

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

Office Use Only

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

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00024968

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2006

through

08

31

2006

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

Type or Print Name of Treasurer

Dorothy Hitchmoth, O.D.

Signature of Treasurer

Electronically Filed by Dorothy Hitchmoth, O.D.

Date

12

05

2006

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		202047.35
(b) Cash on Hand at Beginning of Reporting Period	276034.11	
(c) Total Receipts (from Line 19)	84727.99	430278.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	360762.10	632326.23
7. Total Disbursements (from Line 31)	47360.38	318924.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	313401.72	313401.72
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

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	32504.16	190845.23
(i) Itemized (use Schedule A)		
(ii) Unitemized	52195.93	237462.78
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	84700.09	428308.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	84700.09	428308.01
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	27.90	1970.87
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))	84727.99	430278.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	84727.99	430278.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2185.38	8949.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2185.38	8949.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44500.00	308250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	675.00	1725.00
(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))	675.00	1725.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	47360.38	318924.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	47360.38	318924.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	84700.09	428308.01
34. Total Contribution Refunds (from Line 28(d))	675.00	1725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84025.09	426583.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2185.38	8949.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2185.38	8949.51

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Brian E Bleiler Mailing Address 1875 Pertl Road City State Zip Code Odessa NY 14869 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Transaction ID: 24403982 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr Jeffrey L Timko Mailing Address 840 North Stone Street City State Zip Code Deland FL 32720-3256 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Transaction ID: 24403984 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr Thomas V Casella, Sr Mailing Address 5 Bristlecone Way City State Zip Code Augusta GA 30909 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 Transaction ID: 24403995 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 54

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Kenneth E Knox
Mailing Address 112 Woodcliff Court

City State Zip Code
Simpsonville SC 29681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: 24404002

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr James Robert Walker
Mailing Address 131 Pine Ridge

City State Zip Code
Winnfield LA 71483-7057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: 24404009

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Irene R Rosenberg
Mailing Address 26 Ledgewood Drive

City State Zip Code
Wilton CT 06897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 6

Transaction ID: 24404048

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 54

(check only one)

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

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Stephen A Feltus

Mailing Address 77 Old Coach Dr

City State Zip Code
Lyndonville VT 05851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: 24404077

Amount of Each Receipt this Period

365.00

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

Dr Alan Kyle Bugg

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: 24404087

Amount of Each Receipt this Period

500.00

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

Dr Mary C Gerhart

Mailing Address 1501 Blossom Park Avenue

City State Zip Code
Lakewood OH 44107-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24404106

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Richard L L Powell
Mailing Address 820 Manchester Circle

City State Zip Code
Lincoln NE 68528-1043

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: 24414474

Amount of Each Receipt this Period

12.50

B. Full Name (Last, First, Middle Initial)
Dr Blaine A Littlefield
Mailing Address 27 Wilderness Drive

City State Zip Code
Freeport ME 04032

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 6

Transaction ID: 24440377

Amount of Each Receipt this Period

100.00

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

City State Zip Code
Tucson AZ 85710-8664

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 24440458

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

612.50

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

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

Dr H. Frank Storey

Mailing Address P O Box 372

City State Zip Code
 Stayton OR 97383

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 24440460

Amount of Each Receipt this Period

500.00

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

Dr Dorothy Hitchmoth

Mailing Address Po Box 302
 106 Davis Hill Road

City State Zip Code
 New London NH 03257-0302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 24440463

Amount of Each Receipt this Period

85.00

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

Dr Darren Lee Minnich

Mailing Address 22471 Sr 119 Road 17

City State Zip Code
 Goshen IN 46526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 24440465

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 54

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Gregory B Hagedorn

Mailing Address 2315 Sunset Lane

City State Zip Code
Henderson KY 42420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 24440466

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas Mark Fausset

Mailing Address 5814 La Goleta Rd

City State Zip Code
Goleta CA 93117-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 24440472

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Randal V Christian

Mailing Address 4594 Hwy 182

City State Zip Code
Opelousas LA 70570-4512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 24440475

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joseph J Marchionna

Mailing Address 86 Paseo Hermoso

City State Zip Code
 Salinas CA 93908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 6

Transaction ID: 24440520

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr William Lacey Bryant, Jr

Mailing Address 414 College St

City State Zip Code
 Sulphur Springs TX 75482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 6

