FEC FORM 3X	A	ND DISE	OF REC BURSEN An Authoriz	IENTS	ee		Office Use Only			
1. NAME OF COMMITTEE (in fu		E FEC MAILING TYPE OR PRIN		xample:If typing ver the lines	, type					
	ic Association	Political Action								
ADDRESS (number and s	street)	505 Prince Stre	et							
Check if differe	ent L	Suite 300								
than previously reported. (ACC		Alexandria					22314			
2. FEC IDENTIFICAT		t ∀	CITY 🛋		5	STATE	ZIPCOD	e 🔺		
C00024968	· · · · ·		3. IS THIS REPOR		NEW (N) OR	AN (A)	IENDED			
4. TYPE OF REPO (Choose One) (a) Quarterly Repo		(b) Monthly Report Due On:	Feb 20 (M		May 20 (M5) Jun 20 (M6)			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)		
July 15 Quarterly October 1 Quarterly January 3	Report(Q3)		Apr 20 (M. / lection for the:	4) Primary (12F Convention (General (Special (*	12G)	Jan 31 (YE) Runoff (12R)		
July 31 M Report(No Year Only	id-Year on-election			General (300	3)	Runoff (3	0R) In the State of	Special (30S)		
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	Signature of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. Date 12 10 2007									
NOTE : Submission of f	alse, erroneous	s, or incomplete	information may	subject the pers	on signing this	s Report to the	penalties of 2 U.S	.C 437g.		
Office Use Only							FEC FORM (Rev. 02/2007			

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

F	eport Covering the Period: From:	0 1 Y W Y 0 1 2 0 0 7	ro: M M M 30 Y Y Y Y Y 2007
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
i.	(a) Cash on Hand January 1		380998.25
	(b) Cash on Hand at Begining 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
	Total Disbursements (from Line 31)	85630.64	652659.01
•	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	510901.10	510901.10
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Э.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

Image# 27931638866

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS	Page 3
Write or Type Committee Name American Optometric Association Political	Action Committee	
Report Covering the Period: From:	0 1 Y Y W Y 0 1 2 0 0 7	To:
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)		
(ii) Unitemized	52812.95	358537.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) 🅨	108582.77	773904.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(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
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
(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

Image# 27931638867

DETAILED SUMMARY PAGE

		COLUMN A	COLUMN B
	II. DISBURSEMENTS	Total This Period	Colomin B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
		0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	Expenditures	1130.64	18059.44
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1130.64	18059.44
2.	Transfers to Affiliated/Other Party		
	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	84500.00	633099.57
4.	Independent Expenditure (use Schedule E)	0.00	0.00
	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	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
9.	Other Disbursements	0.00	0.00
0.	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
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	85630.64	652659.01
	-, ,,,,, (_, _0 and 00 (0)).		
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	85630.64	652659.01

Image# 27931638868

DETAILED SUMMARY PAGE

III. Net Contributions/Operating Expenditures			
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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 106 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politie	cal Action (Committee	
<u>/</u> А.	Full Name (Last, First, Middle Initial) Dr Randolph E Brooks Mailing Address 3 Schindler Drive			Date of Receipt
				11 01 2007
	City	State NJ	Zip Code 07876	Transaction ID: 26773851
	Succasunna FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 800.00
	Name of Employer Self Employed	Occupation Doctor of	n Öptometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
в.	Full Name (Last, First, Middle Initial) Dr Richard F Noyes			Date of Receipt
	Mailing Address 4196 Brookside Dr			M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 7
	City	State	Zip Code	Transaction ID: 26779779
	Marion	IA	52302-9327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Doctor of	n ⁻ Optometry	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00]
<u></u>	Full Name (Last, First, Middle Initial) Dr Cary S Labbe			Date of Receipt
	Mailing Address 1212 Nw 6Th Avenue			M M / D D / Y Y Y Y 1 1 0 3 2 0 0 7
	City Mineral Wells	State TX	Zip Code 76067-3404	Transaction ID: 26787369 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Self Employed	Occupation Doctor of	n Öptometry	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00]
s	UBTOTAL of Receipts This Page (optional)			1265.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS					
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	/ y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action	Committee			
Α.	Full Name (Last, First, Middle Initial) Dr Patrick M Fleming Mailing Address 149 Linwood Way			Date of Receipt		
				11 02 2007		
	City Martinsburg	State WV	Zip Code 25401	Transaction ID: 26787744		
	FEC ID number of contributing federal political committee.	C	23401	Amount of Each Receipt this Period		
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]		
в.	Full Name (Last, First, Middle Initial) Dr Kristen A Langner			Date of Receipt		
	Mailing Address 46 E Irving Park Rd			M M / D D / Y Y Y Y 111 02 2007		
	City	State	Zip Code	Transaction ID: 26787745		
	Roselle		60172	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry			
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]		
с.	Full Name (Last, First, Middle Initial) Dr Stuart J Thomas			Date of Receipt		
	Mailing Address 180 High Ridge PI			M M / D D / Y Y Y Y 1 1 02 2007		
	City	State	Zip Code	Transaction ID: 26787746		
	Athens	GA	30606-1971	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed		f Optometry			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]		
s	 UBTOTAL of Receipts This Page (optional)			1000.00		
Т	OTAL This Period (last page this line number o	only)				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)			FOR LINE NUMBER: PAGE 8 / 106 (check only one)								
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\sum	NAME OF COMMITTEE (In Full)													
\geq	American Optometric Association Politi	cal Action (Committee											
Α.	Full Name (Last, First, Middle Initial) Dr. Justin Michaels				Da	te of I	Receipt							
	Mailing Address 2437 Sandpiper Pl				1	1 1		0 ^D	/ Y	2	0 0			
	City	State	Zip Code				tion ID							
	Ontario	CA	91761-6247		An	nount	of Eacl	ו Re	ceipt t	this P	eriod			
	FEC ID number of contributing federal political committee.	C						_		2	250.0	0		
	Name of Employer Self Employed	Occupation Doctor of	optometry											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		250.	00										
в.	Full Name (Last, First, Middle Initial) Jeffrey L Koenen				Da	te of I	Receipt							
	Mailing Address 4600 University Ave					м 1	/ D	0 2	/ Y		0 0			
	City	State		Transaction ID: 26787775										
	Des Moines	IA	50311-2501		An	nount	of Eacl	n Re	ceipt t	this P	eriod			
	FEC ID number of contributing federal political committee.	C								3	300.0	0		
	Name of Employer Self Employed	Occupation Doctor of	optometry											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		300.	00										
<u></u>	Full Name (Last, First, Middle Initial) Dr Bruce Laurence Reese				Da	te of I	Receipt							
	Mailing Address 2239 Autumn Drive					1 1		0 ^D	/ Y		0 0			
	City	State	Zip Code		Tra	insac	tion ID	: 26	7877	77				
	Kinston	NC	28501		An	nount	of Eacl	ו Re	ceipt t	this P	eriod			
	FEC ID number of contributing federal political committee.	C								5	500.0	0		
	Name of Employer Self Employed	Occupation Doctor of	Optometry											
	Receipt For:		Year-to-Date V											
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s	UBTOTAL of Receipts This Page (optional)			•						10	50.0	0		
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\sum	NAME OF COMMITTEE (In Full)												
\langle	American Optometric Association Politic	cal Action (Committee										
Α.	Full Name (Last, First, Middle Initial) Dr William A Ernstein					Date o	f Re	ceipt					,
	Mailing Address 229 Heather Ln			M M / D D / Y Y 11 02 20							0 [°] 07		
	City	State	Zip Code			Transa	ctio	n ID:	267	8777	78		
	Wilmette	IL	60091		_	Amour	nt of	Each	Rece	eipt th	is Pe	eriod	
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	Receipt For:	Aggregate	Year-to-Date V										
	Primary General			250.00									
	Other (specify)	0 0	0 0 0 0 0	200.00									
в.	Full Name (Last, First, Middle Initial) Dr Samuel J Wilson					Date o	f Re	ceipt					
	Mailing Address 5616 117Th Street Sw			M M / D D / Y Y Y Y 111 01 2007									
	City	State	Transaction ID: 26787923										
	Tacoma	WA	98499-4913		_	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.					500.00							
	Name of Employer Self Employed	Occupation	า										
		1	Optometry										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)			500.00									
					_								
C.	Full Name (Last, First, Middle Initial) Dr Lynn J Coon					Date o	f Re	ceipt					
	Mailing Address P.O. Box 870450					м м 11	/		D /	Y		0 0 7	
	City	State	Zip Code		٦ ·	Transa	ctio	n ID:	267	8792	25		
	Wasilla	AK	99687-0450		_	Amour	nt of	Each	Rece	eipt th	is Pe	eriod	
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	Other (specify)	0 0 0 0 0	250.00										
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	n for the purpose of soliciting contributions solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full)											
\rangle	American Optometric Association Politi	cal Action (Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Steven J Davis		Date of Receipt									
	Mailing Address 917 Olympia Dr			M M / D D / Y Y Y Y 111 01 2007								
	City	State	Zip Code	Transaction ID: 26787928								
	Walla Walla	WA	99362-1534	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		365.00								
	Name of Employer Self Employed	Occupation Doctor of	n Optometry									
	Receipt For:	-	Year-to-Date ▼	-								
	Primary General		265 00									
	Other (specify) v	0 0	365.00									
в.	Full Name (Last, First, Middle Initial) Dr Richard Thomas D'Addio			Date of Receipt								
	Mailing Address 183 Englewood Drive			M M / D D / Y Y Y Y 111 01 2007								
	City	State	Zip Code	Transaction ID: 26787930								
	Orange	СТ	06477	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer Self Employed	Occupation	n Optometry									
	Receipt For:	-	Year-to-Date V									
	Primary General											
	Other (specify)	0 0	250.00									
	Full Name (Last, First, Middle Initial) Dr Phillip B Jacobs			Date of Receipt								
0.	Mailing Address 2236 Hilldale Road											
				11 01 2007								
	City	State	Zip Code	Transaction ID: 26787931								
	Rock Hill	SC	29732-9420	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		150.00								
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry									
	Receipt For:		Year-to-Date V	1								
	Primary General		250.00									
	Other (specify) v	0.0										
s	UBTOTAL of Receipts This Page (optional)			765.00								
т	OTAL This Period (last page this line number of	nly)										

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 / 106							
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11			Detailed Summary Page	X 11a 11b 11c 12							
۸	v information copied from such Reports and Sta	tomonto ma	unot be cold or used by only name	13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
\sum	NAME OF COMMITTEE (In Full)										
\geq	American Optometric Association Politi	cal Action	Committee	_							
Α.	Full Name (Last, First, Middle Initial) Dr James Brian Connelly			Date of Receipt							
	Mailing Address 3243 Evergreen Road			M M / D D / Y Y Y Y 11 1 01 2007							
	City	State	Zip Code	Transaction ID: 26787932							
	Fargo	ND	58102-1214	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation									
	Receipt For:		f Optometry e Year-to-Date ▼	-1							
	Primary General	Aggregate		1							
	Other (specify)		400.00								
в.	Full Name (Last, First, Middle Initial) Dr Scott Smith Weaver			Date of Receipt							
	Mailing Address 50 Doersam Ct			M M / D D / Y Y Y Y 1 1 0 1 2007							
	City	State	Zip Code	Transaction ID: 26787939							
	York	PA	17406-6916	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation									
	Receipt For:		f Optometry e Year-to-Date ▼	_							
	Primary General	Aggregate		1							
	Other (specify)		500.00								
с.	Full Name (Last, First, Middle Initial) Dr Richard James Pinelli			Date of Receipt							
	Mailing Address 21 Sycamore Drive			M M / D D / Y Y Y Y							
	City	State	Zip Code	1 1 0 1 2 0 0 7 Transaction ID: 26787947							
	Mifflintown	PA	17059	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation	n f Optometry								
	Receipt For:		e Year-to-Date V	-1							
	Primary General Other (specify) ▼]									
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 12 / 106 (check only one)					
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n								
\sum	NAME OF COMMITTEE (In Full)								
\mathbb{Z}	American Optometric Association Polition	cal Action (Committee						
A.	Full Name (Last, First, Middle Initial) Dr Mark Gordon Ryan			Date of Receipt					
	Mailing Address 40 Glenwood Road			M M / D D / Y Y Y Y 11 1 01 2007					
	City	State	Zip Code	Transaction ID: 26787954					
	North Branford	СТ	06471	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation	n f Optometry						
	Receipt For:		e Year-to-Date V	_					
	Primary General		250.00	1					
	Other (specify)	0 0	250.00						
в.	Full Name (Last, First, Middle Initial) Dr Mark K Helgeson			Date of Receipt					
	Mailing Address P O Box O			M M / D D / Y Y Y Y 1 1 0 1 2 0 0 7					
	City	State	Zip Code	Transaction ID: 26787964					
	Park River	ND	58270-0714	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Self Employed	Occupation							
	Receipt For:		Optometry e Year-to-Date ▼	-					
	Primary General	riggrogaio		1					
	Other (specify)	0 0	500.00						
c.	Full Name (Last, First, Middle Initial) Dr Gregory A Webster			Date of Receipt					
	Mailing Address 4123 Pleasant Hill Rd			M M / D D / Y Y Y Y 11 01 2007					
	City	State	Zip Code	Transaction ID: 26787965					
	Kelso	WA	98626	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		200.00					
	Name of Employer Self Employed	Occupation	n f Optometry						
	Receipt For:		e Year-to-Date ▼	-					
	Primary General Other (specify) ▼]							
s	UBTOTAL of Receipts This Page (optional)			950.00					
т	OTAL This Period (last page this line number or	nly)							

S	CHEDULE A (FEC Form 3X)		· · · · · · · · · · · · · · · · · · ·	FOR LINE NUMBER: PAGE 13/106						
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)						
			Detailed Summary Page	X 11a 11b 11c 12						
٨٣	y information copied from such Reports and Sta	tomonto mo	unot be sold or used by any perce	13 14 15 16 17						
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.						
\sum	NAME OF COMMITTEE (In Full)									
\geq	American Optometric Association Politic	cal Action	Committee							
Α.	Full Name (Last, First, Middle Initial) Dr James C Robinson			Date of Receipt						
	Mailing Address 440 Patriot Dr East			M M / D D / Y Y Y Y 11 1 02 2007						
	City	State	Zip Code	Transaction ID: 26788296						
	Waterville	OH	43566	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation		-						
	Receipt For:		Optometry e Year-to-Date ▼							
	Primary General	, iggi ogaio		1						
	Other (specify)	0 0	250.00							
в.	Full Name (Last, First, Middle Initial) Dr Carl A Swanson			Date of Receipt						
	Mailing Address 2604 6 Ave N			M M / D D / Y Y Y Y 1 1 0 2 2 0 0 7						
	City	State	Zip Code	Transaction ID: 26788300						
	Great Falls	MT	59401-2004	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation								
	Receipt For:		Optometry e Year-to-Date ▼	-						
	Primary General			1						
	Other (specify)	0 0	425.00							
~	Full Name (Last, First, Middle Initial)			Data of Pagaint						
υ.	Dr Sandra M Connell Mailing Address 32965 Hilary Circle Ne			Date of Receipt						
				11 02 2007						
	City	State	Zip Code	Transaction ID: 26788305						
	Cambridge	MN	55008-7768	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry							
	Receipt For:		Year-to-Date ▼							
	Other (specify)		250.00							
_		0 0	0 0 0 0 0 0 0 0							
s	UBTOTAL of Receipts This Page (optional)		······	750.00						
Т	OTAL This Period (last page this line number or	nly)	······							

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/106					
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12					
	y information copied from such Reports and Sta								
	for commercial purposes, other than using the n								
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		0						
\mathbb{Z}	American Optometric Association Politic	cal Action (Committee						
A.	Full Name (Last, First, Middle Initial) Dr Paul R King			Date of Receipt					
	Mailing Address 1203 Carson St			M M / D D / Y Y Y Y 11 02 2007					
	City	State	Zip Code	Transaction ID: 26788309					
	Eureka	CA	95501-4273	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer Self Employed	Occupation							
	Receipt For:		Optometry e Year-to-Date ▼	-1					
	Primary General	, iggi ogaio		1					
	Other (specify) v	0 0	350.00						
в.	Full Name (Last, First, Middle Initial) Dr Susan G Gordon			Date of Receipt					
	Mailing Address 1715 Montemar Way			M M / D D / Y Y Y Y 1 1 02 2007					
	City	State	Zip Code	Transaction ID: 26788311					
	San Jose	CA	95125-5549	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation							
			Optometry	_					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼						
	Other (specify) ▼	0 0	250.00						
<u></u>	Full Name (Last, First, Middle Initial) Dr Thomas A Dempsey			Date of Receipt					
	Mailing Address 297 Jagger Lane			M M / D D / Y Y Y Y 1 1 05 2007					
	City	State	Zip Code	Transaction ID: 26788950					
	Hebron	СТ	06248-1139	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation	n ^f Optometry						
	Receipt For:		Year-to-Date ▼	-1					
	Primary General Other (specify) ▼]							
s	SUBTOTAL of Receipts This Page (optional)								
т	TOTAL This Period (last page this line number only)								

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 106 (check only one)						
IT	EMIZED RECEIPTS		or each category of the							
			Detailed Summary Page	13 14 15 16 17						
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	⊥ y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
\rangle	American Optometric Association Politi	cal Action	Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Gretchen I Chadwick			Date of Receipt						
	Mailing Address P O Box 918			1 1 / D D / Y Y Y Y 1 1 1 / 0 5 / 2 0 0 7						
	City	State	Zip Code	Transaction ID: 26789178						
	Redmond	OR	97756-0206	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	_						
	Receipt For:	Aggregate	e Year-to-Date V							
	Primary General Other (specify) ▼	0 0	500.00]						
в.	Full Name (Last, First, Middle Initial) Dr Mitchell Allen Gutwein			Date of Receipt						
	Mailing Address 64 Churchill Court			M M / D D / Y Y Y Y 111 05 2007						
	City	State	Zip Code	Transaction ID: 26789180						
	Lafayette	IN	47905	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry							
	Receipt For:		e Year-to-Date ▼							
	Primary General Other (specify) ▼	0 0	250.00]						
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr George Deems Edlund, Sr			Date of Receipt						
	Mailing Address 453 Caviar Drive Okaloosa Island			M M / D D / Y Y Y Y 1 1 0 5 2 0 0 7						
	City Fort Walton Beach	State FL	Zip Code 32548-6942	Transaction ID: 26789182 Amount of Each Receipt this Period						
	FEC ID number of contributing	C	32340-0342	365.00						
	federal political committee.									
	Solf Employed '		n f Optometry							
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Other (specify) ▼		365.00]						
s	UBTOTAL of Receipts This Page (optional)			1115.00						
	OTAL This Period (last page this line number o		•							

