santa Fe	State NM	Zip Code 87501
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr Jane Ellen Compton		Date of Receipt MM / DD / YYYY 11 / 15 / 2007
Mailing Address P O Box 1877		Transaction ID: 26813985
City Taos	State NM	Zip Code 87571-1877
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Michael G Blake		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address P O Box 2859		Transaction ID: 26813986	
City Gallup	State NM	Zip Code 87305-2859	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00		

Full Name (Last, First, Middle Initial) B. Dr Robert D Ratzlaff		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address HC 98		Transaction ID: 26813987	
City Taos	State NM	Zip Code 87571-9501	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Dr Arlene T. H. Sokola		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 213 Summer Winds Dr Se		Transaction ID: 26813989	
City Rio Rancho	State NM	Zip Code 87124	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Raymond P Herrera		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address #23 Road 5198		Transaction ID: 26813990	
City Bloomfield	State NM	Zip Code 87413-9713	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Dr Lynn A Davis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 1424 Tiffany Lane Se		Transaction ID: 26813991	
City Rio Rancho	State NM	Zip Code 87124-0976	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) C. Dr D. C. Dean		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 532 Queens Court Ne		Transaction ID: 26813992	
City Albuquerque	State NM	Zip Code 87109	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

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

Mailing Address 4924 Chaqar Ct

City State Zip Code
Las Cruces NM 88007-5464

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 26813993

Amount of Each Receipt this Period
100.00

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

Mailing Address 221 Wittwer Ct Nw
P O Box 129

City State Zip Code
Los Lunas NM 87031-8438

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 26813994

Amount of Each Receipt this Period
100.00

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

Mailing Address 3537 Newcastle Dr Se

City State Zip Code
Rio Rancho NM 87124-3672

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 26813995

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Brent E Shelley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address P O Box 130		Transaction ID: 26813996	
City Mesilla Park	State NM	Zip Code 88047-0130	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. Dr Scott L Nehring		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 32840 S Meridian Road		Transaction ID: 26813997	
City Woodburn	State OR	Zip Code 97071-8768	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr Terry Edward Reynolds		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 2804 Dorchester Dr, Se		Transaction ID: 26817149	
City Decatur	State AL	Zip Code 35601-6715	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr James W Marbourg

Mailing Address 5170 Trace Crossing Drive

City Birmingham State AL Zip Code 35244-3954

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
11 / 14 / 2007

Transaction ID: 26817151

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Thomas P Sutton

Mailing Address 5679 Sonnet Hts

City Colorado Spgs State CO Zip Code 80918

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 14 / 2007

Transaction ID: 26817158

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Beryl Christine Bechtold

Mailing Address 8235 Tobiano Dr

City Sacramento State CA Zip Code 95829-6548

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 14 / 2007

Transaction ID: 26817165

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Frederick S Bell

Mailing Address 625A Cranbury Crossroad

City North Brunswick State NJ Zip Code 08902

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 14 / 2007

Transaction ID: 26817494

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Ed LaBissoniere

Mailing Address 409 N 64Th Ave

City Yakima State WA Zip Code 98908-3885

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 14 / 2007

Transaction ID: 26817495

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr Donald E Stover

Mailing Address 2558 W White Chapel Way

City Porterville State CA Zip Code 93257-6926

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 14 / 2007

Transaction ID: 26817497

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Dan A Nielsen Mailing Address 110 E Rogers City Salem State IL Zip Code 62881 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7 Transaction ID: 26817503 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr Gregory F Copeland Mailing Address 15 Ridge Rd Loop City Sylvan Grove State KS Zip Code 67481 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7 Transaction ID: 26817504 Amount of Each Receipt this Period 125.00
Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Dr Lewis J La Pierre, Jr Mailing Address 924 Barlow City Salina State KS Zip Code 67401-8405 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7 Transaction ID: 26817505 Amount of Each Receipt this Period 350.00
Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	725.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Alice Sterling

Mailing Address 5727 Canton Cove #111

City State Zip Code
Winter Springs FL 32708-5033

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 26820361

Amount of Each Receipt this Period
45.00

B. Full Name (Last, First, Middle Initial)
Dr Kenneth John Krivacic

Mailing Address 3658 Northaven

City State Zip Code
Dallas TX 75229

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 26820395

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Edwin Y Endo

Mailing Address 98828 Hiliu Pl

City State Zip Code
Aiea HI 96701-2785

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 26820396

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	645.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Daniel W Pace

Mailing Address 87 West Sunrise Cir

City Farmington State UT Zip Code 84025

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 26839198

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Kevin K Lui

Mailing Address 927 Ikena Cir

City Honolulu State HI Zip Code 96821-2555

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 26839201

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Joel T Postma

Mailing Address 8806 53Rd Street Court W

City University Plc State WA Zip Code 98467-1748

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: 26839203

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Angela C Koplos		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 200-A Washington St		Transaction ID: 26839218	
City State Zip Code El Paso TX 79905	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Carolyn Marie Brug-Allender		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 7	
Mailing Address 114 Sylvan Drive		Transaction ID: 26839227	
City State Zip Code Independence KY 41051-9262	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Jason R Miller		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 7	
Mailing Address 250 Andover Dr		Transaction ID: 26853203	
City State Zip Code Powell OH 43065-8457	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