Transaction ID: 24440530

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Wesley D Cooper

Mailing Address 18043 Woodgate Rd

City State Zip Code
 Montrose CO 81401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 6

Transaction ID: 24440546

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 54

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Paul C Ajamian

Mailing Address 245 Shadowbrook Drive

City State Zip Code
 Roswell GA 30075-4600

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 24440887

Amount of Each Receipt this Period

100.00

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

Mailing Address 1323 South Hanover St

City State Zip Code
 Baltimore MD 21230-4220

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 24440895

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Dr Jay D Petersma

Mailing Address 8150 Wellington Blvd

City State Zip Code
 Johnston IA 50131-8710

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 24440897

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven Snapp

Mailing Address 310 Tendoy

City State Zip Code
 Bellevue ID 83313-5085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 24440898

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City State Zip Code
 Birmingham AL 35242-6886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 24440903

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr Jack L Hostetler

Mailing Address 2862 E Canyon Creek Court

City State Zip Code
 Gilbert AZ 85234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 24440905

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440942

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr Markus I Barth
Mailing Address 1346 Heller Drive

City State Zip Code
Yardley PA 19067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440947

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr James Maxwell Ernst
Mailing Address 14 Bittersweet Dr

City State Zip Code
Alexandria KY 41001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440954

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr Norman C Johnson

Mailing Address 154 Willow Cove Drive

City State Zip Code
 Scottsboro AL 35769-6222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440961

Amount of Each Receipt this Period

50.00

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

Dr Peter H Kehoe

Mailing Address 789 N Broad

City State Zip Code
 Galesburg IL 61401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440962

Amount of Each Receipt this Period

100.00

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

Dr Beth A Kneib

Mailing Address 1515 N 150Th Street

City State Zip Code
 Shoreline WA 98133-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440963

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)

191.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Clarke D Newman
Mailing Address 9325 Stratford Way

City State Zip Code
Dallas TX 75220-5084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440975

Amount of Each Receipt this Period

84.00

B. Full Name (Last, First, Middle Initial)
Dr Ron W Roelfs
Mailing Address 600 3Rd St Se

City State Zip Code
Waverly IA 50677-3516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440979

Amount of Each Receipt this Period

31.00

C. Full Name (Last, First, Middle Initial)
Dr John Rush
Mailing Address Po Box 1108

City State Zip Code
Gold Beach OR 97444-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440980

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Teresa M Seim

Mailing Address 7328 Glade Trail

City State Zip Code
Kalamazoo MI 49009-5921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 6

Transaction ID: 24440982

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
Dr Michael A Hattan

Mailing Address 3501 Fairway

City State Zip Code
Hays KS 67601-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: 24441007

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr Ronald Curtiss Mozingo, Sr

Mailing Address 105 South Lake Drive

City State Zip Code
Hattiesburg MS 39401-9357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: 24441022

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr William P Breen
Mailing Address 5788 South Laredo Ct

City State Zip Code
Centennial CO 80015-4032

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 6

Transaction ID: 24441058

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr John A Wiener
Mailing Address 9205 Indian Hill Road

City State Zip Code
Cincinnati OH 45243-1052

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 6

Transaction ID: 24441061

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
Dr Charles R Cyr
Mailing Address 380 Poker Hill Rd

City State Zip Code
Underhill VT 05489-9610

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441236

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1265.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sharon Kay Dyer

Mailing Address 4453 S Davidson Dr

City State Zip Code
 Independence MO 64055-6785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441240

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Donald J Janiuk

Mailing Address 13592 Sunset View Rd

City State Zip Code
 Poway CA 92064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441250

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr William L Jones

Mailing Address 1828 Conestoga Se

City State Zip Code
 Albuquerque NM 87123-4252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441255

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Tracie M King
Mailing Address 1323 South Hanover St

City State Zip Code
Baltimore MD 21230-4220

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441259

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Norma Jean Levingston
Mailing Address 1364 Weston Ridge Road

City State Zip Code
Scotts Valley CA 95066-2524

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441264

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Morgan Brent Moore
Mailing Address 1520 Chaparral

City State Zip Code
Burkburnett TX 76354

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441268

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

850.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr Stacie R Nichols

Mailing Address P O Box 372

City State Zip Code
Davenport WA 99122-0372

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441269

Amount of Each Receipt this Period

250.00

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

Dr Mark Joseph Page

Mailing Address 3102 E Desert Broom Way

City State Zip Code
Phoenix AZ 85048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441271