ç	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 106					
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)					
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12					
Δr	w information copied from such Reports and Sta	tements may	v not be sold or used by any perso	n for the purpose of soliciting contributions					
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.									
$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)								
\mathbb{Z}	American Optometric Association Politi	cal Action (Committee						
Α.	Full Name (Last, First, Middle Initial) Dr Judy Chan			Date of Receipt					
	Mailing Address 1315 Ne 152Nd Ave			M M / D D / Y Y Y Y 1 1 0 5 2 0 0 7					
	City	State	Zip Code	Transaction ID: 26789184					
	Vancouver	WA	98684-0849	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry						
	Receipt For:		e Year-to-Date V	1					
	Primary General		250.00						
	Other (specify) v	L							
в.	Full Name (Last, First, Middle Initial) Dr Mark L Davis			Date of Receipt					
	Mailing Address 603 1/2 E Main St Po Box 398			M M / D D / Y Y Y Y 111 05 2007					
	City	State	Zip Code	Transaction ID: 26789190					
	Anamosa	IA	52205	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation	n f Optometry	7					
	Receipt For:	-	e Year-to-Date V	-					
	Primary General	33 - 3		1					
	Other (specify)	0 0	250.00						
_	Full Name (Last, First, Middle Initial)			Data of Data in					
U.	Dr Hope Bernard-Marandola Mailing Address 213 Spaulding Road			Date of Receipt					
				1 1 0 5 2 0 0 7					
	City	State	Zip Code	Transaction ID: 26789192					
	Plainfield	СТ	06374-2126	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry						
	Receipt For: Aggreg		e Year-to-Date V						
	Other (specify)		500.00						
_		0.0							
s	UBTOTAL of Receipts This Page (optional)		••••••	1000.00					
Т	OTAL This Period (last page this line number of	nly)							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 17 / 106 (check only one)						
ITEMIZED RECEIPTS			or each category of the	(check only one)						
			Detailed Summary Page	13 14 15 16 12						
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)									
	American Optometric Association Politic	cal Action (Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Anne K Matsushima			Date of Receipt						
	Mailing Address 654 12Th Avenue			1 1 / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7						
	City	State	Zip Code	Transaction ID: 26789197						
	Honolulu	HI	96816	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupation Doctor of	n Optometry							
	Receipt For:		Year-to-Date ▼	-						
	Primary General		F00.00	1						
	Other (specify)	0 0	500.00							
в.	Full Name (Last, First, Middle Initial) Dr Giselle A Lander			Date of Receipt						
	Mailing Address 5010 Boulder Creek Dr			M M / D D / Y Y Y Y 111 05 2007						
	City	State	Zip Code	Transaction ID: 26789201						
	Solon	OH	44139-1380	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Doctor of	n Optometry							
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		250.00	1						
	Other (specify)	0 0								
C.	Full Name (Last, First, Middle Initial) Dr Mark Elwood Mather			Date of Receipt						
	Mailing Address 2682 Tom Sawyer Rd			1 1 / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7						
	City	State	Zip Code	Transaction ID: 26789202						
	Muscatine	IA	52761-9755	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry							
	Receipt For:		Year-to-Date V							
Primary General Other (specify) ▼			250.00							
				1000.00						
	UBTOTAL of Receipts This Page (optional)									
T	OTAL This Period (last page this line number or	nly)	🕨							

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 18 / 106							
	· · ·		Use separate schedule(s) or each category of the	(check only one)							
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and Statements			not be cold or used by several	13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full)										
\geq	American Optometric Association Politi	cal Action (Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Susan A Driscoll			Date of Receipt							
	Mailing Address 717 St Dunstan Way			1 1 0 5 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26789698							
	Winter Park	FL	32792-4851	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		365.00							
	Name of Employer Self Employed	Occupation									
			Optometry								
	Receipt For: Primary General	Aggregate	Year-to-Date 🛡	-							
	Other (specify)	0 0	665.00								
в.	Full Name (Last, First, Middle Initial) Dr La Rue I Collins			Date of Receipt							
	Mailing Address 171 South Central			1 1 0 5 Y Y Y Y 1 1 0 5 0 7							
	City	State	Zip Code	Transaction ID: 26789699							
	Oviedo	FL	32765-9027	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation	o Optometry								
	Receipt For:	-	Year-to-Date V								
	Primary General Other (specify) ▼		250.00								
<u></u> с.	Full Name (Last, First, Middle Initial) Dr Kim Martin Kron			Date of Receipt							
	Mailing Address 7811 77Th Street Ne			M M / D D / Y Y Y Y 111 05 2007							
	City	State	Zip Code	Transaction ID: 26789701							
	Marysville	WA	98270	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Self Employed Free Receipt For:		ں Optometry								
			Year-to-Date 🔻								
	Other (specify)	0 0	500.00								
s	LUBTOTAL of Receipts This Page (optional)			▶ 1115.00							
Т	OTAL This Period (last page this line number of	nly)									

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 19 / 106				
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)				
			Detailed Summary Page	X 11a 11b 11c 12				
۸	y information copied from such Reports and Sta	tomonto mo	unat he sold or used by any pares	13 14 15 16 17				
	for commercial purposes, other than using the n							
\sum	NAME OF COMMITTEE (In Full)							
	American Optometric Association Politie	cal Action (Committee					
Α.	Full Name (Last, First, Middle Initial) Dr. Nathaniel Roland			Date of Receipt				
	Mailing Address 10001 Admiral Emersor	NAVE NE		M M / D D / Y Y Y Y 11 1 07 2007				
	City	State	Zip Code	Transaction ID: 26789974				
	Albuquerque	NM	87111-1339	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry					
	Receipt For:		e Year-to-Date ▼					
	Primary General		700.00	1				
	Other (specify)	0 0	/00.00					
в.	Full Name (Last, First, Middle Initial) Dr Ron Benner			Date of Receipt				
	Mailing Address 1408 E Maryland			M M / D D / Y Y Y Y 1 1 07 2007				
	City	State	Zip Code	Transaction ID: 26789975				
	Laurel	MT	59044-2238	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation	n f Optometry					
	Receipt For:		e Year-to-Date V					
	Primary General		750.00	1				
	Other (specify)	0 0	750.00					
~	Full Name (Last, First, Middle Initial)			Data of Descipt				
υ.	Dr Brett D Mc Vey Mailing Address 6640 Lemonwood Court			Date of Receipt				
				11 06 2007				
	City	State	Zip Code	Transaction ID: 26791217				
	Lorain	ОН	44053-3847	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Receipt For: Ag		n f Optometry					
			e Year-to-Date V					
	Other (specify)		250.00	1				
		0 0						
s	UBTOTAL of Receipts This Page (optional)		••••••	600.00				
Т	OTAL This Period (last page this line number or	nly)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 106 (check only one) 11a 11b 11c 12 13 14 15 16 17						
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politie	cal Action	Committee						
A.	Full Name (Last, First, Middle Initial) Dr Charles Emil Moorhead Mailing Address 4898 Nw Francis Drive			Date of Receipt					
				11 06 2007					
	City Silverdale	State WA	Zip Code 98383-9239	Transaction ID: 26791220 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]					
В.	Full Name (Last, First, Middle Initial) Dr Barbara M Yanak Mailing Address Rr3 Box 178B			Date of Receipt					
		11 06 2007							
	City Towanda	State PA	Zip Code 18848	Transaction ID: 26791232 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		365.00					
	Name of Employer Self Employed	1	f Optometry						
	Receipt For: Primary General Other (specify) ♥		9 Year-to-Date ▼ 730.00]					
с.	Full Name (Last, First, Middle Initial) Dr Jamie J Casper			Date of Receipt					
	Mailing Address 1031 Avenshire Circle			M M / D D / Y Y Y Y 1 1 06 2007					
	City	State	Zip Code	Transaction ID: 26791257					
	Wilmington	NC	28412-5131	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		150.00					
	Name of Employer Self Employed	-	f Optometry						
	Receipt For: Primary General Other (specify) v	Aggregate	e Year-to-Date ▼ 350.00]					
s	UBTOTAL of Receipts This Page (optional)			765.00					
Т	OTAL This Period (last page this line number or	nly)							

S	CHEDULE A (FEC Form 3X)	[FOR LINE NUMBER: PAGE 21 / 106						
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)						
			Detailed Summary Page	X 11a 11b 11c 12						
Ar	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	13 14 15 16 17						
or	for commercial purposes, other than using the n	solicit contributions from such committee.								
$\left \right $	NAME OF COMMITTEE (In Full)		2							
\mathbb{Z}	American Optometric Association Politic	cal Action (committee							
Α.	Full Name (Last, First, Middle Initial) Dr Michael Howard Moorehead			Date of Receipt						
	Mailing Address 1720 Tatum Lane			M M / D D / Y Y Y Y 11 08 2007						
	City	State	Zip Code	Transaction ID: 26793815						
	<u>Hamilton</u>	OH	45013	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		200.00						
	Name of Employer Self Employed	Occupation	o Optometry							
	Receipt For:		Year-to-Date V	1						
	Primary General		320.00							
	Other (specify)	0 0								
в.	Full Name (Last, First, Middle Initial) Dr Toni C Harvey			Date of Receipt						
	Mailing Address 175 Cody Lane			M M / D D / Y Y Y Y 111 07 2007						
	City	State	Zip Code	Transaction ID: 26793866						
	Alexandria	LA	71303-7800	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation								
	Receipt For:	1	Optometry Year-to-Date ▼	_						
	Primary General	Aggregale		1						
	Other (specify)	0 0	250.00							
с.	Full Name (Last, First, Middle Initial) Dr Jacque Diane Young			Date of Receipt						
	Mailing Address 22723 Glenview			M M / D D / Y Y Y Y 111 07 2007						
	City	State	Zip Code	Transaction ID: 26793872						
	Glenwood	IA	51534-6250	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Doctor of	o Optometry							
	Receipt For:		Year-to-Date V							
	Primary General		250.00							
	Other (specify)	1								
s	UBTOTAL of Receipts This Page (optional)			700.00						
т	OTAL This Period (last page this line number or	nly)								

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)				FOR LINE NUMBER: PAGE 22 / 106 (check only one)							
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page		X	11a		, 11b			12			
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any	person f	for t	13 he purp	LL bose	14 of so	liciting	contri	16 ibution	 s	17	
or	for commercial purposes, other than using the r	olicit	contrib	outio	ns fro	m suc	ch com	mittee	•					
	NAME OF COMMITTEE (In Full) American Optometric Association Politi	ical Action (Committee											
\angle	American Optometric Association Font		Johnnittee											
Α.	Full Name (Last, First, Middle Initial) Dr Paul W Beaver				Date of Receipt									
	Mailing Address 386 9Th Street Sw				M M / D D / Y Y Y Y 1 1 07 2007									
	City	State	Zip Code		Т	ransa	ctior	P.			_	<u> </u>		
	Sioux Center	IA	51250-1366			Amoun						l		
	FEC ID number of contributing federal political committee.	C									250.	00		
	Name of Employer Self Employed	Occupation												
	Receipt For:		Optometry Year-to-Date V											
	Primary General	33.2340												
	Other (specify) v	0 0	250.0	0										
В.	Full Name (Last, First, Middle Initial) Dr David G Storer					Date of	Rec	ceipt						
	Mailing Address 12852 Monroe St					м м 11	/		D /		200			
	City	State	State Zip Code					Transaction ID: 26793891						
	Crown Point	IN	46307-9220			Amoun	t of I	Each	Recei	pt this	Period			
	FEC ID number of contributing federal political committee.	C									125.	00		
	Name of Employer Self Employed	Occupation	o Optometry											
	Receipt For:	-	Year-to-Date V											
	Primary General Other (specify) ▼		250.0	0										
 C.	Full Name (Last, First, Middle Initial) Dr Jennifer L Planitz					Date of	Rec	ceint						
•	Mailing Address 3537 New Castle Dr Se	•				м м 11	_	D	D / 9		y 200			
	City	State	Zip Code		Т	ransa	ctior					<u> </u>		
	Rio Rancho	NM	87124-3672			Amoun	t of I	Each	Recei	pt this	Period	l	_	
	FEC ID number of contributing federal political committee.	C									200.	00		
	Name of Employer Self Employed	Occupation	n Optometry											
	Receipt For:		Year-to-Date V											
	Primary General Other (specify)		1400.0	0										
_		0 0		8										
s	UBTOTAL of Receipts This Page (optional)			►							575.0	00		
т	OTAL This Period (last page this line number o	only)		▶										

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 23 / 106 (check only one)					
	LINIZED I IEVEIF I J		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
\geq	American Optometric Association Politi	cal Action	Committee						
Α.	Full Name (Last, First, Middle Initial) Dr Bronte D Baker			Date of Receipt					
	Mailing Address 179 Redbird Ridge			M M / D D / Y Y Y Y 1 1 1 1 1 2 0 0 7					
	City	State	Zip Code	Transaction ID: 26797986					
	Beeville	TX	78102-8465	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer Self Employed	Occupation	n f Optometry						
	Receipt For:		e Year-to-Date ▼						
	Primary General		500.00	1					
	Other (specify) v		500.00						
в.	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III			Date of Receipt					
	Mailing Address 1229 Highland Lakes Ti	rail		M M / D D / Y Y Y Y 11 1 10 2007					
	City	State	Zip Code	Transaction ID: 26797988					
	Birmingham	AL	35242-6886	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer Self Employed	Occupation	n f Optometry						
	Receipt For:	-	e Year-to-Date V	-					
	Primary General		550.00	1					
	Other (specify) 🔻	0 0							
C.	Full Name (Last, First, Middle Initial) Dr Donald W Furman			Date of Receipt					
	Mailing Address 855 11Th St Place			M M / D D / Y Y Y Y 1 1 1 10 2007					
	City	State	Zip Code	Transaction ID: 26797990					
	Garner	IA	50438-1847	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee. C Name of Employer Self Employed Oc			45.00					
			n f Optometry						
	Receipt For:		e Year-to-Date V	1					
	Primary General Other (specify) ▼]							
s	SUBTOTAL of Receipts This Page (optional)								
т	OTAL This Period (last page this line number o	nly)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 24 / 106 (check only one)
••	LWIZLD IILVLIF I J		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	American Optometric Association Politi	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Markus I Barth			Date of Receipt
	Mailing Address 1346 Heller Drive			M M / D D / Y
	City	State	Zip Code	Transaction ID: 26797992
	Yardley	PA	19067-2714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		66.67
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:	-	e Year-to-Date V	1
	Primary General Other (specify) v	0 0	533.36	
в.	Full Name (Last, First, Middle Initial) Dr Robert J Blumthal			Date of Receipt
	Mailing Address 119 Exmore Drive			M M / D D / Y Y Y Y 11 1 2007
	City	State	Zip Code	Transaction ID: 26797994
	Springfield	IL	62704-3137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		166.67
	Name of Employer Self Employed	Occupatio		
	Receipt For:	-	f Optometry e Year-to-Date ▼	_
	Primary General	riggiogaio		1
	Other (specify) v		1250.00	
с.	Full Name (Last, First, Middle Initial) Dr Michael T Cron			Date of Receipt
	Mailing Address 9217 Elmwood Court			M M / D D / Y Y Y Y 11 1 2007
	City	State	Zip Code	Transaction ID: 26797996
	Stanwood	MI	49346-9305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	458.26]
s	UBTOTAL of Receipts This Page (optional)			275.00
т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 106 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	l y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politie	cal Action (Committee	
<u>/</u> А.	Full Name (Last, First, Middle Initial) Dr Frederick P Darin Mailing Address 405 Tirrell Rd			Date of Receipt
				11 10 2007
	City	State MI	Zip Code	Transaction ID: 26797997
	Charlotte FEC ID number of contributing federal political committee.	C	48813-2131	Amount of Each Receipt this Period 31.00
	Name of Employer Self Employed	Occupation	n f Optometry	_
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼		279.00]
в.	Full Name (Last, First, Middle Initial) Dr G. Chad Green			Date of Receipt
	Mailing Address 5960 Co Rd 19			1 1 1 1 0 Y Y Y Y 1 1 1 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 26797999
	Linden	AL	36748	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For: Primary General Other (specify) v	Aggregate	e Year-to-Date ▼ 1000.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Maryjane Healey			Date of Receipt
	Mailing Address 6710 124Th Place Se			M M / D D / Y Y Y Y 11 1 10 2007
	City <u>Snohomish</u>	State WA	Zip Code 98296-8649	Transaction ID: 26798000 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]
s	UBTOTAL of Receipts This Page (optional)			181.00
Т	OTAL This Period (last page this line number or	nly)		