SUBTOTAL of Receipts This Page (optional) ▶	785.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr James C Falconer, Jr

Mailing Address 3421 Kachemak Circle

City Anchorage State AK Zip Code 99515-2380

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2007

Transaction ID: 26853205

Amount of Each Receipt this Period
84.00

B. Full Name (Last, First, Middle Initial)
Dr Denise Lynn Thanepohn

Mailing Address 130 Beaufort Circle

City Anchorage State AK Zip Code 99515-3706

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2007

Transaction ID: 26853206

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Michael James Bennett

Mailing Address 1624 Second St

City Douglas State AK Zip Code 99824-5211

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2007

Transaction ID: 26853207

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional)	269.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Brian D Cin

Mailing Address 11912 Town Park Circle

City State Zip Code
Eagle River AK 99577-7788

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: 26853208

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
Dr Victoria Ann Blower

Mailing Address 2301 Loussac Dr

City State Zip Code
Anchorage AK 99517-1230

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: 26853209

Amount of Each Receipt this Period
84.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City State Zip Code
Aledo TX 76008-5223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 324.98

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 26853483

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)	210.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Pamela E Carlson

Mailing Address 12200 Academy Rd Ne Apt 1332

City State Zip Code
Albuquerque NM 87111-7257

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 26853484

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Mamie Cassandra Chan

Mailing Address 6109 Rio Hondo Ne

City State Zip Code
Albuquerque NM 87109-3832

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 26853485

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Marsha Mary Malooley

Mailing Address 1120 W Armitage #301

City State Zip Code
Chicago IL 60614-4129

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: 26853600

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr William J Prothero

Mailing Address 19027 Second Place Sw

City Seattle	State WA	Zip Code 98166
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.00**

Date of Receipt

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

Transaction ID: 26853604

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr Abdulwahed H Qotaynah

Mailing Address 7380 Mountain Quail Place

City Concord Twp	State OH	Zip Code 44077
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

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

Transaction ID: 26853610

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
Dr Daniel T Mc Gehee

Mailing Address 3915 East Oasis Circle

City Mesa	State AZ	Zip Code 85215-1006
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

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

Transaction ID: 26853623

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Kevin Bruce Ayers		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 4109 W Park St		Transaction ID: 26853676
City State Zip Code Pasco WA 99301	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Sarah Jane Paikowsky		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 5514 E Alan Lane		Transaction ID: 26853682
City State Zip Code Paradise Valley AZ 85253-1162	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Dr Bradley S Giedd		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7
Mailing Address 3626 W Supreme Ct		Transaction ID: 26853683
City State Zip Code Apopka FL 32703	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	1015.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Steve N Nguyen

Mailing Address 7417 Primrose Dr

City Irving State TX Zip Code 75063-5507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: 26853687

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Donald A Flihs

Mailing Address 909 N E Third St

City Belle Glade State FL Zip Code 33430

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: 26853690

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Dr Mark E Swan

Mailing Address 474 Shaw Estates Dr Ne

City Rockford State MI Zip Code 49341-9795

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: 26853694

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr David F Fetterman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 1010 Golf Course Road		Transaction ID: 26859244	
City Milton State PA Zip Code 17847	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr George W Walters, Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 713 Tem Street P.O. Box C		Transaction ID: 26859252	
City Bolivar State TN Zip Code 38008-0391	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Dennis E Curtis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 605 S Third		Transaction ID: 26859262	
City Hugo State OK Zip Code 74743	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Kevin C Pollard		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 4200 W Conejos Pl Ste 105		Transaction ID: 26859263	
City State Zip Code Denver CO 80204-1309	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Lawrence A Filak, Jr		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 9 Chantleair Court		Transaction ID: 26859264	
City State Zip Code Stewartstown PA 17363-4141	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.50		

Full Name (Last, First, Middle Initial) C. Dr Roger M Allyn		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address P O Box 269		Transaction ID: 26876461	
City State Zip Code La Plata NM 87418-0269	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Michael Patrick Gilliland		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 6563 Masefield Street		Transaction ID: 26876462
City State Zip Code Worthington OH 43085	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Alan G Peaslee		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 4507 Wellington Woods Dr		Transaction ID: 26876475
City State Zip Code Hahira GA 31632-3109	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Dr Joyce Y Kim		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 10079 Oakleaf Place		Transaction ID: 26876476
City State Zip Code Cupertino CA 95014-1127	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	765.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Kenneth H Sorkin