Amount of Each Receipt this Period

150.00

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

Dr Matthew C Renner

Mailing Address 2104 Packard

City State Zip Code
Ft Smith AR 72903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441277

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Dirk Schrottenboer
Mailing Address 10729 Deer Ridge Court

City State Zip Code
Zeeland MI 49464-6830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441278

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Martin J Sikorski
Mailing Address 1912 E York Lane

City State Zip Code
Wheaton IL 60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441282

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Larry L Wolf
Mailing Address W 4116 Hwy 64

City State Zip Code
Merrill WI 54452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 24441289

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Sandra M Connell

Mailing Address 32965 Hilary Circle Ne

City State Zip Code
 Cambridge MN 55008-7768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 0 / 2 0 0 6

Transaction ID: 24460329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Laura Tujak

Mailing Address 6150 Little Neck Pkwy

City State Zip Code
 Little Neck NY 11362-2419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 24481490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Larry Douglas Sumner

Mailing Address 1343 Carlyle Park Circle

City State Zip Code
 Highlands Ranch CO 80129-6974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 24481496

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Raymond G Mans		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 1449 W 20Th Po Box 705		Transaction ID: 24481499
City Florence	State OR	Zip Code 97439-9441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Dr Tammy Hogan Love		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address 1648 Boyce-Fairview Rd		Transaction ID: 24481503
City Alvaton	State KY	Zip Code 42122-7608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Dr John David Dodd		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 1901 Webster St Po Box 2100		Transaction ID: 24481574
City Corinth	State MS	Zip Code 38834-3543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Patrick L Reardon

Mailing Address 1124 Ovington Rd

City State Zip Code
Jacksonville FL 32216

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: 24481578

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Tamara K Mathison

Mailing Address 508 5Th St Ne

City State Zip Code
Jamestown ND 58401-3643

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: 24481584

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr John Howard Muto

Mailing Address 3146 North 24Th Way

City State Zip Code
Boise ID 83702

FEC ID number of contributing federal political committee.

C

Name of Employer
Self EmployedOccupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: 24481592

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Kurt G Alleman
Mailing Address 1867 Sawyer Way

City State Zip Code
Elko NV 89801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 24481593

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr Robert A Colon
Mailing Address 160 Fir Street

City State Zip Code
Elko NV 89801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 24481594

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr Joseph H Phillips
Mailing Address 13308 Cedar Trail

City State Zip Code
Oklahoma City OK 73131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 24481597

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Cynthia Colby-Axe

Mailing Address 21 Mead Drive

City State Zip Code
 Chillicothe OH 45601-3736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 24481600

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Leora A Berns

Mailing Address 16 Willowbrook Road

City State Zip Code
 West Hartford CT 06107-1638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 6

Transaction ID: 24481628

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Richard J Choryan

Mailing Address 9096 Costner

City State Zip Code
 Caledonia MI 49316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 6

Transaction ID: 24481630

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Andrew G Cook, Jr Mailing Address P O Box 304 City State Zip Code Garner NC 27529-0304 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation O.D. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>			Date of Receipt <div>08 / 15 / 2006</div> Transaction ID: 24481639 Amount of Each Receipt this Period <div>250.00</div>
B. Full Name (Last, First, Middle Initial) Dr James A Ciccarelli Mailing Address 23 Kendall Circle City State Zip Code Waterbury CT 06708 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>			Date of Receipt <div>08 / 15 / 2006</div> Transaction ID: 24481641 Amount of Each Receipt this Period <div>250.00</div>
C. Full Name (Last, First, Middle Initial) Dr George B Symonds Mailing Address 162 View Ridge Drive City State Zip Code Port Angeles WA 98362-9579 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation O.D. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>			Date of Receipt <div>08 / 15 / 2006</div> Transaction ID: 24481646 Amount of Each Receipt this Period <div>250.00</div>

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr James Brian Connelly

Mailing Address 3243 Evergreen Road

City State Zip Code
 Fargo ND 58102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 6

Transaction ID: 24481649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Joseph D Conigliaro

Mailing Address 1121 Herkimer Rd

City State Zip Code
 Utica NY 13502-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 7 / 2 0 0 6