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS			
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American Optometric Association Politi			solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr Mark J Hennen Mailing Address 1613 Atwater Path City Inver Grove Height FEC ID number of contributing	State MN	Zip Code 55077-1201	Date of Receipt
	federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n f Optometry e Year-to-Date V 500.00	50.00
В.	Full Name (Last, First, Middle Initial) Dr George W Hertneky Mailing Address 16862 County Road 28 City Brush FEC ID number of contributing federal political committee.	State CO	Zip Code 80723-9424	Date of Receipt M M / D D / Y Y Y Y 1 1 Transaction ID: 26798002 Amount of Each Receipt this Period 42.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n f Optometry e Year-to-Date ▼ 420.00	
C.	Full Name (Last, First, Middle Initial) Dr Robert L Jarrell, III Mailing Address 50 Cedar Hill Rd City Albuquerque FEC ID number of contributing federal political committee.	State NM C		Date of Receipt M M / D D / Y Y Y Y Transaction ID: 26798003 Amount of Each Receipt this Period 100.00 100.00 100.00
s	UBTOTAL of Receipts This Page (optional)	Aggregate	f Optometry e Year-to-Date ▼ 1100.00	192.00
Т	OTAL This Period (last page this line number of	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	-	R LINE	-		R:	PAG	E 27/	106
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X			, 11b 14	\square	11c 15	12	□ 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	/ not be sold or used by any perso dress of any political committee to	on for	the pure	Dose (of so	Licitir m ຣເ	na cont	ribution	is is
$\overline{\sum}$	NAME OF COMMITTEE (In Full)		,								
\backslash	American Optometric Association Politi	cal Action (Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe				Date of	Rece	eipt				
	Mailing Address 789 N Broad				м м 11] / [D 1	D 0	Y	Y Y Y 2 0 0	
	City	State	Zip Code	-	Transa						
	Galesburg	IL	61401-2766	_	Amoun	t of E	ach I	Reco	eipt this	s Perioo	ł
	FEC ID number of contributing federal political committee.	C				1	1		1 1	175.	00
	Name of Employer Self Employed	Occupation Doctor of	n ^c Optometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼	0 0	1475.00								
в.	Full Name (Last, First, Middle Initial) Dr Timothy G Koop				Date of	Rece	eipt				
	Mailing Address 4912 Bluff Run Drive				м м 11	11		D 0	Y	Y Y 200	
	City	State	Zip Code	- I -	Transa	ction	ID:	267	98005	5	
	Greensboro	NC	27455-2200	_	Amoun	t of E	ach I	Rec	eipt this	s Perio	k
	FEC ID number of contributing federal political committee.	С								50.	00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry								
	Receipt For:		Year-to-Date V								
	Primary General Other (specify) ▼	0 0	500.00]							
 C.	Full Name (Last, First, Middle Initial) Dr Edward M Kosnoski				Date of	Rece	eipt				
	Mailing Address 305 Kensington Ave S				м м 11	11	D	D 0	Y	Y Y 200	
	City	State	Zip Code	- ·	Transa	ction	ID:	267	98006	6	
	Kent	WA	98030-7004	_	Amoun	t of E	ach I	Reco	eipt this	s Perioo	k
	FEC ID number of contributing federal political committee.	С								50.	00
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry								
	Receipt For:		Year-to-Date ▼								
	Other (specify)	0 0	500.00								
s	LUBTOTAL of Receipts This Page (optional)		······	_ I						275.	00
T	OTAL This Period (last page this line number of	nly)	· · · · · · · · · · · · · · · · · · ·	- •							

•				FOR LINE NUMBER: PAGE 28 / 106
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	/ not be sold or used by any perso	n for the purpose of soliciting contributions
5	NAME OF COMMITTEE (In Full)		see of any pointou committee to	
$ \rangle$	American Optometric Association Politic	cal Action (Committee	
\angle				_
Δ	Full Name (Last, First, Middle Initial) Dr Gary W Lasken			Date of Receipt
	Mailing Address 10215 N North Forest T	rail		
				11 10 2007
	City	State	Zip Code	Transaction ID: 26798008
	Peoria	IL	61615-1378	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer	Occupation	n	-
	Name of Employer Self Employed		Optometry	
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General		458.26	
_	Other (specify)	0.0		
в.	Full Name (Last, First, Middle Initial) Dr Matthew J Maki			Date of Receipt
	Mailing Address 372 Split Rail Ridge			
	City	State	Zip Code	
	Williamston	State MI	21p Code 48895-1668	Transaction ID: 26798009
	FEC ID number of contributing			Amount of Each Receipt this Period
	federal political committee.	C		25.00
	Name of Employer	Occupation	n	
	Self Employed	· ·	Optometry	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		275.00	
	Other (specify)			1
_	Full Name (Last, First, Middle Initial)			
C.	Dr Ronald J Meyer			Date of Receipt
	Mailing Address 9802 US 41			1 1 1 0 Y Y Y Y 1 1 1 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 26798011
	Champion	MI	49814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	_
	Self Employed		Optometry	
	Receipt For:		e Year-to-Date ▼	-
	Primary General		450.00	
	Other (specify)		400.00	
Γ				116.66
s	UBTOTAL of Receipts This Page (optional)		••••••	
т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X)		Use separate sch		-	OR LIN neck or	-		٦:	PAGE	29 /	106	
IT	EMIZED RECEIPTS		or each category Detailed Summar			(11a	í –	, 11b		1c	12	_	٦
Ar	y information copied from such Reports and Sta	atements may	not be sold or used	by any persor	1 for	13 the pu	rpose	14 e of so		5	16 ibutior	IS	17
or	for commercial purposes, other than using the r	name and add	dress of any political	committee to s	solic	it contr	ibutio	ons fro	m suc	h con	mittee).	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		D										
\square	American Optometric Association Politi	cal Action C	Jommittee		_								
Α.	Full Name (Last, First, Middle Initial) Dr Susan M Brunnett					Date o	of Re	ceipt					
	Mailing Address 9940 S Ashleigh Way					M N 1 1	A /	D 1	D /		y 200		
	City	State	Zip Code			Transa	actio	n ID:	2679		_		
	Highlands Ranch	CO	80126-4244			Amou						ł	
	FEC ID number of contributing federal political committee.	C		1							50.	00	
	Name of Employer Self Employed	Occupation											
	Receipt For:		Optometry Year-to-Date V		_								
	Primary General	Ayyreyale											
	Other (specify)	0 0	0 0 0 0 0	450.00									
в.	Full Name (Last, First, Middle Initial) Dr Mitchell Todd Munson					Date o	of Re	ceipt					
	Mailing Address 9940 S Ashleigh Way					M N 1 1	Λ /		D /		y 200		
	City	State	Zip Code		-	Transa	actio		-		-	1	
	Highlands Ranch	CO	80126-4244		_	Amou						d	
	FEC ID number of contributing federal political committee.	C		*						1	100.	00	
	Name of Employer Self Employed	Occupation											
	Receipt For:		Optometry Year-to-Date V		_								
	Primary General	Ayyreyale											
	Other (specify)	0 0	0 0 0 0 0	900.00									
с.	Full Name (Last, First, Middle Initial) Dr Gregory C Russell					Date of	of Re	ceipt					
	Mailing Address 2505 Rivermont Circle					M N 1 1		D	D /		, 200		
	City	State	Zip Code			Transa	actio						
	Kingsport	TN	37660-2392		_	Amou	nt of	Each	Recei	pt this	Perio	ł	
	FEC ID number of contributing federal political committee.	C									83.	33	
	Name of Employer Self Employed	Occupation	n Optometry										
	Receipt For:		Year-to-Date V		-								
	Primary General Other (specify) ▼			833.30									
s	I UBTOTAL of Receipts This Page (optional)			····· •						• •	233.	33	
т	OTAL This Period (last page this line number o	nly)		►									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 106 (check only one) X X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso lress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action (Committee	
<u>/</u> А.	Full Name (Last, First, Middle Initial) Dr Jack L Schaeffer Mailing Address 3801 River View Cr			Date of Receipt
				11 10 2007
	City Birmingham	State AL	Zip Code 35243	Transaction ID: 26798016 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	-	Optometry	
	Receipt For: Primary General Other (specify) $rac{1}{rac$	Aggregate	Year-to-Date ▼ 500.00]
в.	Full Name (Last, First, Middle Initial) Dr Douglas J Walker			Date of Receipt
	Mailing Address P O Box 988			M M / D D / Y Y Y Y 111 10 2007
	City	State	Zip Code	Transaction ID: 26798018
	Brookings	OR	97415-0021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 450.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Scott Burns Taylor			Date of Receipt
	Mailing Address 724 Broadway Circle			M M / D D / Y Y Y Y 1 1 1 10 2007
	City	State	Zip Code	Transaction ID: 26798019
	Salmon FEC ID number of contributing	C	83467-3556	Amount of Each Receipt this Period
	federal political committee.			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00]
s	UBTOTAL of Receipts This Page (optional)			120.00
Т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 31 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11			Detailed Summary Page	
	y information copied from such Reports and Sta			
	for commercial purposes, other than using the n			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		0	
\mathbb{Z}	American Optometric Association Politic	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Jared E Birch			Date of Receipt
	Mailing Address 3101 E 1St Street			M M / D D / Y Y Y Y 11 1 10 2007
	City	State	Zip Code	Transaction ID: 26798020
	Idaho Falls	ID	83401-4522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		Optometry e Year-to-Date ▼	-1
	Primary General	, iggi ogaio		1
	Other (specify)	0 0	220.00	
В.	Full Name (Last, First, Middle Initial) Dr Jennifer E Davis			Date of Receipt
	Mailing Address 16 Pambrook Dr			M M / D D / Y Y Y Y 1 1 1 1 0 2007
	City	State	Zip Code	Transaction ID: 26798021
	Fishersville	VA	22939-2123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	462.00	
с.	Full Name (Last, First, Middle Initial) Dr Shelby D Robinson			Date of Receipt
	Mailing Address 32325 10Th Ave S			M M / D D / Y Y Y Y 111 10 2007
	City	State	Zip Code	Transaction ID: 26798022
	Federal Way	WA	98003-5925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Self Employed	Occupation	n ^f Optometry	
	Receipt For:		e Year-to-Date ▼	-1
	Primary General Other (specify) ▼		220.00]
s	UBTOTAL of Receipts This Page (optional)			82.00
т	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 32 / 106 (check only one)										
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	`_	X 11a	<u> </u>	11b	□ 1	1c 🗌	12					
					13		14	1	-	16		17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any pe lress of any political committee	erson fo e to soli	r the pur cit contri	pose butio	e of so ns fro	liciting m suc	contri h com	bution: mittee.	5				
\sum	NAME OF COMMITTEE (In Full)														
\mathbb{Z}	American Optometric Association Politi	ical Action (Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Paul William Bigelow				Date o	f Re	ceipt								
	Mailing Address 6970 Diamond St				м м 11		_	0	2	2 0 0					
	City	State	Zip Code		Transa										
	Boise	ID	83709-4937		Amour	nt of	Each	Receip	ot this	Period		-			
	FEC ID number of contributing federal political committee.	C				1	1		1	20.0	00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry												
	Receipt For:		Year-to-Date V												
	Primary General Other (specify) ▼		220.00	,											
<u> </u>	Full Name (Last, First, Middle Initial) Dr Richard L Foss				Date o	f Re	ceipt								
	Mailing Address W5224 Knobloch Road				M N 1 1		D	D /		2 0 0					
	City	State	Zip Code		Transa	ictio	n ID:	2679	3024						
	La Crosse	WI	54601-2461		Amour	nt of	Each	Receip	t this	Period					
	FEC ID number of contributing federal political committee.	C								41.6	6				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry												
	Receipt For:	Aggregate	Year-to-Date V												
	Other (specify)		458.26												
<u></u> с.	Full Name (Last, First, Middle Initial) Dr Mira B Swiecicki				Date o	f Red	ceipt								
	Mailing Address 450 F Street				^M [№] 1 1	/		D / 0	Y Y	2 0 0					
	City Blaine	State WA	Zip Code 98230-4201	_	Transa Amour					Period					
	FEC ID number of contributing federal political committee.	C					1			25.0	00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry												
	Receipt For:		Year-to-Date ▼												
	Primary General Other (specify) ▼		375.00												
	UBTOTAL of Receipts This Page (optional)									86.6	6	7			
				<u>▶</u>								Ī			
	OTAL This Period (last page this line number of	n ((y)													

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 106
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11			Detailed Summary Page	
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full)			
$\left \right\rangle$	American Optometric Association Politic	cal Action (Committee	
<u>۸</u> .	Full Name (Last, First, Middle Initial) Dr Jason K Dickerson			Date of Receipt
	Mailing Address 2581 Bridlewood Drive			M M / D D / Y Y Y Y 111 10 2007
	City	State	Zip Code	Transaction ID: 26798026
	<u>Helena</u>	AL	35080-3916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self Employed	Occupation	n ^r Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General		004.00	1
	Other (specify)	0 0	294.00	
в.	Full Name (Last, First, Middle Initial) Dr Ron W Roelfs			Date of Receipt
	Mailing Address 600 3Rd St Se			M M / D D / Y Y Y Y 1 1 1 1 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 26798027
	Waverly	IA	50677-3516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		35.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	385.00	
 C.	Full Name (Last, First, Middle Initial) Dr Thomas J Landry			Date of Receipt
	Mailing Address 3 Taylor Street			M M / D D / Y Y Y Y 111 10 2007
	City	State	Zip Code	Transaction ID: 26798030
	Painted Post	NY	14870-9381	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) v	0 0	250.00]
s	UBTOTAL of Receipts This Page (optional)			127.00
т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 34 / 106 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	American Optometric Association Politi	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Maurice William Geldert			Date of Receipt
	Mailing Address 604 N Kentucky			M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 7
	City	State	Zip Code	Transaction ID: 26798033
	Roswell	NM	88201-4820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation	n f Optometry	
	Receipt For:		e Year-to-Date V	-1
	Primary General	50 0 1		1
	Other (specify)	0 0	500.00]
В.	Full Name (Last, First, Middle Initial) Dr Frank Thomas Chinisci			Date of Receipt
	Mailing Address 8315 Holbrook Ct Ne			M M / D D / Y Y Y Y 111 10 2007
	City	State	Zip Code	Transaction ID: 26798035
	Albuquerque	NM	87122-3841	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	1	f Optometry e Year-to-Date V	-
	Primary General	33 - 3		1
	Other (specify)	0 0	600.00	
С.	Full Name (Last, First, Middle Initial) Dr Paul Philippe Cote			Date of Receipt
	Mailing Address 18 Little Androscoggin [Drive		M M / D D / Y Y Y Y 111 10 2007
	City	State	Zip Code	Transaction ID: 26798036
	Auburn	ME	04210-8884	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For:		e Year-to-Date V	1
	Primary General Other (specify) v	0 0	208.35]
s	UBTOTAL of Receipts This Page (optional)			241.67
т	OTAL This Period (last page this line number of	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 35 / 106 (check only one)									
11	EMIZED RECEIPTS		Detailed Summary Page		_	1a 2	\square	11b	\square	11c	П	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r				r the								17 S	
\sum	NAME OF COMMITTEE (In Full)													
\angle	American Optometric Association Politi	cal Action (Committee											
Α.	Full Name (Last, First, Middle Initial) Dr Gregory W Kraupa				Da	te of	f Rec	ceipt						
	Mailing Address 4280 Reiland Lane					1 ^M	/		D 0	/ Y	ү 2	0 ^Y 0	7 [×]	
	City	State	Zip Code		Tra	nsa	ctio	n ID:	267	9803	37			
	Shoreview	MN	55126-3127	_	An	noun	nt of I	Each	Rec	eipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	C										84.0	00	
	Name of Employer Self Employed	Occupation Doctor of	n ^c Optometry											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼	0 0	924.00]										
в.	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander				Da	te of	f Red	ceipt						
	Mailing Address 8830 Walnut Trail					_м 1	/		D 1	/ Y		0 ^Y 0		
	City	State	Zip Code		Tra	nsa	ctio	n ID:	267	9804	45			
	Sylvania	OH	43560-8990	_	An	noun	it of I	Each	Rec	eipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.	C										50.0	00	
	Name of Employer Self Employed	Occupation	n ^r Optometry											
	Receipt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼	U U U	550.00]										
<u></u>	Full Name (Last, First, Middle Initial) Dr Dennis R Bales				Da	te of	f Rec	ceipt						
	Mailing Address 775 Fredensburg Canyo	on Road				M 1	/	D 0	D 9	/ Y		у 0 0		
	City	State	Zip Code		Tra	nsa	ctio	n ID:	267	'9847				
	Solvang	CA	93463	_	An	noun	it of I	Each	Rec	eipt th	is Pe	eriod		
	FEC ID number of contributing federal political committee.	C									3	360.0	00	
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry											
	Receipt For:	Aggregate	e Year-to-Date 🔻											
	Other (specify) ▼	0 0	360.00											
s	I UBTOTAL of Receipts This Page (optional)			 ►							4	94.0	0	
Т	OTAL This Period (last page this line number o	nly)		- •										

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 106
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit				n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)				
American Optometric Association Political Action Committee				
Α.	Full Name (Last, First, Middle Initial) Dr Paul E Reimer			Date of Receipt
	Mailing Address 1613 W 20Th Park Place			1 1 0 9 2 0 0 7
	State State		Zip Code	Transaction ID: 26798476
	Emporia	KS	66801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n f Optometry	
	Receipt For:		e Year-to-Date V	-
	Primary General			1
	Other (specify)	0 0	250.00	
в.	Full Name (Last, First, Middle Initial) Dr Douglas Arthur Safley			Date of Receipt
	Mailing Address 700 1St Avenue			M M / D D / Y Y Y Y 1 1 1 1 4 2007
	City	State	Zip Code	Transaction ID: 26801427
	Havre	MT	59501-4402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupatio		7
			f Optometry e Year-to-Date ▼	-
	Primary General	, iggi oguio		1
	Other (specify)	0 0	400.00	
~	Full Name (Last, First, Middle Initial)			
υ.	Dr Bonnie Marie Gauer Mailing Address 1802 Flournoy Valley Ro	4		Date of Receipt
				11 14 2007
	City	State OR	Zip Code	Transaction ID: 26801429
	Roseburg		97470-9792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry	
	Receipt For:		e Year-to-Date V	1
	Primary General		250.00	1
	Other (specify)	0 0		
SUBTOTAL of Receipts This Page (optional)				475.00
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 106				
ITEMIZED RECEIPTS			or each category of the	(check only one)				
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)		0					
\square	American Optometric Association Politi	cal Action	Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Orlin James Fick			Date of Receipt				
	Mailing Address 54 Keith Drive			M M / D D / Y Y Y Y 11 1 13 2007				
	City	State	Zip Code	Transaction ID: 26813272				
	Shenandoah	IA	51601	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation	n f Optometry					
	Receipt For:	-	e Year-to-Date V	_				
	Primary General			1				
	Other (specify)	0 0	250.00					
в.	Full Name (Last, First, Middle Initial) Dr Patria Dulce Walker			Date of Receipt				
	Mailing Address 3001 La Villita PI Ne			M M / D D / Y Y Y Y 11 1 13 2007				
	City	State	Zip Code	Transaction ID: 26813273				
	Albuquerque	NM	87111-5619	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupatio						
		-	f Optometry					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻					
	Other (specify) ▼	0 0	500.00					
<u></u>	Full Name (Last, First, Middle Initial) Dr Kristin L Campbell			Date of Receipt				
	Mailing Address 2199 Hope Lane			1 1 1 4 2 0 0 7				
	City	State	Zip Code	Transaction ID: 26813361				
	Delaware	ОН	43015	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		200.00				
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7				
	Receipt For:		e Year-to-Date ▼	-				
	Primary General		400.00	1				
	Other (specify)	0 0	400.00					
s	UBTOTAL of Receipts This Page (optional)			950.00				
т	TOTAL This Period (last page this line number only)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 106 (check only one)			
	y information copied from such Reports and Sta		v not be sold or used by any perso				
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action	Committee				
	Full Name (Last, First, Middle Initial) Dr Steven M Berry			Date of Receipt			
Α.	Mailing Address PO Box 1275			M M / D D / Y Y Y Y 1 1 1 15 2 0 0 7			
	City	State	Zip Code	Transaction ID: 26813983			
	Cedar Crest	NM	87008-1275	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Self Employed	Occupation	n Öptometry	-			
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼		350.00]			
в.	Full Name (Last, First, Middle Initial) Dr Naeem Z Abdulla			Date of Receipt			
	Mailing Address 442 Gregg Ave #203			M M / D D / Y Y Y Y 111 15 2007			
	City	State	Zip Code	Transaction ID: 26813984			
	Santa Fe	NM	87501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry				
	Receipt For:	Aggregate	e Year-to-Date V				
	Primary General Other (specify) ▼	0 0	350.00				
 C.	Full Name (Last, First, Middle Initial) Dr Jane Ellen Compton			Date of Receipt			
	Mailing Address P O Box 1877			M M / D D / Y Y Y Y 1 1 1 15 2 0 0 7			
	City	State	Zip Code	Transaction ID: 26813985			
	Taos	NM	87571-1877	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry				
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼		700.00]			
s	JBTOTAL of Receipts This Page (optional)		·····	200.00			
⊢	TOTAL This Period (last page this line number only)						