Mailing Address 24 Shirley Court

City State Zip Code
Commack NY 11725-4122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 26876480

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Dr Anthony V Adornetto

Mailing Address 1282 Rankin Drive

City State Zip Code
Zanesville OH 43701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 26876488

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr Mary Lynn Gregory

Mailing Address 3332 120Th Ave

City State Zip Code
Clear Lake MN 55319-9506

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 7

Transaction ID: 26876524

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)	330.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Shannon C Franklin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 427 Cranberry Lane		Transaction ID: 26876526	
City State Zip Code Crozet VA 22932-3160	Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 437.50		

Full Name (Last, First, Middle Initial) B. Dr Ivo Horak		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 4366 Cooper Oaks Dr		Transaction ID: 26876527	
City State Zip Code Smyrna GA 30082-4766	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) C. Dr Douglas J Mc Bride		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 3103 Sycamore Lane		Transaction ID: 26876529	
City State Zip Code Billings MT 59102-0523	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	212.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Larry G Obie

Mailing Address 1330 12Th Ave

City State Zip Code
Havre MT 59501-5401

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 26876530

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Dirk Michael Beyer

Mailing Address 709 South 5Th St

City State Zip Code
Hamilton MT 59840-2755

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 26876531

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Marcus H Kelley

Mailing Address 1127 Wilder

City State Zip Code
Helena MT 59601-2115

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 26876532

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Dennis M Brtva		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 7	
Mailing Address 57 Pebblebrook Ct		Transaction ID: 26876533	
City Bloomington	State IL	Zip Code 61704-6300	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00		

Full Name (Last, First, Middle Initial) B. Dr Freddie M Mayes		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 7	
Mailing Address 117 Magnolia Drive		Transaction ID: 26876534	
City Central City	State KY	Zip Code 42330-1727	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Dr Thomas E Nye		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 7	
Mailing Address 42 Tabor Lane		Transaction ID: 26876535	
City Hamilton	State OH	Zip Code 45013-5118	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Andrea P Thau		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 7	
Mailing Address 170 East 83 Street		Transaction ID: 26876539	
City State Zip Code New York NY 10028-1920	Amount of Each Receipt this Period 166.67		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 733.34		

Full Name (Last, First, Middle Initial) B. Dr Albert S Licup		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 226 S Harvey Ave		Transaction ID: 26876540	
City State Zip Code Oak Park IL 60302-3312	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.36		

Full Name (Last, First, Middle Initial) C. Dr Lynn Smith Hammonds		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 2725 Smyer Road		Transaction ID: 26876720	
City State Zip Code Birmingham AL 35216-1026	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	458.34
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr David W Hamill		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 3309 W Hampton Pointe Dr		Transaction ID: 26876721
City State Zip Code Florence SC 29501-2098	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Dr Lily R Yeh-Kalk		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 549 Hall Hill Rd		Transaction ID: 26876727
City State Zip Code Somers CT 06071-1060	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Michael Shawn Mc Avoy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 45 Bunkerhill Rd		Transaction ID: 26876755
City State Zip Code Canton CT 06019	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Daniel C Little		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 504 9Th Avenue Nw		Transaction ID: 26876763
City State Zip Code Mandan ND 58554-2546	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Heather A DiMaggio		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 1299 Hwy 3226		Transaction ID: 26876764
City State Zip Code Deridder LA 70634-9133	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dr Anthony C DiMaggio		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 1299 Highway 3226		Transaction ID: 26876765
City State Zip Code Deridder LA 70634-9133	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Mark S Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 113 Florida Ave		Transaction ID: 26876766
City State Zip Code Lynn Haven FL 32444	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Douglas K Gauvreau		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 1 Thornhurst Road		Transaction ID: 26876767
City State Zip Code Falmouth ME 04105	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Mark E Nordin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 524 Jasper Lane		Transaction ID: 26876771
City State Zip Code Paintsville KY 41240-9338	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	765.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 106		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Catherine Ann Kennedy

Mailing Address 4 Briarwood Lane

City State Zip Code
Burlington MA 01803-3013

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 26876781

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Robert P Pharr

Mailing Address 130 Pharr Circle

City State Zip Code
Attalla AL 35954-5599

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: 26880867

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Charles Lowell Jones, Jr

Mailing Address 631 West Gresham

City State Zip Code
Indianola MS 38751

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 7

Transaction ID: 26880869

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Lori Lynn Blackmer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7	
Mailing Address 700 Pine Street		Transaction ID: 26880870	
City State Zip Code Picayune MS 39466-2566	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) B. Dr David Hill Curtis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7	
Mailing Address 550 Hwy 82		Transaction ID: 26880871	
City State Zip Code Ethelsville AL 35461	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr John E Titak		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 3 Fairfield Drive		Transaction ID: 26881108	
City State Zip Code Avondale Estate GA 30002	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Orvil V Kimball, Jr