Transaction ID: 24506443

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Francis M Loomis, II

Mailing Address 7425 123Rd St Ct

City State Zip Code
 Coal Valley IL 61240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 24506479

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

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

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

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert F Collins

Mailing Address 15D Dapplegray Road

City State Zip Code
 Bell Canyon CA 91307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 24506491

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jerry Dean West

Mailing Address 4411 Colonial Dr

City State Zip Code
 Sapulpa OK 74066-8977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510910

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Dr Gary D Crowell

Mailing Address 1291 N. Highway 99W

City State Zip Code
 McMinnville OR 97128-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510918

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 32 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Mark E Snyder
Mailing Address 116 Wheeler Road

City State Zip Code
Marstons Mills MA 02648-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510919

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr James Richardson
Mailing Address 2401 West 39Th St

City State Zip Code
Casper WY 82604-5052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510933

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr JO ROBIN SZABO
Mailing Address 7203 Texas Laurel Loop

City State Zip Code
Kingwood TX 77346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510936

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Kathleen E Goff
Mailing Address 805 E Blanchard Ave

City State Zip Code
El Paso TX 79902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510939

Amount of Each Receipt this Period

360.00

B. Full Name (Last, First, Middle Initial)
Dr Neal S Jessup
Mailing Address 4018 Horsepen Mtn Drive

City State Zip Code
Vinton VA 24179-1128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510940

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Dr L. Glenn Hum
Mailing Address P O Box 877

City State Zip Code
Verdi NV 89439-0877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510948

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1210.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr John H Marshall
Mailing Address 2711 Cindy Lane

City State Zip Code
Big Spring TX 79720-6708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510952

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr Mitchell H Albers
Mailing Address 2917 Webster Avenue So

City State Zip Code
St Louis Park MN 55416-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24510954

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Dr Michele Y Shade-Hinchliffe
Mailing Address 1161 Beech St

City State Zip Code
Pottstown PA 19464-4964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24520664

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Douglas Owen Fleming

Mailing Address 19990 Karen Court

City State Zip Code
Sonora CA 95370-6900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24520674

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr Robert E Fisch

Mailing Address 1310 S White Oak Dr #722

City State Zip Code
Waukegan IL 60085-8351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 24520676

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr Ana L Salinas

Mailing Address Rt 5 Box 116

City State Zip Code
Edinburg TX 78541-9315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 24520770

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Paul M Barney
Mailing Address 1600 A St Ste 200

City State Zip Code
Anchorage AK 99501-5147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 6

Transaction ID: 24520774

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr Douglas Steven Posner
Mailing Address 15 Thornton St

City State Zip Code
Randolph MA 02368-2030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 6

Transaction ID: 24527986

Amount of Each Receipt this Period

375.00

C. Full Name (Last, First, Middle Initial)
Dr Sheilah S Titus
Mailing Address 6403 South Shingle Road

City State Zip Code
Latrobe CA 95682-9330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 0 6

Transaction ID: 24527990

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Ann Marie Hoscheit

Mailing Address 600 Spanish Oak Court

City State Zip Code
 Gastonia NC 28054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 24527996

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Robert P Wooldridge

Mailing Address 2840 E Swiss Oaks Dr

City State Zip Code
 Sandy UT 84093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 24528001

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr William A Lynch, Jr

Mailing Address 2 Burr Oak Ct

City State Zip Code
 Cuba MO 65453-8606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 24528004

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr Gerald E Olson

Mailing Address 1338 Knollwood Drive

City State Zip Code
 Monroeville PA 15146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 24528005

Amount of Each Receipt this Period

250.00

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

Dr John P Herman

Mailing Address 570 Holmes Rd

City State Zip Code
 Pittsfield MA 01201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 24528853

Amount of Each Receipt this Period

500.00

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

Dr David H H George

Mailing Address 4371 E Chatham Dr

City State Zip Code
 Port Clinton OH 43452-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 24528854

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr Scott F Kenitz		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 6003 Shagbark Lane		Transaction ID: 24528866
City Hartford	State WI	Zip Code 53027-9487
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Self Employed	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B. Full Name (Last, First, Middle Initial) Dr Gary Bryan Lukes		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 506 Curtis Street P.O. Box 10		Transaction ID: 24528869
City Spring Valley	State WI	Zip Code 54767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Dr Daniel J De Winter		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address W170 57266 Meadow Drive		Transaction ID: 24594880
City Muskego	State WI	Zip Code 53150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Charles T Inman