6	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39/106					
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12					
۸	vinformation appied from such Departs and Ota	tomonto ma	unot be cold or used by only	13 14 15 16 17					
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	solicit contributions from such committee.							
\sum	NAME OF COMMITTEE (In Full)								
\geq	American Optometric Association Politic	cal Action (Committee						
Α.	Full Name (Last, First, Middle Initial) Dr Michael G Blake			Date of Receipt					
	Mailing Address P O Box 2859			M M / D D / Y Y Y Y 111 15 2007					
	City	State	Zip Code	Transaction ID: 26813986					
	Gallup	NM	87305-2859	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry						
	Receipt For:		Year-to-Date V	1					
	Primary General		950.00	1					
	Other (specify) ▼	0 0							
в.	Full Name (Last, First, Middle Initial) Dr Robert D Ratzlaff			Date of Receipt					
	Mailing Address HC 98			M M / D D / Y Y Y Y 111 15 2007					
	City	State	Zip Code	Transaction ID: 26813987					
	Taos	NM	87571-9501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer Self Employed	Occupation		_					
	Receipt For:	1	Optometry • Year-to-Date ▼	_					
	Primary General	Aggregate		1					
	Other (specify)	0 0	350.00						
С.	Full Name (Last, First, Middle Initial) Dr Arlene T. H. Sokola			Date of Receipt					
	Mailing Address 213 Summer Winds Dr S	Se		M M / D D / Y Y Y Y 11 1 15 2007					
	City	State	Zip Code	Transaction ID: 26813989					
	Rio Rancho	NM	87124	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer Self Employed	Occupation Doctor of	n ^c Optometry						
			Year-to-Date ▼	-					
	Primary General		350.00	1					
	Other (specify)			1					
s	UBTOTAL of Receipts This Page (optional)			200.00					
т	TOTAL This Period (last page this line number only)								

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 / 106			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)			
11			Detailed Summary Page	X 11a 11b 11c 12			
	ny information copied from such Reports and Sta						
	for commercial purposes, other than using the n						
	NAME OF COMMITTEE (In Full)		0				
\mathbb{Z}	American Optometric Association Politie						
Α.	Full Name (Last, First, Middle Initial) Dr Raymond P Herrera			Date of Receipt			
	Mailing Address #23 Road 5198			M M / D D / Y Y Y Y 1 1 1 15 2007			
	City	State	Zip Code	Transaction ID: 26813990			
	Bloomfield	NM	87413-9713	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Self Employed	Occupation		-			
			f Optometry	-1			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1			
	Other (specify) ▼	0 0	350.00				
_	Full Name (Last, First, Middle Initial)						
В.	Dr Lynn A Davis			Date of Receipt			
	Mailing Address 1424 Tiffany Lane Se			1 1 1 1 5 2 0 0 7			
	City	State	Zip Code	Transaction ID: 26813991			
	Rio Rancho	NM	87124-0976	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Self Employed	Occupation		1			
	Receipt For:		f Optometry e Year-to-Date ▼				
	Primary General	Ayyreydle		1			
	Other (specify)	0 0	700.00]			
_	Full Name (Last, First, Middle Initial)			Data of Dessist			
υ.	Dr D. C. Dean Mailing Address 532 Queens Court Ne			Date of Receipt			
				11 15 2007			
	City	State	Zip Code	Transaction ID: 26813992			
	Albuquerque	NM	87109	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry				
	Receipt For:		e Year-to-Date V	1			
	Primary General	1 1	700.00	1			
	Other (specify)		700.00	1			
s	UBTOTAL of Receipts This Page (optional)		••••••	250.00			
Т	TOTAL This Period (last page this line number only)						

c/				FOR LINE NUMBER: PAGE 41 / 106			
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	(check only one)			
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12			
			, ,	13 14 15 16 17			
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	n for the purpose of soliciting contributions solicit contributions from such committee					
5	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Optometric Association Politic	cal Action (Committee				
\square							
Α.	Full Name (Last, First, Middle Initial) Dr Michael L English			Date of Receipt			
	Mailing Address 4924 Chaqar Ct			M M / D D / Y Y Y Y			
		State	Zin Codo				
	City Las Cruces	NM	Zip Code 88007-5464	Transaction ID: 26813993 Amount of Each Receipt this Period			
			00007-0404				
	FEC ID number of contributing C federal political committee. C			100.00			
	Name of Employer Occ		1	-			
	Colf Employind		Optometry				
	Receipt For:	Aggregate	Year-to-Date V				
	Other (specify)		700.00				
			0 0 0 0 0 0 0 0	1			
	Full Name (Last, First, Middle Initial)			Data of Dessist			
D.	Dr Donald B Leach Mailing Address 221 Wittwer Ct Nw			Date of Receipt			
	P O Box 129			11 15 2007			
	City	State	Zip Code	Transaction ID: 26813994			
	Los Lunas	NM	87031-8438	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer Self Employed	Occupation	n Optometry				
	Receipt For:	1	Year-to-Date V	-1			
	Primary General			1			
	Other (specify) 🔻		700.00]			
	Full Name (Last, First, Middle Initial)						
C.	Dr Craig F Clatanoff			Date of Receipt			
	Mailing Address 3537 Newcastle Dr Se			M M / D D / Y Y Y Y 111 15 2007			
	City	State	Zip Code	Transaction ID: 26813995			
	Rio Rancho	NM	87124-3672	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		100.00			
	federal political committee.						
	Name of Employer Self Employed	Occupation					
			Optometry Year-to-Date ▼				
	Receipt For: Aggrega						
	Other (specify) \bigtriangledown		800.00				
	UPTOTAL of Descipto This Dama (antique)			300.00			
	UBTOTAL of Receipts This Page (optional)		••••••				
т	OTAL This Period (last page this line number or	nly)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 42 / 106 (check only one) X 11a 11b 11c 12				
			Detailed Summary Page	13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the n							
	NAME OF COMMITTEE (In Full)							
\langle	American Optometric Association Politie	cal Action	Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Brent E Shelley			Date of Receipt				
	Mailing Address P O Box 130			M M / D D / Y Y Y Y 111 / 15 / 2007				
	City	State	Zip Code	Transaction ID: 26813996				
	Mesilla Park	NM	88047-0130	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Self Employed	Occupation	n f Optometry					
	Receipt For:		e Year-to-Date V					
	Primary General Other (specify)		700.00					
		0.0	0 0 0 0 0 0 0					
в.	Full Name (Last, First, Middle Initial) Dr Scott L Nehring			Date of Receipt				
	Mailing Address 32840 S Meridian Road			M M / D D / Y Y Y Y 1 1 1 15 2007				
	City	State	Zip Code	Transaction ID: 26813997				
	Woodburn	OR	97071-8768	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Self Employed	Occupation		7				
	Receipt For:	1	f Optometry e Year-to-Date ▼					
	Primary General	Aggregate		1				
	Other (specify)	0 0	300.00					
с.	Full Name (Last, First, Middle Initial) Dr Terry Edward Reynolds			Date of Receipt				
	Mailing Address 2804 Dorchester Dr, Se			M M / D D / Y Y Y Y 1111142007				
	City	State	Zip Code	Transaction ID: 26817149				
	Decatur	AL	35601-6715	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Self Employed	Occupation	n f Optometry					
			e Year-to-Date V	1				
	Primary General Other (specify)	0 0	500.00					
s	UBTOTAL of Receipts This Page (optional)		••••••	650.00				
т	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 106
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Optometric Association Politi			
Α.	Full Name (Last, First, Middle Initial) Dr James W Marbourg	Date of Receipt		
	Mailing Address 5170 Trace Crossing Di	rive		M M / D D / Y Y Y Y 1 1 1 1 4 2007
	City	State	Zip Code	Transaction ID: 26817151
	Birmingham	AL	35244-3954	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:		e Year-to-Date 🔻	
	Primary General		600.00	1
	Other (specify) ▼	0 0		
в.	Full Name (Last, First, Middle Initial) Dr Thomas P Sutton			Date of Receipt
	Mailing Address 5679 Sonnet Hts			M M / D D / Y
	City	State	Zip Code	Transaction ID: 26817158
	Colorado Spgs	CO	80918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupatio		
		_	f Optometry	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-
	Other (specify) ▼	0 0	250.00	
с.	Full Name (Last, First, Middle Initial) Dr Beryl Christine Bechtold			Date of Receipt
	Mailing Address 8235 Tobiano Dr			M M / D D / Y Y Y Y 11 1 14 2007
	City	State	Zip Code	Transaction ID: 26817165
	Sacramento	CA	95829-6548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupatio Doctor o	n f Optometry	
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		500.00	1
		<u> </u>	<u> </u>	1
s	UBTOTAL of Receipts This Page (optional)		······	1250.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 106					
			or each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)								
\rangle	American Optometric Association Politie	cal Action (Committee						
Α.	Full Name (Last, First, Middle Initial) Dr Frederick S Bell		Date of Receipt						
	Mailing Address 625A Cranbury Crossroad			M M / D D / Y Y Y Y 111 14 2007					
	City	State	Zip Code	Transaction ID: 26817494					
	North Brunswick	NJ	08902	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation							
	Receipt For:		f Optometry e Year-to-Date V	_					
	Primary General	Ayyreyaid		1					
	Other (specify)	0 0	250.00						
в.	Full Name (Last, First, Middle Initial) Dr Ed LaBissoniere			Date of Receipt					
	Mailing Address 409 N 64Th Ave			M M / D D / Y Y Y Y 11 1 14 2007					
	City	State	Zip Code	Transaction ID: 26817495					
	Yakima	WA	98908-3885	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		150.00					
	Name of Employer Self Employed	Occupation	n						
			f Optometry						
	Receipt For:	Aggregate	e Year-to-Date 🔻	_					
	Other (specify) ▼	0 0	300.00]					
<u></u>	Full Name (Last, First, Middle Initial) Dr Donald E Stover			Date of Receipt					
	Mailing Address 2558 W White Chapel V	Vay		M M / D D / Y Y Y Y 111114 2007					
	City	State	Zip Code	Transaction ID: 26817497					
	Porterville	CA	93257-6926	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation Doctor of	ⁿ f Optometry						
	Receipt For:		e Year-to-Date V	-1					
	Primary General Other (specify) ▼		500.00]					
s	UBTOTAL of Receipts This Page (optional)			650.00					
т	TOTAL This Period (last page this line number only)								

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 106		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$		
	y information copied from such Reports and Sta for commercial purposes, other than using the r					
$\overline{\mathbf{n}}$	NAME OF COMMITTEE (In Full)					
	American Optometric Association Politi	cal Action (Committee			
<u>́</u> А.	Full Name (Last, First, Middle Initial) Dr Dan A Nielsen			Date of Receipt		
	Mailing Address 110 E Rogers			M M / D D / Y Y Y Y 11 1 1 2 0 0 7		
	City	State	Zip Code	Transaction ID: 26817503		
	Salem IL		62881	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Cher (specify) ▼		250.00	1		
		0 0	0 0 0 0 0 0 0			
в.	Full Name (Last, First, Middle Initial) Dr Gregory F Copeland			Date of Receipt		
	Mailing Address 15 Ridge Rd Loop			M M / D D / Y Y Y Y 11 1 14 2007		
	City	State	Zip Code	Transaction ID: 26817504		
	Sylvan Grove	KS	67481	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Name of Employer Self Employed	Occupation Doctor of	n Optometry			
	Receipt For:	-	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) v	0 0				
C.	Full Name (Last, First, Middle Initial) Dr Lewis J La Pierre, Jr			Date of Receipt		
	Mailing Address 924 Barlow			M M / D D / Y Y Y Y 1 1 1 1 4 2007		
	City	State	Zip Code	Transaction ID: 26817505		
	Salina	KS	67401-8405	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		350.00		
	Name of Employer Self Employed Occupation Receipt For: Aggregat Primary General					
			Year-to-Date ▼			
				1		
	Other (specify)		350.00			
s	UBTOTAL of Receipts This Page (optional)			725.00		
Т	OTAL This Period (last page this line number o	nly)		-		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 46 / 106			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)			
			Detailed Summary Page	X 11a 11b 11c 12			
Δr	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions			
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.			
\mathbb{N}	NAME OF COMMITTEE (In Full)						
	American Optometric Association Polition	Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Alice Sterling			Date of Receipt			
	Mailing Address 5727 Canton Cove #111			M M / D D / Y Y Y Y 1111622007			
	City	State	Zip Code	Transaction ID: 26820361			
	Winter Springs	FL	32708-5033	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer Self Employed	Occupation	n f Optometry				
	Receipt For:		e Year-to-Date V	-			
	Primary General		360.00	1			
	Other (specify)	0 0		1			
в.	Full Name (Last, First, Middle Initial) Dr Kenneth John Krivacic			Date of Receipt			
	Mailing Address 3658 Northaven			M M / D D / Y Y Y Y			
		01-11-	7. 0. 1	11 15 2007			
	City Dallas	State TX	Zip Code 75229	Transaction ID: 26820395			
	FEC ID number of contributing		15223	Amount of Each Receipt this Period			
	federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupation		-			
	Receipt For:		f Optometry e Year-to-Date ▼	_			
	Primary General	Ayyreyale		1			
	Other (specify)	0 0	500.00				
_	Full Name (Last, First, Middle Initial)						
C.	Dr Edwin Y Endo Mailing Address 98828 Hiliu Pl			Date of Receipt			
	Mailing Address 98828 Hiliu Pl			11 15 2007			
	City	State	Zip Code	Transaction ID: 26820396			
	Aiea	HI	96701-2785	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry				
	Receipt For:		e Year-to-Date ▼				
	Primary General		300.00				
	Other (specify)	0.0					
s	UBTOTAL of Receipts This Page (optional)		••••••	645.00			
т	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 47/106			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)						
	American Optometric Association Politic						
Α.	Full Name (Last, First, Middle Initial) Dr Daniel W Pace			Date of Receipt			
	Mailing Address 87 West Sunrise Cir			1 1 / D D / Y Y Y Y 1 5 / 2 0 0 7			
	City	State	Zip Code	Transaction ID: 26839198			
	Farmington	UT	84025	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) v		250.00]			
_	Full Name (Last, First, Middle Initial)						
в.	Dr Kevin K Lui Mailing Address 927 Ikena Cir			Date of Receipt			
	Mailing Address 927 Ikena Cir			1 1 1 1 5 2 0 0 7			
	City	State	Zip Code	Transaction ID: 26839201			
	Honolulu	HI	96821-2555	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General		450.00	1			
	Other (specify)	0 0	+30.00				
C.	Full Name (Last, First, Middle Initial) Dr Joel T Postma			Date of Receipt			
	Mailing Address 8806 53Rd Street Court	W		M M / D D / Y Y Y Y 11 1 15 2007			
	City University Plc	State WA	Zip Code 98467-1748	Transaction ID: 26839203 Amount of Each Receipt this Period			
	FEC ID number of contributing			300.00			
	federal political committee.	C					
	Name of Employer Self Employed	Occupation Doctor of	n Optometry				
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Other (specify)	0 0	300.00]			
	UBTOTAL of Receipts This Page (optional)			800.00			
ΙT	OTAL This Period (last page this line number or	ייייי)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 48 / 106 (check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
\geq	American Optometric Association Politi						
Α.	Full Name (Last, First, Middle Initial) Dr Angela C Koplos			Date of Receipt			
	Mailing Address 200-A Washington St			1 1 / D D / Y Y Y Y 1 1 5 / 2 0 0 7			
	City	State	Zip Code	Transaction ID: 26839218			
	El Paso	TX	79905	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupatio					
	Receipt For:		f Optometry e Year-to-Date 🔻				
	Primary General		250.00	1			
	Other (specify) ▼	0 0	230.00				
в.	Full Name (Last, First, Middle Initial) Dr Carolyn Marie Brug-Allender			Date of Receipt			
	Mailing Address 114 Sylvan Drive			M M / D D / Y Y Y Y 1 1 1 15 2007			
	City	State	Zip Code	Transaction ID: 26839227			
	Independence	KY	41051-9262	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self Employed	Occupatio	n f Optometry				
	Receipt For:		e Year-to-Date V	-			
	Primary General Other (specify) ▼		500.00]			
 c.	Full Name (Last, First, Middle Initial) Dr Jason R Miller			Date of Receipt			
-	Mailing Address 250 Andover Dr			M M / D D / Y Y Y Y 111 18 2007			
	City	State	Zip Code	Transaction ID: 26853203			
	Powell	OH	43065-8457	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		35.00			
	Name of Employer Self Employed	Occupatio Doctor of	n f Optometry				
	Receipt For:		e Year-to-Date V				
	Other (specify)		245.00				
			0 0 0 0 0 0 0				
s	UBTOTAL of Receipts This Page (optional)		·····	785.00			
т	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 106							
	EMIZED RECEIPTS		or each category of the	(check only one)							
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)		,								
	American Optometric Association Politi	cal Action	Committee								
Α.	Full Name (Last, First, Middle Initial) Dr James C Falconer, Jr			Date of Receipt							
	Mailing Address 3421 Kachemak Circle			1 1 / D D / Y Y Y Y 1 1 1 8 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26853205							
	Anchorage	AK	99515-2380	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		84.00							
	Name of Employer Self Employed	Occupation	n f Optometry								
	Receipt For:		e Year-to-Date V								
	Primary General										
	Other (specify) v	0 0	504.00								
В.	Full Name (Last, First, Middle Initial) Dr Denise Lynn Thanepohn			Date of Receipt							
	Mailing Address 130 Beaufort Circle			M M / D D / Y Y Y Y 111 18 2007							
	City	State	Zip Code	Transaction ID: 26853206							
	Anchorage	AK	99515-3706	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer Self Employed	Occupation	n f Optometry								
	Receipt For:		e Year-to-Date ▼								
	Primary General		600.00								
	Other (specify) 🔻	0.0	600.00								
С.	Full Name (Last, First, Middle Initial) Dr Michael James Bennett			Date of Receipt							
	Mailing Address 1624 Second St			M M / D D / Y Y Y Y 1 1 1 1 1 8 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26853207							
	Douglas	AK	99824-5211	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		85.00							
	Name of Employer Self Employed	Occupation	n f Optometry								
	Receipt For:		e Year-to-Date ▼								
	Primary General Other (specify) ▼		510.00								
s	UBTOTAL of Receipts This Page (optional)			269.00							
T	OTAL This Period (last page this line number c	only)									