Mailing Address 802 W Edgewood

City State Zip Code
Friendswood TX 77546-4422

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 26881138

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Nathalie Cassis

Mailing Address 611 Raleigh Ave #1

City State Zip Code
Norfolk VA 23507-2014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 26882294

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr John P De Carlo

Mailing Address 983 Newfield Avenue

City State Zip Code
Stamford CT 06905-2594

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 26882296

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Masoud Ghohestani		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address P O Box 4174		Transaction ID: 26882312	
City Lawrenceburg	State IN	Zip Code 47025-4174	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr John R Miksch		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 9809 Colony Bluff Drive		Transaction ID: 26882316	
City Richmond	State VA	Zip Code 23238-5557	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Jeffrey Garcia		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 12 Heinlen St		Transaction ID: 26882327	
City Lemoore	State CA	Zip Code 93245-2943	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Michael C Noble

Mailing Address 5609 W Arlington

City State Zip Code
Yakima WA 98908-4297

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 26882353

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr James C Fujisaki

Mailing Address 99-011 Kealakaha Dr

City State Zip Code
Aiea HI 96701-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 26882359

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr Douglas Gerard Herriott

Mailing Address 980 Nw High Point Dr

City State Zip Code
Lees Summit MO 64081-2447

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 26882368

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Mark A Herriott

Mailing Address 13912 Goodman St

City State Zip Code
Shawnee Mission KS 66223-1352

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 26882369

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Dr Anthony S Diecidue

Mailing Address 300 Mcmichaels Drive

City State Zip Code
Stroudsburg PA 18360

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 26882370

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Michele R Haranin

Mailing Address 301 Concord Road

City State Zip Code
Dover DE 19904-9100

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 26883263

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr William E Leadingham

Mailing Address 316 Sunset Drive

City State Zip Code
Ashland KY 41101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Transaction ID: 26883699

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Karen S Beling

Mailing Address 133 Valley View Avenue

City State Zip Code
Edgewater MD 21037-3818

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Transaction ID: 26883705

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Tracie M King

Mailing Address 1323 South Hanover St

City State Zip Code
Baltimore MD 21230-4220

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Transaction ID: 26883706

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr William Donald Diehl

Mailing Address 414 N Imo

City Enid State OK Zip Code 73703

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Transaction ID: 26883707

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Jeffrey K Smith

Mailing Address 4309 Coronet St

City Crossett State AR Zip Code 71635-9549

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 7

Transaction ID: 26883708

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City Grayslake State IL Zip Code 60030-3492

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 26884671

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Kenneth Ray Moultrie		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 1809 Gaslight Way		Transaction ID: 26884673	
City State Zip Code Huntsville AL 35801-1555	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Dr Kathleen E Goff		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 805 E Blanchard Ave		Transaction ID: 26884674	
City State Zip Code El Paso TX 79902-2722	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Dr Jeffrey C Michaels		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 2323 Horseshoe Bend		Transaction ID: 26891777	
City State Zip Code Goochland VA 23063-3246	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Barry Jon Mc Namara

Mailing Address 109 Payne Road

City State Zip Code
Montgomery AL 36116-6602

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 26892129

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Gary M Louie

Mailing Address 34724 Alvarado Niles Rd

City State Zip Code
Union City CA 94587-4502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 26893840

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr James Edward Bureman

Mailing Address 1422 Cooper Blvd

City State Zip Code
Springfield MO 65802-2449

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 26894024

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1095.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr David A Klibanoff		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 238 Brook Street		Transaction ID: 26894025
City State Zip Code Rehoboth MA 02769-1736	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Rhett Hamer Richardson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 373 Goss Lane		Transaction ID: 26894026
City State Zip Code Barnwell SC 29812-6435	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr Randall K Thomas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 6017 Havencrest Court		Transaction ID: 26894027
City State Zip Code Concord NC 28027	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 106		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Luther O Ness

Mailing Address 1826 Hilbrooke Drive

City State Zip Code
Walla Walla WA 99362-4240

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 26894031

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Arnoldo A Bowrey

Mailing Address 4749 Turnridge Court

City State Zip Code
Concord NC 28027

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 26894035

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr Edmundo C Fimbres

Mailing Address 25 San Juan Dr

City State Zip Code
Salinas CA 93901-3036

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 26894039

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Gary L Williams

Mailing Address 5001 Follgatter Drive

City State Zip Code
Bakersfield CA 93308

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 26894041

Amount of Each Receipt this Period
265.00

B. Full Name (Last, First, Middle Initial)
Dr Joyce Y Kim

Mailing Address 10079 Oakleaf Place

City State Zip Code
Cupertino CA 95014-1127

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 26894042

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Donald E Stover

Mailing Address 2558 W White Chapel Way

City State Zip Code
Porterville CA 93257-6926

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 26894044

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **765.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Eleanor Wong Hattori		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 10 Del Robles Ave		Transaction ID: 26894046	
City State Zip Code Monterey CA 93940		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Jeffrey A Hall		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 6210 Lake Shore Drive		Transaction ID: 26894047	
City State Zip Code San Diego CA 92119-3043		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Philip Ong		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 1572 Theo Drive		Transaction ID: 26894049	
City State Zip Code San Jose CA 95131-2465		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation O.D.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1065.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 106
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Cindy S Matteson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 31344 Pike Place		Transaction ID: 26894050	
City State Zip Code Union City CA 94587	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Joseph C Mallinger		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 28417 Tricia Pl		Transaction ID: 26894052	
City State Zip Code Escondido CA 92026	Amount of Each Receipt this Period 2005.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2005.00		

