12/05/2006 13:08

Image# 26940621867

### **FEC** FORM 3X

Only

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Optometric Association Political Action Committee 1505 Prince Street ADDRESS (number and street) Suite 300 Check if different than previously ۷A 22314 Alexandria reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00024968 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2006 8 0 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dorothy Hitchmoth, O.D. Type or Print Name of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. 12 05 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Optometric Association Political Action Committee <sup>®</sup> D " D 0.8 0 1 2006 8 0 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 202047.35 January 1 (b) Cash on Hand at 276034.11 Begining of Reporting Period ..... 84727.99 430278.88 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 360762.10 632326.23 6(a) and 6(c) for Column B) ..... 47360.38 318924.51 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 313401.72 313401.72 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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:

01

<sup>Y</sup> 2 0 0 6

To: 0 8 8

<sup>D</sup> 31

<sup>Y</sup> 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	32504.16	190845.23
	(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
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	84700.09	428308.01
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	27.90	1970.87
8.	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

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	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
۷.	Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	44500.00	308250.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))		
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	675.00	1725.00
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	67F 00	1705.00
	(add Lines 28(a), (b), and (c))	675.00	1725.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(1) 1 6061 at 311at 6		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	47360.38	318924.5
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	47260 20	210004 5
	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

			<u> </u>			
SCHEDULE A (FEC	Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 54			
TEMIZED RECEIPT	•	or each category of the	(check only one)			
II LIVIIZED NEGEIF I	3	Detailed Summary Page	X 11a 11b 11c 12			
Any information conind from au	oh Danasta and Ctatamenta ma	, not be cold or used by any news	13 14 15 16 17			
or for commercial purposes, oth	ner than using the name and add	rnot be sold or used by any personal tress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.			
NAME OF COMMITTEE (In	ı Full)					
American Optometric As	ssociation Political Action	Committee				
Full Name (Last, First, Middl	a Initial)					
Dr Brian E Bleiler	e miliai)		Date of Receipt			
Mailing Address 1875 Pe	ertl Road		08			
City	State	Zip Code	Transaction ID: 24403982			
Odessa	NY	14869	Amount of Each Receipt this Period			
FEC ID number of contributi	ng		250.00			
federal political committee.	C		250.00			
Name of Employer Self Employed	Occupation	1				
		Optometry				
Receipt For:  Primary General		Year-to-Date ▼	_			
Other (specify)	ciai	250.00				
	0 0	0 0 0 0 0 0 0	-			
Full Name (Last, First, Middl 3. Dr Jeffrey L Timko	le Initial)		Date of Receipt			
	th Stone Street		M M / D D / Y Y Y Y			
			08 02 2006			
City	State	Zip Code	Transaction ID: 24403984			
<u>Deland</u>	FL	32720-3256	Amount of Each Receipt this Period			
FEC ID number of contributi federal political committee.	ng C		250.00			
			_			
Name of Employer Self Employed	Occupation Doctor of	n Optometry				
Receipt For:		Year-to-Date <b>V</b>	_			
Primary Gene	00 0		7			
Other (specify) ▼	0 0	250.00				
Full Name (Last, First, Middl	e Initial)					
Dr Thomas V Casella, Sr	· 		Date of Receipt			
Mailing Address 5 Bristle	econe Way		08 02 2006			
City	State	Zip Code	Transaction ID: 24403995			
Augusta	GA	30909	Amount of Each Receipt this Period			
FEC ID number of contributi	ng C		500.00			
federal political committee.						
Name of Employer Self Employed	Occupation					
		Optometry Veer to Date T	_			
Receipt For:  Primary General		Year-to-Date ▼	7			
Other (specify) ▼	0.0	500.00				
·			-			
			1000.00			
SUBTOTAL of Receipts This I	Page (optional)		1000.00			

SCHEDU	LE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 54 (check only one)				
ITEMIZE	TEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a	<u></u>	11c	12 16	☐ 17
Any information or for commer	on copied from such Reports and Stacial purposes, other than using the n	tements may ame and add	not be sold or used by any persoress of any political committee to	n for the pu	rpose of sol	icitina contr	ributions	
\	COMMITTEE (In Full)  Optometric Association Politic	cal Action C	Committee					
Full Name A. Dr Kenneth	(Last, First, Middle Initial) E Knox			Date o	of Receipt			
Mailing Add	dress 112 Woodcliff Court			M N	/ D O		2006	
City		State	Zip Code			24404002		
	ville mber of contributing tical committee.	SC C	29681	Amou	nt of Each I	Receipt this	Period 250.0	0
Name of E			Optometry					
Receipt Fo Prima Othe		Aggregate	Year-to-Date ▼ 250.00					
_	(Last, First, Middle Initial)			Date o	of Receipt			
	dress 131 Pine Ridge			M N 0 8			2006	
City		State	Zip Code			24404009		
	t mber of contributing tical committee.	C	71483-7057	Amou	nt of Each I	Receipt this	Period 500.0	0
Name of E Self Emplo	mployer lyed	Occupation O.D.						
Receipt Fo Prima Othe		Aggregate	Year-to-Date ▼ 500.00					
Full Name C. Dr Irene R F	(Last, First, Middle Initial)			Date o	of Receipt			
Mailing Add	dress 26 Ledgewood Drive			M N 0 8	/ D 0		2006	
City Wilton		State CT	Zip Code			24404048		
FEC ID nu	mber of contributing tical committee.	C	06897	Amou	nt of Each I	Receipt this	300.0	0
Name of E Self Emplo	mployer nyed	Occupation Doctor of	Optometry					
Receipt Fo Prima Othe		Aggregate	Year-to-Date ▼ 300.00					
SUBTOTAL	of Receipts This Page (optional)					1	1050.0	0