				FOR LINE NUMBER: PAGE 50 / 106							
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions							
5	NAME OF COMMITTEE (In Full)										
$ \rangle$	American Optometric Association Politi	cal Action (Committee								
\mathbb{Z}	·										
Δ	Full Name (Last, First, Middle Initial) Dr Brian D Cin			Date of Receipt							
Α.	Mailing Address 11912 Town Park Circle	2									
		,		11 18 2007							
	City	State	Zip Code	Transaction ID: 26853208							
	Eagle River	AK	99577-7788	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer	Occupation		_							
	Name of Employer Self Employed	Occupation	¹ Optometry								
	Receipt For:		Year-to-Date ▼	1							
	Primary General										
	Other (specify)		510.00								
	Full Name (Last First Middle Latital)										
В.	Full Name (Last, First, Middle Initial) Dr Victoria Ann Blower			Date of Receipt							
	Mailing Address 2301 Loussac Dr			M M / D D / Y Y Y Y							
				11 18 2007							
	City	State	Zip Code	Transaction ID: 26853209							
	Anchorage	AK	99517-1230	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		84.00							
	Name of Employer Self Employed	Occupation	n ⁻ Optometry								
	Receipt For:		Year-to-Date ▼	_							
	Primary General	, igg. ogaio									
	Other (specify) 🔻		504.00								
C.	Full Name (Last, First, Middle Initial) Dr Thomas Annunziato			Date of Receipt							
	Mailing Address 11700 Northview Dr			M M / D D / Y Y Y Y							
	<u></u>	01-1-	Zin Code	11 19 2007							
	City Aledo	State TX	Zip Code 76008-5223	Transaction ID: 26853483 Amount of Each Receipt this Period							
	FEC ID number of contributing		10000-0220								
	federal political committee.	С		41.66							
	Name of Employer	Occupation	1	1							
	Self Employed		Optometry	_							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		324.98								
		0 0	0 0 0 0 0 0 0								
	I			-							
s	UBTOTAL of Receipts This Page (optional)			210.66							
			-								
Т	OTAL This Period (last page this line number o	nly)	🕨								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 106 (check only one) 11a 11b 11c 12 X 11a 114 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politie	cal Action (Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Pamela E Carlson Mailing Address 12200 Academy Rd Ne	Apt 1222		Date of Receipt
		•		11 19 2007
	City Albuquerque	State NM	Zip Code 87111-7257	Transaction ID: 26853484
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
В.	Full Name (Last, First, Middle Initial) Dr Mamie Cassandra Chan Mailing Address 6109 Rio Hondo Ne			Date of Receipt
	City	State	Zip Code	Transaction ID: 26853485
	Albuquerque	NM	87109-3832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	1	n 6 Optometry 9 Year-to-Date V 250.00	1
	Full Name (Last, First, Middle Initial)			
U.	Dr Marsha Mary Malooley Mailing Address 1120 W Armitage #301			Date of Receipt
				11 16 2007
	City Chicago	State IL	Zip Code 60614-4129	Transaction ID: 26853600 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00]
s	UBTOTAL of Receipts This Page (optional)			400.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 52 / 106 (check only one) X 11a 11b 11c 12				
			Detailed Summary Page					
	y information copied from such Reports and Sta for commercial purposes, other than using the r							
	NAME OF COMMITTEE (In Full)							
\backslash	American Optometric Association Politi	cal Action	Committee	_				
A.	Full Name (Last, First, Middle Initial) Dr William J Prothero			Date of Receipt				
	Mailing Address 19027 Second Place Sv	v		1 1 1 1 6 Y Y Y Y Y 1 1 1 1 6 2 0 0 7				
	City	State	Zip Code	Transaction ID: 26853604				
	Seattle	WA	98166	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self Employed	Occupation	n f Optometry					
	Receipt For:	_	e Year-to-Date ▼	-1				
	Primary General		615.00	1				
	Other (specify) 🔻	0 0	613.00					
в.	Full Name (Last, First, Middle Initial) Dr Abdulwahed H Qotaynah			Date of Receipt				
	Mailing Address 7380 Mountain Quail Pl	ace		M M / D D / Y Y Y Y 11 1 16 2007				
	City	State	Zip Code	Transaction ID: 26853610				
	Concord Twp	ОН	44077	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		150.00				
	Name of Employer Self Employed	Occupatio						
	Receipt For:		f Optometry e Year-to-Date ▼	_				
	Primary General	, iggi oguio		1				
	Other (specify)	0 0	350.00					
c.	Full Name (Last, First, Middle Initial) Dr Daniel T Mc Gehee			Date of Receipt				
	Mailing Address 3915 East Oasis Circle			M M / D D / Y Y Y Y 1 1 1 1 6 2007				
	City	State	Zip Code	Transaction ID: 26853623				
	Mesa	AZ	85215-1006	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		150.00				
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry					
	Receipt For:		e Year-to-Date V	_				
	Primary General Other (specify) ▼	0 0	300.00]				
s	UBTOTAL of Receipts This Page (optional)			550.00				
т	OTAL This Period (last page this line number o	nly)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 106							
			or each category of the	(check only one) $(X 112 \square 11b \square 112 \square 12)$							
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions							
				solicit contributions from such committee.							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (Committee								
۷ ۸.	Full Name (Last, First, Middle Initial) Dr Kevin Bruce Ayers			Date of Receipt							
	Mailing Address 4109 W Park St			M M / D D / Y Y Y Y 11 1 16 / 2007							
	City	State	Zip Code	Transaction ID: 26853676							
	Pasco	WA	99301	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer Self Employed	Occupation	n Optometry								
	Receipt For:		Year-to-Date ▼	_							
	Primary General		500.00	1							
	Other (specify)	0 0									
В.	Full Name (Last, First, Middle Initial) Dr Sarah Jane Paikowsky			Date of Receipt							
	Mailing Address 5514 E Alan Lane			M M / D D / Y Y Y Y 11 1 16 2007							
	City	State	Zip Code	Transaction ID: 26853682							
	Paradise Valley	AZ	85253-1162	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		365.00							
	Name of Employer Self Employed	Occupation Doctor of	n Optometry								
	Receipt For:		Year-to-Date V								
	Primary General		365.00	1							
	Other (specify)	0 0									
C.	Full Name (Last, First, Middle Initial) Dr Bradley S Giedd			Date of Receipt							
	Mailing Address 3626 W Supreme Ct			M M / D D / Y Y Y Y 11 1 16 2007							
	City	State	Zip Code	Transaction ID: 26853683							
	Apopka	FL	32703	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		150.00							
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		400.00	1							
		0 0									
s	UBTOTAL of Receipts This Page (optional)			1015.00							
Т	OTAL This Period (last page this line number or	רוא)									

		[FOR LINE NUMBER: PAGE 54 / 106										
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the		(check only one)										
IT	EMIZED RECEIPTS		Detailed Summary Page)	K 11a	1	1b		11c	\Box	12				
							4		15		16	17			
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	not be sold or used by any pe lress of any political committee	rson for to solic	the purp it contrib	oose o outions	f so s fro	licitir m sı	ig coi ich co	ntribı omm	utions ittee.					
Ν	NAME OF COMMITTEE (In Full)														
\mathbb{Z}	American Optometric Association Politic	al Action (Committee												
Α.	Full Name (Last, First, Middle Initial) Dr Steve N Nguyen				Date of	f Rece	ipt								
	Mailing Address 7417 Primrose Dr				м м 11	JL	_	6	Y	2007					
	City	State	Zip Code		Transa										
	Irving	TX	75063-5507		Amoun	t of Ea	ach	Rece	eipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	C								2	50.0	0			
	Name of Employer Self Employed	Occupation Doctor of	optometry												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General		500.00												
	Other (specify)	0 0													
В.	Full Name (Last, First, Middle Initial) Dr Donald A Fliehs				Date of	f Rece	ipt								
	Mailing Address 909 N E Third St	State Zip Code			M M / D D / Y Y Y Y 111 16 / 2007										
	City	State		Transaction ID: 26853690											
	Belle Glade	<u> </u>	33430		Amoun	it of Ea	ach	Rece	eipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С			400.00						0				
	Name of Employer Self Employed	Occupatior	1												
			Optometry												
	Receipt For:	Aggregate	Year-to-Date ▼	_											
	Primary General Other (specify) ▼		400.00												
		0 0	0 0 0 0 0 0												
C.	Full Name (Last, First, Middle Initial) Dr Mark E Swan				Date of	f Rece	ipt								
	Mailing Address 474 Shaw Estates Dr Ne	ļ			м м 11	/	D 1	D / 6	Y		0 [°] 0				
	City	State	Zip Code		Transa	ction	ID:	268	5369	94					
	Rockford	MI	49341-9795		Amoun	t of Ea	ach	Rece	eipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	C			300.00										
	Name of Employer Self Employed	Occupation	optometry												
	Receipt For:		Year-to-Date V												
	Primary General														
	Other (specify)	0 0	600.00												
s	UBTOTAL of Receipts This Page (optional)			•			,			9	50.0	0			
Т	OTAL This Period (last page this line number on	ly)		•											

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 55 / 106					
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)					
11			Detailed Summary Page	X 11a 11b 11c 12					
۸	ny information copied from such Reports and Sta	tomonto mo	unat he sold or used by any pares	13 14 15 16 17					
or	for commercial purposes, other than using the n	solicit contributions from such committee.							
\sum	NAME OF COMMITTEE (In Full)								
	American Optometric Association Politie	cal Action	Committee						
Α.	Full Name (Last, First, Middle Initial) Dr David F Fetterman			Date of Receipt					
	Mailing Address 1010 Golf Course Road			M M / D D / Y Y Y Y 111 19 2007					
	City	State	Zip Code	Transaction ID: 26859244					
	Milton	PA	17847	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		300.00					
	Name of Employer Self Employed	Occupation							
	Receipt For:		f Optometry e Year-to-Date ▼	-					
	Primary General	, igg. ogaa		1					
	Other (specify) v	0 0	300.00						
в.	Full Name (Last, First, Middle Initial) Dr George W Walters, Jr			Date of Receipt					
	Mailing Address 713 Tem Street P.O. Box C			M M / D D / Y Y Y Y 11 1 19 2007					
	City	State	Zip Code	Transaction ID: 26859252					
	Bolivar	TN	38008-0391	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation	n f Optometry						
	Receipt For:	1	Year-to-Date ▼	-					
	Primary General	, iggi egaa		1					
	Other (specify)	0 0	250.00						
~	Full Name (Last, First, Middle Initial)								
0.	Dr Dennis E Curtis Mailing Address 605 S Third			Date of Receipt					
				11 19 2007					
	City	State	Zip Code	Transaction ID: 26859262					
	Hugo	OK	74743	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		150.00					
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry						
	Receipt For:		Year-to-Date V	1					
	Primary General		250.00	1					
	Other (specify) v	0 0							
s	UBTOTAL of Receipts This Page (optional)			700.00					
Т	OTAL This Period (last page this line number of	nly)							

				FOR LINE NUMBER: PAGE 56 / 106						
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12						
			_ stated carrinary r age	13 14 15 16 17						
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.						
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
$ \rangle$	American Optometric Association Politic	cal Action (Committee							
Ľ	Full Nome (Leet First Middle 1995)			1						
Α.	Full Name (Last, First, Middle Initial) Dr Kevin C Pollard			Date of Receipt						
	Mailing Address 4200 W Conejos PI Ste	105		M M / D D / Y Y Y Y 1 1 1 1 9 2007						
	City	State	Zip Code	Transaction ID: 26859263						
	Denver	CO	80204-1309	Amount of Each Receipt this Period						
	FEC ID number of contributing			250.00						
	federal political committee.	C								
	Name of Employer Self Employed	Occupation	n	1						
			Optometry	4						
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻							
	Other (specify) T		250.00							
			<u> </u>	1						
B	Full Name (Last, First, Middle Initial) Dr Lawrence A Filak, Jr			Date of Receipt						
υ.	Mailing Address 9 Chantilear Court			M M / D D / Y Y Y Y						
				11 19 2007						
	City	State	Zip Code	Transaction ID: 26859264						
	Stewartstown	PA	17363-4141	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		150.00						
	Name of Employer	Occupation	n	-						
	Self Employed	1 ·	Optometry							
	Receipt For:		e Year-to-Date ▼	1						
	Primary General		332.50							
	Other (specify)	0 0		1						
	Full Name (Last, First, Middle Initial)									
C.	Dr Roger M Allyn			Date of Receipt						
	Mailing Address P O Box 269			1 1 ^D 2 0 ^Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 26876461						
	La Plata	NM	87418-0269	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	·			-						
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry							
	Receipt For:		e Year-to-Date ▼	1						
	Primary General		500.00							
	Other (specify) 🔻									
				· · · · · · · · · · · · · · · · · · ·						
s	UBTOTAL of Receipts This Page (optional)		••••••	900.00						
		-1.)								
ΙT	OTAL This Period (last page this line number or	ny)	🕨							