Full Name (Last, First, Middle Initial) C. Dr A. Saul Levine		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 1048 Savannah Drive		Transaction ID: 26894054	
City State Zip Code San Jose CA 95117-3062	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	2605.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Edward Wood		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 1750 1St Street		Transaction ID: 26894055	
City State Zip Code Wasco CA 93280-1208		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed		Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr David Cash Hoadley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 323 East Grant		Transaction ID: 26894060	
City State Zip Code Osceola IA 50213-1723		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Megan J Petty		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7	
Mailing Address 215 Callie Lane		Transaction ID: 26894064	
City State Zip Code Centerton AR 72719-9318		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1015.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 106
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Richard Barton Payne		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 7
Mailing Address 9508 S E 95Th St		Transaction ID: 26894072
City State Zip Code Vancouver WA 98664	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr J. Scott Richardson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 142 Randall Road		Transaction ID: 26894205
City State Zip Code Carroll IA 51401	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr Robert L Limbird		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 1340 West Riverview		Transaction ID: 26894208
City State Zip Code Napoleon OH 43545	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Harriet Carolyn Pelton		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 6250 Ramwyck Court		Transaction ID: 26894211	
City State Zip Code West Bloomfield MI 48322-2250	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Lloyd I Snider		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 6250 Ramwyck Ct		Transaction ID: 26894212	
City State Zip Code W Bloomfield MI 48322	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr William E Fox		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 1504 Wood Spring Court		Transaction ID: 26894220	
City State Zip Code Raleigh NC 27614	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 106
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Elizabeth J Westin

Mailing Address 488 Hart Road

City Lexington State KY Zip Code 40502-2330

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: 26894234

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Dr Paul W Derrick

Mailing Address 22 Beachwood West

City Isle Of Palms State SC Zip Code 29451

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 7

Transaction ID: 26894238

Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	55769.82

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 26897628 Date of Disbursement 11 / 01 / 2007	
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 426.01	
City St. Louis	State MO	Zip Code 63179	001 Category/ Type
Purpose of Disbursement Bank of America Fee 11/01/07			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Bank of America Fee 11/01- /07		

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 26897630 Date of Disbursement 11 / 01 / 2007	
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 0.01	
City St. Louis	State MO	Zip Code 63179	001 Category/ Type
Purpose of Disbursement Bank of America Fee 11/01/07			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Bank of America Fee 11/01- /07		

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 26897661 Date of Disbursement 11 / 01 / 2007	
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 12.90	
City St. Louis	State MO	Zip Code 63179	001 Category/ Type
Purpose of Disbursement Discover Service Fee 11/01/07			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Discover Service Fee 11/0- 1/07		

SUBTOTAL of Disbursements This Page (optional)	438.92
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 26897270 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 88.22
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 11/05/07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 11/0-5/07

Full Name (Last, First, Middle Initial) B. Wachovia Federal		Transaction ID: 26895941 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 1650 Tyson Blvd.		Amount of Each Disbursement this Period 574.05
City McLean State VA Zip Code 22102	Purpose of Disbursement Wachovia Bank Fee 11/09/07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Wachovia Bank Fee 11/09/07

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 26897632 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 29.45
City St. Louis State MO Zip Code 63179	Purpose of Disbursement Bank of America Fee 11/15/07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank of America Fee 11/15- /07

SUBTOTAL of Disbursements This Page (optional) ▶	691.72
TOTAL This Period (last page this line number only) ▶	1130.64

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Chet Edwards For Congress		Transaction ID: 26791343 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Waco State TX Zip Code 76702	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Rep. Chet Edwards		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 17		

Full Name (Last, First, Middle Initial) B. Team Emerson For Jo Ann Emerson		Transaction ID: 26790119 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO Box 822 P.O. Box 822		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Cape Girardeau State MO Zip Code 63702	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Rep. Jo Ann Emerson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 8		

Full Name (Last, First, Middle Initial) C. Charles A. Gonzalez Congressional Campaign		Transaction ID: 26791342 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 1500.00 Candidate Contribution
City San Antonio State TX Zip Code 78212	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Rep. Charles A. Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 20		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Citizens For Harkin		Transaction ID: 26790075 Date of Disbursement 11 / 07 / 2007
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