Mailing Address 604 Yorkshire Pl

City State Zip Code
Lumberton NC 28358-8337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 6

Transaction ID: 24594899

Amount of Each Receipt this Period

125.00

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

Dr David E Alexander

Mailing Address 606 Collett Street

City State Zip Code
Morganton NC 28655-3743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 24594992

Amount of Each Receipt this Period

365.00

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

Dr James Mathew Hutchins

Mailing Address 101 S Shore Drive

City State Zip Code
Sleepy Eye MN 56085-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 24594996

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr Thomas A Mebane

Mailing Address 200 Walter Ave

City State Zip Code
 Roanoke Rapids NC 27870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 24595008

Amount of Each Receipt this Period

350.00

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

Dr Anne Huyen Le

Mailing Address 12819 Apple Forest

City State Zip Code
 Houston TX 77065-3205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
O.D.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 24595011

Amount of Each Receipt this Period

125.00

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

Dr Carolyn Marie Brug-Allender

Mailing Address 114 Sylvan Drive

City State Zip Code
 Independence KY 41051-9262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 24595161

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 54

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

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

Dr William M Zilm

Mailing Address 13 Laird Lane

City State Zip Code
 Glenwood Spgs CO 81601-9290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 24595173

Amount of Each Receipt this Period

500.00

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

Michael F Clark

Mailing Address 1136 Berkeley Avenue

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 25088780

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$250.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

32504.16

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of American Bank Fee 08/01/06

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 24644749

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

30.00

Bank of American Bank Fee
08/01/06

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of American Bank Fee 08/01/06

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 24645079

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

1001.56

Bank of American Bank Fee
08/01/06

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of American Bank Fee 08/02/06

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 24644750

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

6.50

Bank of American Bank Fee
08/02/06

SUBTOTAL of Disbursements This Page (optional)

1038.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 54

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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Non Corporate

Mailing Address 1650 Tyson Blvd.

City
McLean

State
VA

Zip Code
22102

Purpose of Disbursement
Wachovia Bank Fee 08/09/06

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24643877

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

999.44

Wachovia Bank Fee 08/09/06

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
Bank of American Bank Fee 08/15/06

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24644752

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

23.60

Bank of American Bank Fee
08/15/06

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

Purpose of Disbursement
American Express Bank Fees for 8/2006

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 24645098

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

124.28

American Express Bank Fees
for 8/2006

SUBTOTAL of Disbursements This Page (optional)

1147.32

TOTAL This Period (last page this line number only)

2185.38

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 54

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DeWine for U.S. Senate

Mailing Address Box 340188

City
Columbus

State
OH

Zip Code
43234

Purpose of Disbursement
2006 General Election

Candidate Name
Mike DeWine

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 1

Transaction ID: 24374376

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

2006 General Election

Full Name (Last, First, Middle Initial)

B. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St. P.O. Box 712

City
Monticello

State
IN

Zip Code
47960

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. Steve Buyer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 4

Transaction ID: 24374373

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

2500.00

2006 General Election

Full Name (Last, First, Middle Initial)

C. Alaskans For Don Young Inc.

Mailing Address 2504 Fairbanks Street

City
Anchorage

State
AK

Zip Code
99503

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Donald E. Young

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AK District: 1

Transaction ID: 24374375

Date of Disbursement

08 / 01 / 2006

Amount of Each Disbursement this Period

2000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Akaka In 2006

Mailing Address C/O 904 Nana Honua Street

City
Honolulu

State
HI

Zip Code
96825

Purpose of Disbursement
2006 Primary Election

Candidate Name
Sen. Daniel Kahikina Akaka

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District: 2

Transaction ID: 24382438

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Lincoln Chafee U.S. Senate

Mailing Address PO Box 7329

City
Warwick

State
RI

Zip Code
02887

Purpose of Disbursement
2006 Primary Election

Candidate Name
Lincoln Chafee

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 2

Transaction ID: 24382451

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Johnson For Congress Committee

Mailing Address P. O. Box 1986

City
New Britain

State
CT

Zip Code
06050

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. Nancy L. Johnson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 5

Transaction ID: 24403684

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Lieberman

Mailing Address PO Box 231294
State House Square

City State House Square State CT Zip Code 06123

Purpose of Disbursement
2006 Primary Election

Candidate Name
Sen. Joseph I. Lieberman

Office Sought: ☐ House
☒ Senate
☐ President

State: CT District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24403681

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

2500.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. Robert R. Simmons

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24403683

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

1500.00

2006 General Election

Full Name (Last, First, Middle Initial)

C. Thelma Drake For Congress

Mailing Address P.O. Box 61480

City Virginia Beach State VA Zip Code 23466

Purpose of Disbursement
1000.