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) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions o solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Michael Patrick Gilliland Mailing Address 6563 Masefield Street			Date of Receipt
		Ohaha	7'- 0	11 20 2007
	City Worthington	State OH	Zip Code 43085	Transaction ID: 26876462 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self Employed	-	f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
в.	Full Name (Last, First, Middle Initial) Dr Alan G Peaslee			Date of Receipt
	Mailing Address 4507 Wellington Woods	s Dr		1 1 / D D / Y Y Y Y 1 1 1 2 0 2 0 0 7
	City	State	Zip Code	Transaction ID: 26876475
	Hahira FEC ID number of contributing federal political committee.	GA	31632-3109	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00]
с.	Full Name (Last, First, Middle Initial) Dr Joyce Y Kim			Date of Receipt
	Mailing Address 10079 Oakleaf Place			M M / D D / Y Y Y Y 11 20 2007
	City Cupertino	State CA	Zip Code 95014-1127	Transaction ID: 26876476 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			765.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 58 / 106							
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)							
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$							
	y information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,								
\rangle	American Optometric Association Politi	cal Action (Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Kenneth H Sorkin			Date of Receipt							
	Mailing Address 24 Shirley Court			1 1 2 0 Y Y Y Y 1 1 1 2 0 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26876480							
	Commack	NY	11725-4122	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		150.00							
	Name of Employer Self Employed	Occupation	n f Optometry								
	Receipt For:		e Year-to-Date V								
	Primary General		250.00	1							
	Other (specify) 🔻	0 0	230.00								
в.	Full Name (Last, First, Middle Initial) Dr Anthony V Adornetto			Date of Receipt							
	Mailing Address 1282 Rankin Drive			M M / D D / Y Y Y Y 11 20 2007							
	City	State	Zip Code	Transaction ID: 26876488							
	Zanesville	OH	43701	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		150.00							
	Name of Employer Self Employed	Occupation	n f Optometry								
	Receipt For:	-	e Year-to-Date ▼								
	Primary General	33 - 3		1							
	Other (specify) 🔻	0 0	350.00								
c.	Full Name (Last, First, Middle Initial) Dr Mary Lynn Gregory			Date of Receipt							
0.	Mailing Address 3332 120Th Ave			M M / D D / Y Y Y Y 1 1 22 2007							
	City	State	Zip Code	Transaction ID: 26876524							
	<u>Clear Lake</u>	MN	55319-9506	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		30.00							
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	1							
	Receipt For:		e Year-to-Date V	-							
	Primary General		210.00	1							
	Other (specify) v	0 0									
s	UBTOTAL of Receipts This Page (optional)			330.00							
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)				FOR LINE NUMBER: PAGE 59 / 106 (check only one)								
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page) Î	X 11a	11b			12						
An	y information copied from such Reports and Sta	atements may	not be sold or used by any	person fo	13 or the purp	005e of s	oliciting	contril	16 outions	 ;	17				
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and add	lress of any political commit	tee to soli	cit contrib	outions fr	om suo	ch comi	mittee.						
\rangle	American Optometric Association Politi	ical Action (Committee												
,́	Full Name (Last, First, Middle Initial) Dr Shannon C Franklin				Date of	Receipt									
	Mailing Address 427 Cranberry Lane				м м 11		23		2 0 ^Y 0 [·]						
	City	State	Zip Code			ction ID:									
	Crozet	VA	22932-3160		Amoun	t of Each	Recei	pt this I	Period		_				
	FEC ID number of contributing federal political committee.	C				1 1			62.5	50					
	Name of Employer Self Employed	Occupation	n Optometry												
	Receipt For:		Year-to-Date V												
	Primary General Other (specify) ▼		437.5	0											
в.	Full Name (Last, First, Middle Initial) Dr Ivo Horak				Date of	Receipt									
	Mailing Address 4366 Cooper Oaks Dr				м м 11	/ D	23		200 [°]						
	City	State	Zip Code		Transa	ction ID:									
	Smyrna	GA	30082-4766		Amoun	t of Each	Recei	pt this I	Period		_				
	FEC ID number of contributing federal political committee.	C							100.0	0					
	Name of Employer Self Employed	Occupation	n Optometry												
	Receipt For:		Year-to-Date V												
	Primary General Other (specify) ▼	U U U 0 0	700.0	0											
<u></u>	Full Name (Last, First, Middle Initial) Dr Douglas J Mc Bride				Date of	Receipt									
	Mailing Address 3103 Sycamore Lane				м м 11		23	Y Y	200 [°]						
	City	State	Zip Code			ction ID:									
	Billings	MT	59102-0523		Amoun	t of Each	Recei	pt this I	1 1	-	-				
	FEC ID number of contributing federal political committee.	C				1 1	1 1		50.0	0					
	Name of Employer Self Employed	Occupation Doctor of	n Optometry												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		350.0	0											
s	LUBTOTAL of Receipts This Page (optional)			I					212.5	0					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 60 / 106 (check only one) (check 112) X 11a 11b 11c 12				
			Detailed Summary Page	13 14 15 16 17				
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
\geq	American Optometric Association Politi	cal Action (Committee					
Α.	Full Name (Last, First, Middle Initial) Dr Larry G Obie			Date of Receipt				
	Mailing Address 1330 12Th Ave			M M / D D / Y Y Y Y 111 / 23 / 2007				
	City	State	Zip Code	Transaction ID: 26876530				
	Havre	MT	59501-5401	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Self Employed	Occupation	n ^c Optometry					
	Receipt For:	-	Year-to-Date V	_				
	Primary General Other (specify) ▼		350.00]				
в.	Full Name (Last, First, Middle Initial) Dr Dirk Michael Beyer			Date of Receipt				
	Mailing Address 709 South 5Th St			1 1 2 3 2 0 0 7				
	City	State	Zip Code	Transaction ID: 26876531				
	Hamilton	MT	59840-2755	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry					
	Receipt For:	-	Year-to-Date ▼					
	Primary General Other (specify) The second seco	0 0	350.00]				
<u></u>	Full Name (Last, First, Middle Initial) Dr Marcus H Kelley			Date of Receipt				
	Mailing Address 1127 Wilder			M M / D D / Y Y Y Y 1 1 23 2007				
	City	State	Zip Code	Transaction ID: 26876532				
	Helena	MT	59601-2115	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Self Employed	Occupation Doctor of	n Optometry					
	Receipt For:		Year-to-Date ▼					
	Primary General Other (specify) ▼	0 0	350.00]				
s	LUBTOTAL of Receipts This Page (optional)		······	150.00				
Т	OTAL This Period (last page this line number o	nly)						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 106							
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)							
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$							
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
American Optometric Association Political Action Committee											
<u>А.</u>	Full Name (Last, First, Middle Initial) Dr Dennis M Brtva			Date of Receipt							
	Mailing Address 57 Pebblebrook Ct			1 1 ^d 2 4 ^y 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26876533							
	Bloomington	IL	61704-6300	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		85.00							
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry								
	Receipt For:		e Year-to-Date ▼	-1							
	Primary General Other (specify)	0 0	680.00]							
в.	Full Name (Last, First, Middle Initial) Dr Freddie M Mayes			Date of Receipt							
	Mailing Address 117 Magnolia Drive			M M / D D / Y Y Y Y 11 24 2007							
	City	State	Zip Code	Transaction ID: 26876534							
	Central City	KY	42330-1727	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer Self Employed	Occupation									
			Optometry								
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻								
	Other (specify)	0 0	350.00								
с.	Full Name (Last, First, Middle Initial) Dr Thomas E Nye			Date of Receipt							
	Mailing Address 42 Tabor Lane			1 1 2 4 Y Y Y Y Y 1 1 2 4 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26876535							
	Hamilton	OH	45013-5118	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry								
	Receipt For:		Year-to-Date V								
	Primary General Other (specify) ▼	0 0	300.00]							
s	UBTOTAL of Receipts This Page (optional)		······	185.00							
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 62 / 106 (check only one)							
11			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full)										
\mathbb{Z}	American Optometric Association Politi	cal Action	Committee								
Α.	Full Name (Last, First, Middle Initial) Dr. Andrea P Thau			Date of Receipt							
	Mailing Address 170 East 83 Street			1 1 2 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 26876539							
	New York	NY	10028-1920	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		166.67							
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry								
	Receipt For:		e Year-to-Date V	_							
	Primary General Other (specify) ♥	0 0	733.34]							
в.	Full Name (Last, First, Middle Initial) Dr Albert S Licup			Date of Receipt							
	Mailing Address 226 S Harvey Ave			M M / D D / Y							
	City	State	Zip Code	Transaction ID: 26876540							
	Oak Park		60302-3312	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		41.67							
	Name of Employer Self Employed	Occupation	n f Optometry								
	Receipt For:		e Year-to-Date V	_							
	Primary General Other (specify) ▼		333.36]							
	Full Name (Last, First, Middle Initial) Dr Lynn Smith Hammonds			Date of Receipt							
0.	Mailing Address 2725 Smyer Road			M M / D D / Y Y Y Y 1 1 2 0 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26876720							
	Birmingham	AL	35216-1026	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry								
	Receipt For:		e Year-to-Date ▼	7							
	Primary General Other (specify) ▼	0 0	500.00]							
s	LUBTOTAL of Receipts This Page (optional)			458.34							
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Any information coded from such Reports and Statements may not be add or used by any paren for the purpose of soliding contributions for documentation using the name and address of any political committee to solidit contributions from such committee. NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 3309 W Hampton Pointe Dr City State Zip Code Florence SC 29501/2098 FEC ID number of contributing tester political committee Aggregate Test-to-Date ▼ Mailing Address Aggregate Test-to-Date ▼ Prinnay General 000,00 Set Exployers Obstor of Optometry Receipt For: Aggregate Test-to-Date ▼ Prinnay General Mailing Address S49 Hall Hill Rd City State Zip Code Fiel D number of contributing testers City 20.0.7 Prinnay General 000,00 Bruit Name (Last, First, Middle Initial) Date of Receipt Dictor of Optometry Receipt Set Brunbeer Network Receipt Set Brunbeer Network Set Employers Obtor of Optometry Receip				3 ,									
NAME OF COMMITTEE (In Full) American Optimitric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr David W Hamil Maling Address 3309 W Hampton Pointe Dr Öliy State Elorence SC SC 29501-2098 FEC ID number of contributing fedral political committee. C Primary General Oncupation Doctor of Optometry Becipt For: Aggregate Year-to-Date ▼ Primary General Dr Lup, Yeh-Kalk Doctor of Optometry Bort Lup, Firk-Kalk Doctor of Optometry Bort Lip, Firk-Kalk Doctor of Optometry Somers CT Somers CT Somers CT Somers CT Maing Address 45 Bunker/hill Rd Other (specify) Occupation Date of Receipt Transaction ID: 268/7672 Amount of Each Receipt Hill Period To 6071-1060 FEC ID number of contributing federal political committee. Occupation Date of Receipt To 20 / 200.7 Receipt For: D					on for the purpose of soliciting contributions								
American Optometric Association Political Action Committee A. American Optometric Association Political Action Committee Maing Address 3309 W Hampton Pointe Dr City State Picronece SC State Zip Code FEC ID number of contributing federal political committee. Occupation Dotor of Optometry Receipt For: Primary General Other (specify) ♥ Doctor of Optometry Receipt For: Optometric Committee. Pull Name (Last, First, Middle Initial) Date of Receipt B. Dr.Lip R vin-Kaik Maing Address 549 Hall Hill Rd City State Zip Code Signers CT 06071-1080 FEC ID number of contributing federal political committee. Aggregate Year-Io-Date ♥ Primary General Occupation Doctor of Optometry Aggregate Year-Io-Date ♥ Receipt For: Optometry Receipt For: Optore (specify) ♥	or		name and add	dress of any political committee to	solicit contributions from such committee.								
✓ Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 3309 W Hampton Pointe Dr Ti 1 20 20.0.7 City State Zip Code Transaction Di: 28976721 Annow receiption C State Zip Code FEC 10 number of contributing rederal political committee. Occupation Date of Receipt Pinnary General Occupation 1000.00 Bruil Name (Last, First, Middle Initial) Date of Receipt Transaction Di: 28976727 Mailing Address 549 Hgill Hill Rd 1000.00 Transaction Di: 28976727 City State Zip Code Transaction Di: 28976727 Mailing Address 549 Hgill Hill Rd Ti 1 2.0.7 City State Zip Code Transaction Di: 28976727 Amount of Each Receipt Time Period C 11 2.0.7 Receipt For: Doctor of Optometry Receipt For: Receipt For: Receipt For: Primary General Occupation S65.00 Transaction Di: 28976727 City General Occupation S65.00 Transaction Di: 2897673	$\left \right\rangle$		oal Action	Committoo									
A. Dr. bord Wi Hamil Date of Receipt Mailing Address 3309 W Hampton Pointe Dr Transaction Us: 26876721 City State Zip Code Florence SC 2950-2098 FeC: Do number of contributing federal political committee. Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Pininary General Occupation Doctor of Optometry Date of Receipt B. Full Name (Last. First, Middle Initial) Date of Receipt B. Drully R vink Kak. Date of Receipt Mailing Address 549 Hall Hill Rd Timescition ID: 26876727 City State Zip Code Transaction ID: 26876727 Somg of Employee Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Transaction ID: 26876727 Amount of Each Receipt Im Period C State Zip Code Transaction ID: 26876727 Somg of Employee Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt Second Mailing Address 45 Bunkerhill Rd Time of Carl Receipt Im Period Transaction ID: 26876757 Transaction ID: 26876757 Cation CT 06019 Ecci Din umber	\mathbb{Z}		cal Action	Committee									
City State Zip Code City State Zip Code Florence SC 2950:2098 FEC ID number of contributing rederal political committee. C Amount of Each Receipt this Period Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General 0ther (specify) ▼ Date of Receipt Transaction ID: 26876721 Maling Address 549 Hall Hill Rd 11000.00 Transaction ID: 26876727 Maling Address 549 Hall Hill Rd Tity P Yeh-Kaik Date of Receipt Maling Address General Occupation Decept For: C Primary General Occupation Doctor of Optometry Receipt For: Optom of Contributing Tederal political committee. Occupation Date of Receipt this Period Full Name (Last, First, Middle Initial) C Transaction ID: 26876755 Amount of Each Receipt this Period C Maling Address 45 Bunkerhill Rd C Transaction ID: 26876755 Catton C C Set Z p Code Transaction ID: 26876755 Caton C Occupation	Α.	· · · · · · · · · · · · · · · · · · ·			Date of Receipt								
City State Zip Code Transaction ID: 26876721 FIC: ID number of contributing federal political committee. C Amount of Each Receipt this Period Series Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Date of Receipt B. Dr Lity R Yeh-Kaik Maling Address 549 Hall Hill Rd Date of Receipt City State Zip Code Transaction ID: 26876721 Somers CT 06071-1660 Transaction ID: 26876727 City State Zip Code Amount of Each Receipt this Period Somers CT 06071-1660 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Sell Employed Doctor of Optometry 365.00 Amount of Each Receipt this Period C. Michael Shawn Mc Avey Aggregate Year-to-Date ▼ Transaction ID: 26876755 Ganton CT 06019 Transaction ID: 26876755 Catton CT 06019 Transaction ID: 26876755 Maling Address 45 Bunkerhill Rd Transaction ID: 26876755 Catton CT 06919 Transacti		Mailing Address 3309 W Hampton Point	e Dr										
Florence SC 29501-2098 FEC ID number of contributing rederal political committee. C 500.00 Name of Employer Self Employed Occupation Doctor of Optometry 500.00 Receipt For: Dother (specify) ♥ Aggregate Year-to-Date ♥ Image: State St		City	State	Zip Code									
tederal political committee. U Juit of the specify Name of Employer Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Date of Receipt B. Dri Lity R+K-ak Date of Receipt Date of Receipt Maiing Address 549 Hall Hill Rd Image: State Zip Code Transaction ID: 26876727 Amount of Each Receipt Interval Querty R+Kak Aggregate Year-to-Date ▼ Maiing Address 549 Hall Hill Rd C Maiing Address 549 Hall Hill Rd FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Perinary General Occupation Juit Y * Yoing Year Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Jast of Receipt Receipt For: General Occupation Date of Receipt Maiing Address 45 Bunkerhill Rd Image: State Zip Code Transaction ID: 26876755 City State Zip Code Transaction ID: 26876755 Canton C General Occupation Maiing Address 45 Bunkerhill Rd C Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Self Enfloyer General Occupation D		Florence	SC	29501-2098									
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NAME OF COMMITTEE (In Full)											
	American Optometric Association Politi	cal Action	Committee								
A.	Full Name (Last, First, Middle Initial) Dr Daniel C Little			Date of Receipt							
	Mailing Address 504 9Th Avenue Nw			1 1 ^D 2 0 ^Y 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26876763							
	Mandan	ND	58554-2546	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
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	Primary General		250.00	1							
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R	Full Name (Last, First, Middle Initial) Dr Heather A DiMaggio			Date of Receipt							
Б.	Mailing Address 1299 Hwy 3226			M M / D D / Y Y Y Y 1 1 2 0 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26876764							
	Deridder	LA	70634-9133	Amount of Each Receipt this Period							
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	Primary General			1							
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C.	Full Name (Last, First, Middle Initial) Dr Anthony C DiMaggio			Date of Receipt							
	Mailing Address 1299 Highway 3226			M M / D D / Y							
	City	State	Zip Code	Transaction ID: 26876765							
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or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit	contrib	utions	fro	m si	uch c	omm	nittee.)		
\sum	NAME OF COMMITTEE (In Full)													
\backslash	American Optometric Association Politica	al Action (Committee											
Á.	Full Name (Last, First, Middle Initial) Dr Mark S Jones			Date of Receipt										
	Mailing Address 113 Florida Ave		м м / р р / 111 20							Y Y Y Y 2007				
	City	State	Zip Code	Т	ransac	tion	D:	268	767	66				
	Lynn Haven	FL	32444	A	Amount	of Ea	ch	Rec	eipt tl	his P	eriod			
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	Primary General		365.00	1										
	Other (specify)	0 0												
в.	Full Name (Last, First, Middle Initial) Dr Douglas K Gauvreau				Date of	Rece	ipt							
	Mailing Address 1 Thornhurst Road				M M / D D / Y Y Y Y 111 20 2007									
	City	State	Zip Code	Т	ransac	tion	D:	268	767	67				
	Falmouth	ME	04105	A	Amount	of Ea	ach	Rec	eipt tl	his P	eriod			
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C.	Dr Mark E Nordin Mailing Address 524 Jasper Lane			_	Date of	_	·	D	/ Y	v	Y	V		
	Mailing Address 524 Jasper Lane				м м 11			D 0	/ ¥		0 0			
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	Paintsville	KY	41240-9338	A	Amount	of Ea	ach	Rec	eipt tl	his P	eriod			
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action	Committee								
A.	Full Name (Last, First, Middle Initial) Dr Catherine Ann Kennedy Mailing Address 4 Briarwood Lane			Date of Receipt							
				11 20 2007							
	City	State	Zip Code	Transaction ID: 26876781							
	Burlington	MA	01803-3013	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
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	Primary General Other (specify) ▼		250.00]							
в.	Full Name (Last, First, Middle Initial) Dr Robert P Pharr			Date of Receipt							
	Mailing Address 130 Pharr Circle			M M / D D / Y Y Y Y 11 21 2007							
	City	State	Zip Code	Transaction ID: 26880867							
	Attalla	AL	35954-5599	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00]							
<u></u>	Full Name (Last, First, Middle Initial) Dr Charles Lowell Jones, Jr			Date of Receipt							
	Mailing Address 631 West Gresham			M M / D D / Y Y Y Y 11 21 2007							
	City	State	Zip Code	Transaction ID: 26880869							
	Indianola	MS	38751	Amount of Each Receipt this Period							
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	NAME OF COMMITTEE (In Full)											
	American Optometric Association Politi	cal Action (Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Lori Lynn Blackmer			Date of Receipt								
	Mailing Address 700 Pine Street			1 1 / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7								
	City	State	Zip Code	Transaction ID: 26880870								
	Picayune	MS	39466-2566	Amount of Each Receipt this Period								
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	Primary General		675.00	1								
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в.	Full Name (Last, First, Middle Initial) Dr David Hill Curtis			Date of Receipt								
	Mailing Address 550 Hwy 82			1 1 / 2 1 / Y Y Y Y 1 1 / 2 1 / 2 0 0 7								
	City	State	Zip Code	Transaction ID: 26880871								
	Ethelsville	AL	35461	Amount of Each Receipt this Period								
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	Primary General		500.00	1								
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C.	Full Name (Last, First, Middle Initial) Dr John E Titak			Date of Receipt								
	Mailing Address 3 Fairfield Drive			M M / D D / Y Y Y Y 1 1 26 2007								
	City	State	Zip Code	Transaction ID: 26881108								
	Avondale Estate	GA	30002	Amount of Each Receipt this Period								
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\sum	NAME OF COMMITTEE (In Full)												
\backslash	American Optometric Association Politi	cal Action (Committee										
Α.	Full Name (Last, First, Middle Initial) Dr Orvil V Kimball, Jr			Date of Receipt									
	Mailing Address 802 W Edgewood			1 1 ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y									
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в.	Full Name (Last, First, Middle Initial) Dr Nathalie Cassis			Date o	f Rec	ceipt							
	Mailing Address 611 Raleigh Ave #1				1 1 2 6 2 0 0 7								
	City	State		Transaction ID: 26882294									
	Norfolk	VA	23507-2014		Amount of Each Receipt this Period						1		
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	Primary General		350.00	1									
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C.	Full Name (Last, First, Middle Initial) Dr John P De Carlo				Date o	f Rec	ceipt						
	Mailing Address 983 Newfield Avenue				м м 11	/		D 6	/ Y	Y Y 200			
	City	State	Zip Code		Transa	ctio	n ID:	268	82296	3			
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	NAME OF COMMITTEE (In Full)											
\rangle	American Optometric Association Politie	cal Action	Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Masoud Ghohestani			Date of Receipt								
	Mailing Address P O Box 4174			1 1 / 2 6 / Y Y Y Y 1 1 1 / 2 6 / 2 0 0 7								
	City	State	Zip Code	Transaction ID: 26882312								
	Lawrenceburg	IN	47025-4174	Amount of Each Receipt this Period								
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в.	Full Name (Last, First, Middle Initial) Dr John R Miksch			Date of Receipt								
	Mailing Address 9809 Colony Bluff Drive			11 ⁰ 26 2007								
	City	State	Zip Code	Transaction ID: 26882316								
	Richmond	VA	23238-5557	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		150.00								
	Name of Employer Self Employed	Occupatio	n f Optometry									
	Receipt For:	-	e Year-to-Date V									
	Primary General Other (specify) ▼		250.00]								
<u></u>	Full Name (Last, First, Middle Initial) Dr Jeffrey Garcia			Date of Receipt								
	Mailing Address 12 Heinlen St			M M / D D / Y Y Y Y Y 1 1 26 2007								
	City	State	Zip Code	Transaction ID: 26882327								
	Lemoore	CA	93245-2943	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		100.00								
	Name of Employer Self Employed	Occupatio Doctor of	ⁿ f Optometry									
	Receipt For:		e Year-to-Date V									
	Primary General Other (specify) ▼	U U	400.00]								
6	UBTOTAL of Receipts This Page (optional)			500.00								
Т	OTAL This Period (last page this line number or	nly)										