Full Name (Last, First, Middle Initial) B. Citizens For Harkin		Transaction ID: 26790097 Date of Disbursement 11 / 07 / 2007
Mailing Address P O Box 811		Amount of Each Disbursement this Period 4000.00
City Des Moines State IA Zip Code 50304	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

Full Name (Last, First, Middle Initial) C. Abercrombie For Congress		Transaction ID: 26790114 Date of Disbursement 11 / 07 / 2007
Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 1000.00
City Honolulu State HI Zip Code 96814	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 89 / 106

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends Of Max Baucus		Transaction ID: 26790168 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 236 Massachusetts Avenue, N.E. Suite 603		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Sen. Max Baucus		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Mary Bono Committee		Transaction ID: 26790130 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1500.00
City Palm Springs State CA Zip Code 92263	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mary Bono		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Mary Bono Committee		Transaction ID: 26790132 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 2000.00
City Palm Springs State CA Zip Code 92263	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mary Bono		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Boozman For Congress		Transaction ID: 26790147 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 671		Amount of Each Disbursement this Period 1000.00
City Rogers State AR Zip Code 72757	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Rep. John N. Boozman	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 3	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Boswell For Congress		Transaction ID: 26791411 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50309	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Rep. Leonard L. Boswell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dave Camp For Congress 2008		Transaction ID: 26790603 Date of Disbursement 11 / 07 / 2007
Mailing Address 5915 Eastman Ave. Suite 100		Amount of Each Disbursement this Period 1000.00
City Midland State MI Zip Code 48640	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Rep. David Lee Camp	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 4	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends Of Jim Clyburn		Transaction ID: 26790607 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 3500.00 Candidate Contribution
City Columbia State SC Zip Code 29211	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Rep. James E. Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 6		

Full Name (Last, First, Middle Initial) B. Crowley For Congress		Transaction ID: 26791323 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Rep. Joseph Crowley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 7		

Full Name (Last, First, Middle Initial) C. Jesse Jackson Jr. For Congress		Transaction ID: 26790099 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 490286		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Chicago State IL Zip Code 60649	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Rep. Jesse L. Jackson, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends Of Patrick J. Kennedy Inc.		Transaction ID: 26791320 Date of Disbursement 11 / 07 / 2007
Mailing Address P.O. Box 321		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Pawtucket State RI Zip Code 02860		
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Patrick J. Kennedy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Kirk For Congress		Transaction ID: 26791322 Date of Disbursement 11 / 07 / 2007
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Winnetka State IL Zip Code 60093		
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mark Steven Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Citizens To Elect Rick Larsen		Transaction ID: 26791352 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 326		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Everett State WA Zip Code 98206		
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Rick Larsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. John Lewis For Congress		Transaction ID: 26790139 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 2015 Wallace Rd.		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30331	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. John Lewis		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mike McIntyre For Congress		Transaction ID: 26790241 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 1000.00
City Lumberton State NC Zip Code 28359	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Mike McIntyre		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 7
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Candice Miller For Congress		Transaction ID: 26791314 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO Box 182152		Amount of Each Disbursement this Period 1000.00
City Shelby Township State MI Zip Code 48318	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Candice S. Miller		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Lot Of People For Dave Obey		Transaction ID: 26790116 Date of Disbursement 11 / 07 / 2007
Mailing Address 525 Washington St PO Box 1322		Amount of Each Disbursement this Period 1000.00
City Wausau State WI Zip Code 54402	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. David R. Obey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pallone For Congress		Transaction ID: 26790045 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2500.00
City Long Branch State NJ Zip Code 07740	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Frank Pallone, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Joe Pitts		Transaction ID: 26791318 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 775		Amount of Each Disbursement this Period 1000.00
City Unionville State PA Zip Code 19375	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Joseph R. Pitts		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Mark Pryor For Us Senate		Transaction ID: 26791357 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 1000.00
City Little Rock State AR Zip Code 72203	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Sen. Mark L. Pryor		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Reed Committee		Transaction ID: 26790606 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 2500.00
City Cranston State RI Zip Code 02920	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Sen. Jack Reed		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rehberg For Congress		Transaction ID: 26790071 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 1597		Amount of Each Disbursement this Period 1000.00
City Helena State MT Zip Code 59624	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Dennis R. Rehberg		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Reynolds For Congress		Transaction ID: 26791321 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Rochester State NY Zip Code 14615		
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Thomas M. Reynolds Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 26	011 Category/Type	

Full Name (Last, First, Middle Initial) B. Ciro D. Rodriguez For Congress		Transaction ID: 26791325 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 14528		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City San Antonio State TX Zip Code 78214		
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Ciro Rodriguez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 23	011 Category/Type	