Candidate Name
Thelma Drake

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24403664

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

1000.

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Gordon Smith

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2008 Primary Election

Candidate Name
Sen. Gordon H. Smith

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 2

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

Transaction ID: 24403739

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2008 Primary Election

Full Name (Last, First, Middle Initial)

B. Tennessee Senate Nominee Fund

Mailing Address 400 North Capitol Street, N.W.
Suite 588

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contributions to Federal PACS (204)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 24436819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

Contributions to Federal
PACS (204)

Full Name (Last, First, Middle Initial)

C. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Rick Larsen

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24441097

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michaud For Congress

Mailing Address 213 Lisbon Street

City
Lewiston

State
ME

Zip Code
04240

Purpose of Disbursement
2006 General Election

011

Category/
Type

Candidate Name
Rep. Michael H. Michaud

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ME District: 2

Transaction ID: 24441076

Date of Disbursement

08 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

2006 General Election

Full Name (Last, First, Middle Initial)

B. Friends Of Kent Conrad

Mailing Address PO Box 812

City
Bismarck

State
ND

Zip Code
58502

Purpose of Disbursement
2006 General Election

011

Category/
Type

Candidate Name
Sen. Kent Conrad

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 24466979

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

5000.00

2006 General Election

Full Name (Last, First, Middle Initial)

C. McCaul For Congress Inc

Mailing Address 5127 Nebraska Avenue Nw

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement
2006 General Election

011

Category/
Type

Candidate Name
Mr. Michael McCaul

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 24466965

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charlie Melancon Campaign Committee Inc

Mailing Address 511 Congress St
PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. Charles Melancon

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 3

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24466602

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

2000.00

2006 General Election

Full Name (Last, First, Middle Initial)

B. Jeb Bradley For Congress

Mailing Address 645 South Main Street

City Wolfeboro State NH Zip Code 03894

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Jeb Bradley

Office Sought: ☒ House
☐ Senate
☐ President

State: NH District: 1

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 24496847

Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 6

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24521043

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

1500.00

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address P.O. Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
2006 General Election

011

Category/
Type

Candidate Name
Rep. Fred Upton

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 6

Transaction ID: 24521012

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

2006 General Election

Full Name (Last, First, Middle Initial)

B. CHABOT - OHIO VICTORY '06 COMMITTEE

Mailing Address 228 S Washington Street
Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2006 General Election

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24521014

Date of Disbursement

08 / 24 / 2006

Amount of Each Disbursement this Period

1500.00

2006 General Election

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 50100

City
Springfield

State
MO

Zip Code
65805

Purpose of Disbursement
2006 General Election

011

Category/
Type

Candidate Name
Rep. Roy Blunt

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 7

Transaction ID: 24528839

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

2500.00

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City
Catonsville

State
MD

Zip Code
21228

Purpose of Disbursement
2006 Primary Election

Candidate Name
Mr. Benjamin Cardin

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 2

Transaction ID: 24528847

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. The Freedom Project

Mailing Address 509 7th Street NW
Third Floor

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
Contributions to Federal PACS (204)

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: 24532477

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Contributions to Federal
PACS (204)

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City
West Chester

State
OH

Zip Code
45069

Purpose of Disbursement
2006 General Election

Candidate Name
Rep. John A. Boehner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 24532446

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

1500.00

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

44500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael F Clark

Mailing Address 1136 Berkeley Avenue

City
Charlotte

State
NC

Zip Code
28203

Purpose of Disbursement
Wachovia deposited into wrong account

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: 24625837

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2006

Amount of Each Disbursement this Period

250.00

Wachovia deposited into
wrong account

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

Form/Schedule:**F3XA**

Transaction ID:

This report is being amended for the following reason: Opening balance changed from \$313,735.51 to \$313,401.72
a difference of \$333.79 as reported on the August 20th amended report.