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 70 / 106								
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)								
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12								
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)											
\geq	American Optometric Association Politi	cal Action	Committee									
Α.	Full Name (Last, First, Middle Initial) Dr Michael C Noble			Date of Receipt								
	Mailing Address 5609 W Arlington			1 1 2 3 2 0 0 7								
	City	State	Zip Code	Transaction ID: 26882353								
	Yakima	WA	98908-4297	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		500.00								
	Name of Employer Self Employed	Occupation										
			f Optometry	_								
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1								
	Other (specify)	0 0	500.00									
в.	Full Name (Last, First, Middle Initial) Dr James C Fujisaki			Date of Receipt								
	Mailing Address 99-011 Kealakaha Dr			1 1 2 3 2 0 0 7								
	City	State	Zip Code	Transaction ID: 26882359								
	Aiea	HI	96701-3544	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		150.00								
	Name of Employer Self Employed	Occupation										
	Receipt For:		f Optometry e Year-to-Date V	_								
	Primary General	riggi oguto		1								
	Other (specify) v		350.00									
C.	Full Name (Last, First, Middle Initial) Dr Douglas Gerard Herriott			Date of Receipt								
	Mailing Address 980 Nw High Point Dr											
	City	State	Zip Code	Transaction ID: 26882368								
	Lees Summit	MO	64081-2447	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		2000.00								
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry									
	Receipt For:	Aggregate	e Year-to-Date V									
	Primary General Other (specify) ▼	0 0	2000.00]								
s	UBTOTAL of Receipts This Page (optional)		·····	2650.00								
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 106 (check only one) X X 11a 11b 11c 12							
Ar	y information copied from such Reports and Sta	atements may		13 14 15 16 17							
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	a solicit contributions from such committee.							
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
\mathbb{Z}	American Optometric Association Politi	cal Action (Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Mark A Herriott			Date of Receipt							
	Mailing Address 13912 Goodman St			M M / D D / Y Y Y Y 11 23 2007							
	City	State	Zip Code	Transaction ID: 26882369							
	Shawnee Mission	KS	66223-1352	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		2000.00							
	Name of Employer Self Employed	Occupation	n Optometry								
	Receipt For:		Year-to-Date ▼	_							
	Primary General Other (specify) ▼	0 0	2000.00]							
в.	Full Name (Last, First, Middle Initial) Dr Anthony S Diecidue			Date of Receipt							
	Mailing Address 300 Mcmichaels Drive			M M / D D / Y Y Y Y 11 23 2007							
	City	State	Zip Code	Transaction ID: 26882370							
	Stroudsburg	PA	18360	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer Self Employed	Occupation Doctor of	n ^c Optometry								
	Receipt For:	-	Year-to-Date V								
	Primary General Other (specify) ▼	0 0	400.00]							
— c.	Full Name (Last, First, Middle Initial) Dr Michele R Haranin			Date of Receipt							
	Mailing Address 301 Concord Road			M M / D D / Y Y Y Y 1 1 28 2007							
	City	State	Zip Code	Transaction ID: 26883263							
	Dover	DE	19904-9100	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
s	UBTOTAL of Receipts This Page (optional)			2100.00							
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Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any per lress of any political committee	son for to solic	the pur it contril	pose outio	of so ns fro	licitir m su	ng cor uch co	ntribu ommi	itions ittee.			
\mathbb{N}	NAME OF COMMITTEE (In Full)													
\mathbb{Z}	American Optometric Association Politic	cal Action (Committee											
Α.	Full Name (Last, First, Middle Initial) Dr William E Leadingham				Date of Receipt									
	Mailing Address 316 Sunset Drive				1 1 / D D / Y Y Y Y 1 1 1 2 7 2 0 0 7									
	City	State	Zip Code		Transa	ctio	n ID:	268	8369	99				
	Ashland	KY	41101		Amour	nt of I	of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C								2	00.0	0		
	Name of Employer Self Employed	Occupation Doctor of	n Optometry											
	Receipt For:		Year-to-Date V											
	Primary General	1 1	300.00											
	Other (specify)	0 0	300.00											
в.	Full Name (Last, First, Middle Initial) Dr Karen S Beling				Date o	f Rec	ceipt							
	Mailing Address 133 Valley View Avenue				M M / D D / Y									
	City	State		Transaction ID: 26883705										
	Edgewater	MD	21037-3818		Amount of Each Receipt this Period 250.00									
	FEC ID number of contributing federal political committee.	C												
	Name of Employer Self Employed	Occupation												
			Optometry											
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	Other (specify)		250.00											
		0 0	0 0 0 0 0 0 0											
C.	Full Name (Last, First, Middle Initial) Dr Tracie M King				Date o	f Rec	ceipt							
	Mailing Address 1323 South Hanover St				м м 11	1		^D 7	Y		0 [°] 0			
	City	State	Zip Code		Transa	ctio	n ID:	268	8370)6				
	Baltimore	MD	21230-4220		Amour	nt of I	Each	Rece	eipt th	is Pe	eriod			
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ΙТ	EMIZED RECEIPTS		or each category of the	(check only one)										
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$										
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions										
$\overline{}$	NAME OF COMMITTEE (In Full)													
	American Optometric Association Politic	cal Action (Committee											
Α.	Full Name (Last, First, Middle Initial) Dr William Donald Diehl			Date of Receipt										
	Mailing Address 414 N Imo			1 1 / D D / Y Y Y Y 2 7 2 0 0 7										
	City	State	Zip Code	Transaction ID: 26883707										
	Enid	OK	73703	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		250.00										
	Name of Employer Self Employed	Occupation Doctor of	n Optometry											
	Receipt For:		Year-to-Date ▼	_										
	Primary General		250.00											
	Other (specify) ▼	0 0	230.00											
в.	Full Name (Last, First, Middle Initial) Dr Jeffrey K Smith			Date of Receipt										
	Mailing Address 4309 Coronet St	M M / D D / Y Y Y Y 11 27 2007												
	City	State	Zip Code	Transaction ID: 26883708										
	Crossett	AR	71635-9549	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		500.00										
	Name of Employer Self Employed	Occupation Doctor of	n Optometry											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		500.00	1										
	Other (specify) 🔻	0 0												
C.	Full Name (Last, First, Middle Initial) Dr Charlotte F Nielsen			Date of Receipt										
	Mailing Address 118 Whitehall Court			M M / D D / Y Y Y Y 11 1 29 2007										
	City	State	Zip Code	Transaction ID: 26884671										
	Grayslake	IL	60030-3492	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		100.00										
	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry											
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	Primary General Other (specify) ▼		700.00											
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 74 / 106 (check only one)						
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	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions						
\langle	American Optometric Association Politi	cal Action	Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Kenneth Ray Moultrie			Date of Receipt						
	Mailing Address 1809 Gaslight Way			M M / D D / Y Y Y Y 111 29 2007						
	City	State	Zip Code	Transaction ID: 26884673						
	Huntsville	AL	35801-1555	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer Self Employed	Occupation	n f Optometry							
	Receipt For:	-	e Year-to-Date ▼	1						
	Primary General		750.00	1						
	Other (specify)	0 0								
в.	Full Name (Last, First, Middle Initial) Dr Kathleen E Goff			Date of Receipt						
	Mailing Address 805 E Blanchard Ave			M M / D D / Y Y Y Y 11 29 2007						
	City	State	Zip Code	Transaction ID: 26884674						
	<u>El Paso</u>	ТХ	79902-2722	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer Self Employed	Occupation								
	Receipt For:	-	f Optometry e Year-to-Date ▼	_						
	Primary General	Ayyreyaid		1						
	Other (specify) v		350.00							
с.	Full Name (Last, First, Middle Initial) Dr Jeffrey C Michaels			Date of Receipt						
	Mailing Address 2323 Horseshoe Bend			M M / D D / Y Y Y Y 11 30 2007						
	City	State	Zip Code	Transaction ID: 26891777						
	Goochland	VA	23063-3246	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry							
	Receipt For:		e Year-to-Date V	1						
	Primary General Other (specify) ▼	0 0	500.00]						
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	NAME OF COMMITTEE (In Full)												
\rangle	American Optometric Association Politie	cal Action (Committee										
Α.	Full Name (Last, First, Middle Initial) Dr Barry Jon Mc Namara				Date of Receipt								
	Mailing Address 109 Payne Road				M M / D D / Y								
	City	State	Zip Code		Transac								
	Montgomery	AL	36116-6602		Amount	of Each	Rece	ipt this P	eriod				
	FEC ID number of contributing federal political committee.	С						3	365.0	0			
	Name of Employer Self Employed	Occupation Doctor of	n Optometry										
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	Primary General												
	Other (specify) v	365.00											
в.	Full Name (Last, First, Middle Initial) Dr Gary M Louie				Date of	Receipt							
	Mailing Address 34724 Alvarado Niles Rd					M M / D D / Y Y Y Y 111 29 2007							
	City	State	Zip Code		Transac	tion ID:	2689	93840					
	Union City	CA	94587-4502		Amount	of Each	Rece	ipt this P	eriod				
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_	Full Name (Last, First, Middle Initial)				_								
C.	Dr James Edward Bureman				Date of		_						
	Mailing Address 1422 Cooper Blvd				1 1 ^M		9		0 0 7				
	City	State	Zip Code		Transac	tion ID:							
	Springfield	MO	65802-2449		Amount	of Each	Rece	ipt this P	eriod				
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	Name of Employer Self Employed	Occupation Doctor of	n ^r Optometry										
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 76 / 106 (check only one) 11a X 11a								
			Detailed Summary Page	13 14 15 16 17								
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Ν	NAME OF COMMITTEE (In Full)											
\mathbb{Z}	American Optometric Association Politie	cal Action (Committee									
Α.	Full Name (Last, First, Middle Initial) Dr David A Klibanoff			Date of Receipt								
	Mailing Address 238 Brook Street			M M / D D / Y Y Y Y 11 29 2007								
	City	State	Zip Code	Transaction ID: 26894025								
	Rehoboth	MA	02769-1736	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00								
	Name of Employer Self Employed	Occupation O.D.	n	_								
	Receipt For:	-	e Year-to-Date ▼	_								
	Primary General Other (specify) ▼	0 0	500.00]								
в.	Full Name (Last, First, Middle Initial) Dr Rhett Hamer Richardson			Date of Receipt								
	Mailing Address 373 Goss Lane			M M / D D / Y Y Y Y 111 29 2007								
	City	State	Zip Code	Transaction ID: 26894026								
	Barnwell	SC	29812-6435	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		500.00								
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry									
	Receipt For:		e Year-to-Date V									
	Other (specify)	1 I 1 1	1000.00]								
<u></u>	Full Name (Last, First, Middle Initial) Dr Randall K Thomas			Date of Receipt								
-	Mailing Address 6017 Havencrest Court			M M / D D / Y Y Y Y 11 29 2007								
	City	State	Zip Code	Transaction ID: 26894027								
	Concord	NC	28027	Amount of Each Receipt this Period								
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	Name of Employer Self Employed	Occupation Doctor of	n f Optometry									
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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 77 / 106 (check only one)							
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\overline{\mathbf{\nabla}}$	NAME OF COMMITTEE (In Full)										
\geq	American Optometric Association Politic	cal Action (Committee								
Α.	Full Name (Last, First, Middle Initial) Dr Luther O Ness			Date of Receipt							
	Mailing Address 1826 Hilbrooke Drive			M M / D D / Y Y Y Y 11 29 2007							
	City	State	Zip Code	Transaction ID: 26894031							
	Walla Walla	WA	99362-4240	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer Self Employed	Occupation	n ^f Optometry								
	Receipt For:		e Year-to-Date ▼								
	Primary General		250.00	1							
	Other (specify)	0 0	230.00								
в.	Full Name (Last, First, Middle Initial) Dr Arnoldo A Bowrey			Date of Receipt							
	Mailing Address 4749 Turnridge Court			M M / D D / Y Y Y Y 1 1 29 2007							
	City	State	Zip Code	Transaction ID: 26894035							
	Concord	NC	28027	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		300.00							
	Name of Employer Self Employed	Occupation									
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	Primary General	riggrogaio		1							
	Other (specify) v	0 0	300.00								
c.	Full Name (Last, First, Middle Initial) Dr Edmundo C Fimbres			Date of Receipt							
	Mailing Address 25 San Juan Dr			M M / D D / Y Y Y Y 11 29 2007							
	City	State	Zip Code	Transaction ID: 26894039							
	Salinas	CA	93901-3036	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer Self Employed	Occupation O.D.	n								
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	Primary General Other (specify) ▼	0 0	500.00]							
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Detailed Summary Page 11 <		· · · · ·											
Any information coded from such Reports and Statements may not be sold or used by any perion for the purpose, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr Cary L'Millams Malling Address 5001 Follgatter Drive City State Zip Code Partial Name (Last, First, Middle Initial) Date of Receipt Partial Name (Last, First, Middle Initial) Date of Receipt Privation C 93308 FEC ID number of contributing federal political committee. C 93308 Privation Cocupation Date of Receipt Mount of Each Receipt in Period Receipt For: Aggregate Year-to-Date ▼ Primary 265.00 Puil Name (Last, First, Middle Initial) Date of Receipt Transaction D: 26894042 Auguregate Year-to-Date ▼ Cocupation C 9365.00 Boil Jong (Fingle) Cocupation C 250.00 Receipt For: Aggregate Year-to-Date ▼ Transaction D: 26894042 Amount of Each Receipt in Period Name of Engloyeer Coc				Detailed Summary Page									
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Auror of contributing federal political committee. Receipt For: Political committee. Bit Name (Last, First, Middle Initial) City Soff Engloyeer Soff Engloyeer City Bit Name (Last, First, Middle Initial) City Bit Name (Last, First, Middle Initial) City Soff Engloyeer Soff Engloyeer City Soff Engloyeer Soff Engloyeer <th>Ar</th> <th>winformation copied from such Reports and Str</th> <th>atomonte ma</th> <th>v not be sold or used by any perce</th> <th></th>	Ar	winformation copied from such Reports and Str	atomonte ma	v not be sold or used by any perce									
American Optometric Association Political Action Committee A. Dr. Cast, Fist, Middle Initial) Maing Actress 5001 Foligatter Drive City State Zip Code City State Zip Code PEC ID number of contributing Inderal political committee. C 265.00 Part Receipt For: Occupation Date of Receipt Pointer (specify) ♥ Cocupation Date of Receipt B. Dr. Loyces V Kim Maing Address 10079 Oakleaf Place Image and the second of this Period City State Zip Code Transaction ID: 26894041 Maing Address 10079 Oakleaf Place Image and the second of this Period Image and the second of this Period City State Zip Code Image and the second of this Period Pecipt For: Other (specify) ♥ Occupation Date of Receipt Name of Employer Occupation Doctor of Optometry Transaction ID: 26894042 Name of Employer Occupation Doctor of Optometry Date of Receipt Pointary (in general committee. Occupation Doctor of Optometry Transaction ID: 26894044 Maing Address 250.00 Transaction ID: 26894044													
Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 5001 Follgatter Drive City State Zip Code Bakersfield CA 93308 FEC ID number of contributing rederal political committee. C Period Date of Receipt Amount of Each Receipt this Period Period Primary General Occupation Date of Receipt Date of Receipt For: Aggregate Year-to-Date ▼ Period Period Bruil Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-to-Date ▼ Period Bruil Name (Last, First, Middle Initial) Date of Receipt Period Period Bruil Name (Last, First, Middle Initial) Date of Receipt Period Period Bruil Name (Last, First, Middle Initial) C Period Period Period Bruil Name (Last, First, Middle Initial) Doctor of Optometry Aggregate Year-Date ▼ Period Period Period C CA 95014-1127 Period Period Period Period C Aggregate Year-Date ▼ Period Period Period Period<	\sum	NAME OF COMMITTEE (In Full)											
A. Dr Cary L Williams Date of Receipt Mailing Address 5001 Follgatter Drive 11 29 2007 City State Zip Code Transaction ID: 26894041 Bakersfield CA 93308 Anount of Each Receipt this Period FEC ID number of contributing federal political committee. C 265.00 See of Receipt For: Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Transaction ID: 26894042 Mailing Address 10079 Oakleaf Place 11 29 20.07 B. Dr Joyce Y Kim Aggregate Year-to-Date ▼ Date of Receipt 11 29 20.07 City State Zip Code Mailing Address 10079 Oakleaf Place 11 29 20.07 City State Zip Code Mount of Each Receipt this Period 250.00 11 29 20.07 FEC ID number of contributing federal political committee. C State 20.07 Transaction ID: 26894042 City State Zip Code 29 2.0.7 Transaction ID: 26894044 Maining Address	\mathbb{Z}	American Optometric Association Politi	cal Action	Committee									
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	NAME OF COMMITTEE (In Full)									
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Α.	Full Name (Last, First, Middle Initial) Dr Eleanor Wong Hattori			Date of Receipt						
	Mailing Address 10 Del Robles Ave			M M / D D / Y Y Y Y 11 29 2007						
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в.	Full Name (Last, First, Middle Initial) Dr Jeffrey A Hall			Date of Receipt						
	Mailing Address 6210 Lake Shore Drive	M M / D D / Y								
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	San Diego	CA	92119-3043	Amount of Each Receipt this Period						
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— C.	Full Name (Last, First, Middle Initial) Dr Philip Ong			Date of Receipt						
	Mailing Address 1572 Theo Drive			M M / D D / Y Y Y Y 111 29 2007						
	City	State	Zip Code	Transaction ID: 26894049						
	<u>San Jose</u>	CA	95131-2465	Amount of Each Receipt this Period						
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,́	Full Name (Last, First, Middle Initial) Dr Cindy S Matteson				Date of Receipt										
	Mailing Address 31344 Pike Place			M M / D P Y											
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В.	Full Name (Last, First, Middle Initial) Dr Joseph C Mallinger					Date of	f Rec	eipt							
	Mailing Address 28417 Tricia Pl					11 ¹ 29 2007									
	City	State	Zip Code		1	Transaction ID: 26894052									
	Escondido	CA	92026		Amount of Each Receipt this Period										
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<u></u>	Full Name (Last, First, Middle Initial) Dr A. Saul Levine					Date of	f Rec	eipt							
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\geq	American Optometric Association Politi	cal Action	Committee								
Α.	Full Name (Last, First, Middle Initial) Edward Wood			Date of Receipt							
	Mailing Address 1750 1St Street			1 1 2 9 2 0 0 7							
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	Wasco	CA	93280-1208	Amount of Each Receipt this Period							
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в.	Full Name (Last, First, Middle Initial) Dr David Cash Hoadley			Date of Receipt							
	Mailing Address 323 East Grant			1 1 2 9 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26894060							
	Osceola	IA	50213-1723	Amount of Each Receipt this Period							
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с.	Full Name (Last, First, Middle Initial) Megan J Petty			Date of Receipt							
	Mailing Address 215 Callie Lane			1 1 2 9 2 0 0 7							
	City	State	Zip Code	Transaction ID: 26894064							
	Centerton	AR	72719-9318	Amount of Each Receipt this Period							
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$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)												
\mathbb{Z}	American Optometric Association Politic	cal Action (Committee										
Α.	Full Name (Last, First, Middle Initial) Dr Richard Barton Payne			Date of Receipt									
	Mailing Address 9508 S E 95Th St			M M / D D / Y Y Y Y 111 29 2007									
	City	State	Zip Code	Transaction ID: 26894072									
	Vancouver	WA	98664	Amount of Each Receipt this Period									
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в.	Full Name (Last, First, Middle Initial) Dr J. Scott Richardson			Date of Receipt									
	Mailing Address 142 Randall Road			M M / D D / Y Y Y Y 1 1 1 30 2007									
	City	State	Zip Code	Transaction ID: 26894205									
	Carroll	IA	51401	Amount of Each Receipt this Period									
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C.	Full Name (Last, First, Middle Initial) Dr Robert L Limbird			Date of Receipt									
	Mailing Address 1340 West Riverview			M M / D D / Y Y Y Y 111 30 2007									
	City	State	Zip Code	Transaction ID: 26894208									
	Napoleon	OH	43545	Amount of Each Receipt this Period									
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NAME OF COMMITTEE (In Full)										
\mathbb{Z}	American Optometric Association Polition	cal Action (Committee							
A.	Full Name (Last, First, Middle Initial) Dr Harriet Carolyn Pelton			Date of Receipt						
	Mailing Address 6250 Ramwyck Court			M M / D D / Y Y Y Y 11 1 30 2007						
	City	State	Zip Code	Transaction ID: 26894211						
	West Bloomfield	MI	48322-2250	Amount of Each Receipt this Period						
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в.	Full Name (Last, First, Middle Initial) Dr Lloyd I Snider			Date of Receipt						
	Mailing Address 6250 Ramwyck Ct			M M / D D / Y Y Y Y 1 1 30 2007						
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	W Bloomfield	MI	48322	Amount of Each Receipt this Period						
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с.	Full Name (Last, First, Middle Initial) Dr William E Fox			Date of Receipt						
	Mailing Address 1504 Wood Spring Court	rt		M M / D D / Y Y Y Y 11 30 2007						
	City	State	Zip Code	Transaction ID: 26894220						
	Raleigh	NC	27614	Amount of Each Receipt this Period						
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$\left \right\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Polit											
Α.	Full Name (Last, First, Middle Initial) Dr Elizabeth J Westin			Da	ite of	Rece	eipt					
	Mailing Address 488 Hart Road				1 1	/	۔ 3	0		20	v v 07	
	City	State	Zip Code						4234			
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в.	Full Name (Last, First, Middle Initial) Dr Paul W Derrick			Da	ite of	Rece	eipt					
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	City	State	Zip Code	Tra	nsad	tion	ID: 2	2689	4238			
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	FEC ID number of contributing federal political committee.	C			15						0.00	
	Name of Employer Self Employed	n Optometry										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									