Full Name (Last, First, Middle Initial) C. Souder For Congress Inc.		Transaction ID: 26790100 Date of Disbursement 11 / 07 / 2007
Mailing Address P.O. Box 40233		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Fort Wayne State IN Zip Code 46804		
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Mark E. Souder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 3	011 Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Pete Stark Re-Election Committee		Transaction ID: 26790134 Date of Disbursement 11 / 07 / 2007	
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 1000.00	
City Fremont	State CA	Zip Code 94537	Candidate Contribution
Purpose of Disbursement Candidate Contribution		011 Category/ Type	
Candidate Name Rep. Fortney Peter Stark			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 13			

Full Name (Last, First, Middle Initial) B. Robert Wexler For Congress Committee		Transaction ID: 26790174 Date of Disbursement 11 / 07 / 2007	
Mailing Address Post Office Box 810669		Amount of Each Disbursement this Period 1000.00	
City Boca Raton	State FL	Zip Code 33431	Candidate Contribution
Purpose of Disbursement Candidate Contribution		011 Category/ Type	
Candidate Name Rep. Robert Wexler			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 19			

Full Name (Last, First, Middle Initial) C. BOLD PAC		Transaction ID: 26790111 Date of Disbursement 11 / 07 / 2007	
Mailing Address Post Office Box 310		Amount of Each Disbursement this Period 2500.00	
City Washington	State DC	Zip Code 20003	Committee Contribution
Purpose of Disbursement Committee Contribution		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends Of Dave Weldon		Transaction ID: 26791324 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 2525 Aurora Road Suite 2		Amount of Each Disbursement this Period 1000.00
City Melbourne State FL Zip Code 32935	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Dave Weldon, M.D.		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michaud For Congress		Transaction ID: 26790142 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 213 Lisbon Street		Amount of Each Disbursement this Period 1000.00
City Lewiston State ME Zip Code 04240	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Michael H. Michaud		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 2
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cole For Congress		Transaction ID: 26790136 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 722256		Amount of Each Disbursement this Period 1000.00
City Norman State OK Zip Code 73070	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Thomas Cole		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 4
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Van Hollen For Congress		Transaction ID: 26790115 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 1000.00
City Kensington State MD Zip Code 20895	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Chris Van Hollen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Trent Franks To Congress		Transaction ID: 26790117 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address 12416 N. 57th Drive		Amount of Each Disbursement this Period 1000.00
City Glendale State AZ Zip Code 85304	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Trent Franks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Salazar For Congress		Transaction ID: 26790098 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address PO Box 534		Amount of Each Disbursement this Period 1000.00
City Pueblo State CO Zip Code 81002	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. John T. Salazar		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Cathy McMorris For Congress		Transaction ID: 26790122 Date of Disbursement 11 / 07 / 2007
Mailing Address Box 137		Amount of Each Disbursement this Period 1000.00
City Spokane	State Zip Code WA 99210	
Purpose of Disbursement Candidate Contribution		Candidate Contribution
Candidate Name Rep. Cathy McMorris Rodgers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 5		

Full Name (Last, First, Middle Initial) B. Charlie Melancon Campaign Committee Inc		Transaction ID: 26791316 Date of Disbursement 11 / 07 / 2007
Mailing Address PO Box 549		Amount of Each Disbursement this Period 1000.00
City Napoleonville	State Zip Code LA 70390	
Purpose of Disbursement Candidate Contribution		Candidate Contribution
Candidate Name Rep. Charles Melancon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 3		

Full Name (Last, First, Middle Initial) C. Mill to the Hill PAC		Transaction ID: 26791344 Date of Disbursement 11 / 07 / 2007
Mailing Address 499 South Capitol St., SW Suite 404		Amount of Each Disbursement this Period 3000.00
City Washington	State Zip Code DC 20003	
Purpose of Disbursement Committee Contribution		Committee Contribution
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Welch For Congress		Transaction ID: 26791345 Date of Disbursement 11 / 07 / 2007	
Mailing Address PO Box 1086		Amount of Each Disbursement this Period 1000.00 Candidate Contribution	
City Montpelier	State VT		Zip Code 05601
Purpose of Disbursement Candidate Contribution			011 Category/ Type
Candidate Name Mr. Peter Welch			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VT District: 1			

Full Name (Last, First, Middle Initial) B. Arcuri For Congress		Transaction ID: 26790128 Date of Disbursement 11 / 07 / 2007	
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 1500.00 Candidate Contribution	
City Utica	State NY		Zip Code 13505
Purpose of Disbursement Candidate Contribution			011 Category/ Type
Candidate Name Rep. Michael Arcuri			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 24			

Full Name (Last, First, Middle Initial) C. Citizens For Altmire		Transaction ID: 26791410 Date of Disbursement 11 / 07 / 2007	
Mailing Address PO Box 1776		Amount of Each Disbursement this Period 1000.00 Candidate Contribution	
City Freedom	State PA		Zip Code 15042
Purpose of Disbursement Candidate Contribution			011 Category/ Type
Candidate Name Rep. Jason Altmire			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 4			