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

S	CHEDULE B (FEC Form 3X)	Use seper	rate schedule(s)				NUMBE	R:		P	AGE	85 / -	106
IT	EMIZED DISBURSEMENTS	for each c	ategory of the Gummary Page		<u> </u>	ck only 21b	22 22	П	23	24		25	26
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K	NAME OF COMMITTEE (In Full)		, ,										
\langle	American Optometric Association Political	Action Cor	nmittee										
Α.	Full Name (Last, First, Middle Initial) Bank of America								on ID: sburse	268976 ement	628		
	Mailing Address PO Box 790251						[™] 1	M	D 0	^D /	°2	0 ð 7	7 Y
	,	State MO	Zip Code 63179				Amou	nt of	Each	Disburse	emen		
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В.	Bank of America						Date		on ID: sburse	268976 ement		Y	Y
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C.	Full Name (Last, First, Middle Initial) Bank of America						Date		sburse			V	Y
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	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General Sify) ▼				Disco 1/07	ver	Servi	ce Fee	11/0	-	
s	JBTOTAL of Disbursements This Page (optional)					•						438.9	92
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S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)					-	R:			P	AGE	86 /	106	
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		X	heck o 21b 27		ne) 22 28a		23 28b		24 28c		25 29		26 30b
An	y Information copied from such Reports and Statem	ents may no	ot be sold or used	d by	any		n for		rpos				contri	-	s	300
or	for commercial purposes, other than using the name	e and addres	ss of any political	con	nmi	ttee to	solici	t contr	ibut	ions fr	om sı	ich (comr	nittee		
\mathbb{N}	NAME OF COMMITTEE (In Full)															
V	American Optometric Association Political	Action Co	ommittee													
A.	Full Name (Last, First, Middle Initial)							Trans				-	270			
~ .	Bank of America								of Di м	isburs		t / 🗖	Y Y	Y	Y	
	Mailing Address PO Box 790251							11		C) 5	L	2	0 ò T	7	
		State MO	Zip Code 63179					Amou	nt o	f Each	ı Disb	urse	emen	t this I	Perio	d
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	American Express Fee 11/05/07 Candidate Name			C	00 ate)1 gory/										
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	President	Other (spe						5/07								
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В.	Full Name (Last, First, Middle Initial) Wachovia Federal							Trans		ion ID: isburs			41			
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	Mailing Address 1650 Tyson Blvd.										, 5					
		State VA	Zip Code 22102					Amou	nt o	f Each	l Disb	urse	emen	t this I	Perio	d
	Purpose of Disbursement Wachovia Bank Fee 11/09/07			Γ	00)1								574.	05	
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C.	Full Name (Last, First, Middle Initial) Bank of America							Trans Date o		isburs			32			
	Mailing Address PO Box 790251							[™] 1	М	′ 1	5		ź	0 ò T	7 ^Y	
		State MO	Zip Code 63179					Amou	nt o	f Each	l Disb	urse	emen	t this I	Perio	d
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	Senate President	Primary Other (spe	ecify)				/	07								
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s	UBTOTAL of Disbursements This Page (optional) .					►								691.	72	
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	CHEDULE B (FEC Form 3X)	Use seperate	schedule(s)		FOR LINE		R:	PA	AGE 87	7 / 106
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	y Information copied from such Reports and Staten or commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full) American Optometric Association Political									
×	Full Name (Last, First, Middle Initial)					Trans	action ID:	:267913	43	
Α.	Chet Edwards For Congress						of Disburs		, , , , , , , , , , , , , , , , , , ,	
	Mailing Address PO Box 23273					11	M / D	07	2 0 0	ָז [ָ] ד
	City		Code			Amou	nt of Each	Disburse	ment thi	s Period
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		ement For: Primary Other (specify)	2008 General ▼			Candi	date Cor	ntributior	ı	
_	Full Name (Last, First, Middle Initial)					Trans	action ID:	:267901	19	
В.	Team Emerson For Jo Ann Emerson						of Disburs			
	Mailing Address PO Box 822 P.O. Box 822					[™] 1	M / D C	07	źo	Ď7 [°]
	City Cape Girardeau		Code 702			Amou	nt of Each	Disburse		
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	Candidate Name Rep. Jo Ann Emerson			Ca	ategory/ Type					
	3 X	ement For: Primary Other (specify)	2008 General ▼			Candi	date Cor	ntributior	I	
_	Full Name (Last, First, Middle Initial)					Trans	action ID:	:267913	42	
C.	Charles A. Gonzalez Congressional Camp	aign					of Disburs			
	Mailing Address PO Box 12612					^м 11	M / D)7	2 0 0	Ď7 [×]
	City San Antonio		Code 212			Amou	nt of Each	Disburse		
	Purpose of Disbursement Candidate Contribution								150	0.00
	Candidate Contribution Candidate Name Rep. Charles A. Gonzalez			Ca	011 ategory/ Type					
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s	JBTOTAL of Disbursements This Page (optional)				🕨				350	0.00
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SCHEDULE B (FEC Form 3X)	Use seperate schedule(s		NUMBER: PAGE 88 / 106
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) American Optometric Association Politica	I Action Committee		
Full Name (Last, First, Middle Initial) A. Citizens For Harkin			Transaction ID: 26790075
A. Citizens For Harkin			Date of Disbursement
Mailing Address P O Box 811			$\begin{array}{c} \begin{array}{c} M & M \\ 1 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 0 & 7 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\left(\begin{array}{c} Y \end{array} \right) \left(\left($
City Des Moines	State Zip Code IA 50304		Amount of Each Disbursement this Period
Purpose of Disbursement	IA 50304		1000.00
Candidate Contribution		011	
Candidate Name Sen. Tom Harkin		Category/ Type	
	ement For: 2008 Primary General Other (specify) ▼		Candidate Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 26790097
B. Citizens For Harkin			Date of Disbursement
Mailing Address P O Box 811			$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} 1 \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \begin{array}{c} \\ \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \begin{array}{c} \end{array} \end{array} \end{array} \begin{array}{c} \\ \end{array} \end{array} \end{array} \end{array} \end{array} \end{array} \begin{array}{c} \end{array} \end{array}$
City Des Moines	State Zip Code IA 50304		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Contribution		011	4000.00
Candidate Name Sen. Tom Harkin		Category/ Type	
Office Sought: House Disburs X Senate President State: IA District:	ement For: 2008 Primary X General Other (specify) ▼		Candidate Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 26790114
C. Abercrombie For Congress			Date of Disbursement
Mailing Address C/O 1357 Kapiolani Blvo	d. Ste. 1005		$\begin{array}{c} \begin{array}{c} M \\ 1 \end{array} \\ 1 \end{array} \\ 1 \end{array} \\ \begin{array}{c} M \\ 1 \end{array} \\ \begin{array}{c} M \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 0 \end{array} \\ \begin{array}{c} D \\ 7 \end{array} \\ \begin{array}{c} D \\ 7 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} T \\ 2 \end{array} \\ \begin{array}{c} T \\ 2 \end{array} \\ \begin{array}{c} T \\ 0 \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} T \\ T \end{array} \\ \end{array}$
City	State Zip Code HI 96814		Amount of Each Disbursement this Period
Honolulu Purpose of Disbursement	HI 96814		1000.00
Candidate Contribution Candidate Name Rep. Neil Abercrombie		011 Category/ Type	
8 <u>X</u>	ement For: 2008 Primary General Other (specify) ▼		Candidate Contribution
SUBTOTAL of Disbursements This Page (optional)		►	6000.00
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FEC Schedule B (Form 3X) Rev. 02/2003	,		

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<u>/</u> A.	Full Name (Last, Friends Of Ma	First, Middle Initial) x Baucus								action ID	ement	168		
	Mailing Address	236 Massachus Suite 603	etts Avenu	ie, N.E.					[™] 1	M / D	0 7 ′	Ý Ž0	ŏ7 [°]]
	City Washington			tate DC	Zip Code 20002				Amou	nt of Eacl	n Disburs		-	
	Purpose of Disbu Candidate Contri	bution					011		L.			100	0.00	
	Candidate Name Sen. Max Bau					С	ategory, Type	'						
	Office Sought: State: MT	House X Senate President District:		nent For: Primary Other (spe	2008 General ecify) ▼				Candi	date Co	ntributio	'n		
в.	Full Name (Last, Mary Bono Co	First, Middle Initial) mmittee								action ID		130		
	Mailing Address	P.O. Box 3370							[™] 1	M / D	0 7 ^D	Ý Ž0	Ϋ́ 7 Ϋ́]
	City Palm Springs			tate CA	Zip Code 92263				Amou	nt of Eacl	n Disburs			
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	Rep. Mary Bon Office Sought: State: CA	NO X House Senate President District: 45		nent For: Primary Other (spe	2008 General ecify) ▼		Туре		Candi	date Co	ntributio	n		
C.	Full Name (Last, Mary Bono Co	First, Middle Initial) mmittee								action ID		132		
	Mailing Address	P.O. Box 3370							1 [™] 1	M / D	0 ^D /7	Ý Ž0	ŏ7 [°]]
	City Palm Springs			tate CA	Zip Code 92263				Amou	nt of Eacl	n Disburs			
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	Candidate Name Rep. Mary Bo	าด	-				ategory Type	'						
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\rangle	American Optometric Association Political	Action Committe	e												
Δ	Full Name (Last, First, Middle Initial)										26790 [.]	147			
~ .	Boozman For Congress							Date c	of Dis			y y	Y	Y	
	Mailing Address PO Box 671							11		0	^D 7	2	0 ð 7	·	
	,	State Zip Co AR 7275						Amou	nt of	Each	Disburs	emen	t this F	Perioc	ł
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	Candidate Contribution				01	1									
	Candidate Name Rep. John N. Boozman				ateg Typ	lory/ e									
	Senate X	Primary 0	008 General				(Candi	date	e Con	tributio	n			
	State: AR District: 3	Other (specify)													
	Full Name (Last, First, Middle Initial)							Trans	actio	n ID:	267914	111			
В.	Boswell For Congress							Date c		sburse	ment				
	Mailing Address PO Box 6220							11	M /	^D 0	7 ′	Ý Ž	0 ð 7	, Y	
	,	State Zip Co IA 5030						Amou	nt of	Each	Disburs	emen	t this F	Period	ł
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	Candidate Name Rep. Leonard L. Boswell			Ca	1	jory/									
			008 General				(Candi	date	e Con	tributio	n			
	State: IA District: 3														
C.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008							Trans Date c			267906 ment	603			
	Mailing Address 5915 Eastman Ave. Suit	e 100					_	^M 11	M /	^D 0	7 ′	Ý Ž	0 ð 7	, Y	
	City Midland	State Zip Co MI 4864						Amoui	nt of	Each	Disburs	emen	t this F	Perioc	ł
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)						R:		F	PAGE	91 / 1	06	
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∇	NAME OF COMMITTEE (In Full)													
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^	Full Name (Last, First, Middle Initial)					Т	rans	acti	on ID:	26790	607			
А.	Friends Of Jim Clyburn							-	isburse					
	Mailing Address PO Box 12567						1 1	М	[′] 0	^D 7	2	20 0 7	, ^Y	
	City	State Zip Code				A	mou	nt o	f Each	Disburs	semer	nt this F	Perio	d
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	Rep. James E. Clyburn				pe									
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	Senate	Primary X General					anui	uai	001	mbun	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	State: SC District: 6	Other (specify)												
	Full Name (Last, First, Middle Initial)													
В.	Crowley For Congress								i on ID: isburse	26791	323			
								м			Y	(Y	Y	
	Mailing Address 84-56 Grand Avenue					L	11		0	^D 7	2	2007		
	City Elmhurst	State Zip Code NY 11373				A	mou	nt o	f Each	Disburs	semer	nt this F	Perio	d
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	Candidate Name		С	ate	gory/									
	Rep. Joseph Crowley			Ту	pe									
		ement For: 2008				C	andi	idat	e Cor	ntributio	on			
	Senate X President	Primary General Other (specify)												
	State: NY District: 7													
	Full Name (Last, First, Middle Initial)					т	rans	acti	on ID-	26790	099			
C.	Jesse Jackson Jr. For Congress								isburse		000			
	Mailing Address P.O. Box 490286					- F	^M 11	М	/ DO	7 /	Y	2 0 ò 7	, Y	
	Mailing Address P.O. Box 490286							_	Ľ					
	City Chicago	State Zip Code IL 60649				A	mou	nt o	f Each	Disburs	semer	nt this F	Perio	d
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	Candidate Name Rep. Jesse L. Jackson, Jr.				egory/ pe									
		ement For: 2008 Primary General				C	andi	idat	e Cor	ntributio	on			
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	y Information copied from such Reports and State or commercial purposes, other than using the nan													S	
	NAME OF COMMITTEE (In Full)						30110		ibuti			com			
\rangle	American Optometric Association Politica	I Action Co	ommittee												
Α.	Full Name (Last, First, Middle Initial) Friends Of Patrick J. Kennedy Inc.										26791	320			
								М		sburse	7	Y Y	2 0 Å 7	Y	
	Mailing Address P.O. Box 321							11		0	/	2	2007	_	
	City Pawtucket	State RI	Zip Code 02860					Amou	nt o	f Each	Disburs	emer	nt this F	Perio	d
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В.	Kirk For Congress									on ID: sburse	26791: ement	322			
	Mailing Address P.O. Box 8						_	[™] 1	M	0	7 /	Y 2	2 0 Å 7	, Y	
	City Winnetka	State IL	Zip Code 60093					Amou	nt o	f Each	Disburs	emer	nt this F	Perio	d
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C.	Citizens To Elect Rick Larsen							Date	of Di	sburse	ement	552			
	Mailing Address PO Box 326							[™] 1	М	^D 0	^D 7	Y 2	2 0 ò 7	, Y	
	City Everett	State WA	Zip Code 98206					Amou	nt o	fEach	Disburs	emer	nt this F	Perio	d
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~ .	John Lewis For Congress						of Disburse		Y Y	Y
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C.	Friends Of Joe Pitts								isburse					
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ar 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 Optiometric Association Political Action Committee Full Name (Last, First, Middle Initial) A. Joan Fitz-Gerald For Congress Committee Mailing Address Box 401 9975 Wadsworth Parkway Unit K-2 State Zip Code Anount of Each Disbursement Candidate Name Col Bibursement Candidate Name Disbursement For: Colls Senate President Disbursement For: Colls Senate President Other (specify) ▼ B. Graves For Congress Mailing Address Mailing Address 2345 Grand Suite 2400 City State: Co Mailing Address 2345 Grand Suite 2400 City State: Mo Grides Contribution Col 11 Candidate Contribution Conter (specify) ▼ Gride Soup	ITEMIZED DISBURSEN	IENTS	for each	category of the	,	21	-	22				\square		
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