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) John Hall For Congress Mailing Address PO Box 469 City Beacon State NY Zip Code 12508 Purpose of Disbursement Candidate Contribution Candidate Name Mr. John Hall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 26790138 Date of Disbursement 11 / 07 / 2007 Amount of Each Disbursement this Period 1000.00 Candidate Contribution
B. Full Name (Last, First, Middle Initial) Loebsack For Congress Mailing Address PO Box 1457 City Iowa City State IA Zip Code 52244 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Dave Loebsack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 26790146 Date of Disbursement 11 / 07 / 2007 Amount of Each Disbursement this Period 1000.00 Candidate Contribution
C. Full Name (Last, First, Middle Initial) Lauzen For Congress Mailing Address P.O. Box 5445 City Aurora State IL Zip Code 60507 Purpose of Disbursement Candidate Contribution Candidate Name Chris Lauzen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 26790049 Date of Disbursement 11 / 07 / 2007 Amount of Each Disbursement this Period 5000.00 Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Joan Fitz-Gerald For Congress Committee		Transaction ID: 26791346 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 7
Mailing Address Box 401 9975 Wadsworth Parkway Unit K-2		Amount of Each Disbursement this Period 5000.00
City Westminster State CO Zip Code 80021	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Joan Fitz-Gerald Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 2		Category/Type 011

Full Name (Last, First, Middle Initial) B. Graves For Congress		Transaction ID: 26793902 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 2345 Grand Suite 2400		Amount of Each Disbursement this Period 1500.00
City Kansas City State MO Zip Code 64108	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Samuel B. Graves, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 6		Category/Type 011

Full Name (Last, First, Middle Initial) C. LoBiondo For Congress		Transaction ID: 26803093 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7
Mailing Address PO Box 775		Amount of Each Disbursement this Period 500.00
City Marmora State NJ Zip Code 08223	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Frank A. LoBiondo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 2		Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. LoBiondo For Congress		Transaction ID: 26803941 Date of Disbursement 11 / 14 / 2007
Mailing Address PO Box 775		Amount of Each Disbursement this Period 500.00 Candidate Contribution
City Marmora State NJ Zip Code 08223	011 Category/ Type	
Purpose of Disbursement Candidate Contribution		
Candidate Name Rep. Frank A. LoBiondo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kirk For Congress		Transaction ID: 26882343 Date of Disbursement 11 / 27 / 2007
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Winnetka State IL Zip Code 60093	011 Category/ Type	
Purpose of Disbursement Candidate Contribution		
Candidate Name Rep. Mark Steven Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mike Thompson For Congress		Transaction ID: 26882346 Date of Disbursement 11 / 27 / 2007
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00 Candidate Contribution
City Sacramento State CA Zip Code 95841	011 Category/ Type	
Purpose of Disbursement Candidate Contribution		
Candidate Name Rep. Michael Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Robert Wexler For Congress Committee		Transaction ID: 26882345 Date of Disbursement 11 / 27 / 2007	
Mailing Address Post Office Box 810669		Amount of Each Disbursement this Period 1000.00 Candidate Contribution	
City Boca Raton	State FL		Zip Code 33431
Purpose of Disbursement Candidate Contribution			011 Category/ Type
Candidate Name Rep. Robert Wexler			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 19			

Full Name (Last, First, Middle Initial) B. Kevin Mccarthy For Congress		Transaction ID: 26882348 Date of Disbursement 11 / 27 / 2007	
Mailing Address 455 Capitol Mall Suite 801		Amount of Each Disbursement this Period 1000.00 Candidate Contribution	
City Sacramento	State CA		Zip Code 95814
Purpose of Disbursement Candidate Contribution			011 Category/ Type
Candidate Name Rep. Kevin McCarthy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 22			

Full Name (Last, First, Middle Initial) C. Davis For Congress/Friends Of Davis		Transaction ID: 26883904 Date of Disbursement 11 / 28 / 2007	
Mailing Address 5956 W. Race Avenue		Amount of Each Disbursement this Period 1000.00 Candidate Contribution	
City Chicago	State IL		Zip Code 60644
Purpose of Disbursement Candidate Contribution			011 Category/ Type
Candidate Name Rep. Danny K. Davis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 7			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Ron Lewis For Congress		Transaction ID: 26883910 Date of Disbursement 11 / 28 / 2007
Mailing Address PO Box 307		Amount of Each Disbursement this Period 3000.00
City Elizabethtown State KY Zip Code 42702	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 011

Full Name (Last, First, Middle Initial) B. Latta For Congress Committee		Transaction ID: 26888305 Date of Disbursement 11 / 29 / 2007
Mailing Address 300 North Main Street		Amount of Each Disbursement this Period 2500.00
City Bowling Green State OH Zip Code 43402	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Mr. Robert Latta Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 5		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 011

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

84500.00