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 54				
ıT	EMIZED RECEIPTS		or each category of the	(check only one)				
	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12				
_				13 14 15 16 17				
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the name	ments may ne and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
/	American Optometric Association Political	I Action (	Committee					
۹.	Full Name (Last, First, Middle Initial) Dr Stephen A Feltus			Date of Receipt				
	Mailing Address 77 Old Coach Dr			08 04 2006				
	City	State	Zip Code	Transaction ID: 24404077				
	Lyndonville	VT	05851	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		365.00				
	Name of Employer	Occupation	1	7				
	Self Employed	Doctor of	Optometry					
		Aggregate	Year-to-Date ▼					
	Primary General		365.00					
	Other (specify)		000.00					
3.	Full Name (Last, First, Middle Initial) Dr Alan Kyle Bugg			Date of Receipt				
	Mailing Address			08 04 2006				
	City	State	Zip Code	Transaction ID: 24404087				
				Amount of Each Receipt this Period				
	FEC ID number of contributing			500.00				
	federal political committee.	C		300.00				
	Self Employed 1	Occupation						
			Optometry T	_				
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	,				
	Other (specify)		1000.00					
		0 0		1				
Э.	Full Name (Last, First, Middle Initial) Dr Mary C Gerhart			Date of Receipt				
	Mailing Address 1501 Blossom Park Avenu	ıe		08 03 7 9 9 9				
	City	State	Zip Code	Transaction ID: 24404106				
	Lakewood	OH	44107-4403	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Colf Employed 1	Occupation  Doctor of	n Optometry					
			Year-to-Date ▼	7				
	Primary General			1				
	Other (specify) ▼		250.00					
•	UBTOTAL of Receipts This Page (optional)			1115.00				
3	ODIVIAL OF NECERPLS THIS FAGE (OPLICITAL)							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/54
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Optometric Association Politi	tical Action	Committee	
Full Name (Last, First, Middle Initial) Dr Richard L L Powell			Date of Receipt
Mailing Address 820 Manchester Circle			08 / 04 / 2006
City	State NE	Zip Code	Transaction ID: 24414474
Lincoln FEC ID number of contributing		68528-1043	Amount of Each Receipt this Period
federal political committee.	C		12.50
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		287.50	
Full Name (Last, First, Middle Initial)  3. Dr Blaine A Littlefield			Date of Receipt
Mailing Address 27 Wilderness Drive			08 13 7 2006
City	State	Zip Code	Transaction ID: 24440377
Freeport	ME	04032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self Employed	Occupatio		
Receipt For:		f Optometry e Year-to-Date ▼	$\dashv$
Primary General	, iggi ogait		1
Other (specify) ▼	0 0	1200.00	
Full Name (Last, First, Middle Initial)  Dr Marla Husz			Date of Receipt
Mailing Address 1802 S Regina Cleri Di	r		08 11 2006
City	State	Zip Code	Transaction ID: 24440458
Tucson	AZ	85710-8664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio O.D.	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			612.50
		·	
<b>TOTAL</b> This Period (last page this line number	only)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 54
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
-			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\setminus$	NAME OF COMMITTEE (In Full)		0	
	American Optometric Association Politic	cai Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr H. Frank Storey			Date of Receipt
	Mailing Address P O Box 372			08 11 2006
	City	State	Zip Code	Transaction ID: 24440460
	Stayton	OR	97383	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify)		500.00	1
	Other (specify)	0 0	0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Dr Dorothy Hitchmoth			Date of Receipt
	Mailing Address Po Box 302 106 Davis Hill Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24440463
	New London	NH	03257-0302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General		340.00	1
	Other (specify)	1 1	0 0 0 0 0 0	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr Darren Lee Minnich			Date of Receipt
	Mailing Address 22471 Sr 119 Road 17			08 11 2006
	City	State	Zip Code	Transaction ID: 24440465
	Goshen	IN	46526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify)	' '	250.00	
	Other (specify) \		0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)		<b>\</b>	835.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	cal Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Gregory B Hagedorn Mailing Address 2315 Sunset Lane			Date of Receipt
	City	State	Zip Code	0 8 1 1 2 0 0 6 Transaction ID: 24440466
	Henderson  FEC ID number of contributing federal political committee.	C	42420	Amount of Each Receipt this Period  150.00
	Name of Employer Self Employed		Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) Dr Thomas Mark Fausset			Date of Receipt
	Mailing Address 5814 La Goleta Rd			08 11 2006
	City Goleta	State CA	Zip Code 93117-1841	Transaction ID: 24440472  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr Randal V Christian Mailing Address 4594 Hwy 182			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24440475
	Opelousas  FEC ID number of contributing federal political committee.	C	70570-4512	Amount of Each Receipt this Period 750.00
	Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼		o Optometry  e Year-to-Date ▼  750.00	1
<u> </u>	LIRTOTAL of Receipts This Page (optional)	0 0		1150.00

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/54
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	(check only one)    X   11a
Ar or	y information copied from such Reports and Statement for commercial purposes, other than using the name ar	s may not be sold or used by any persond address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Optometric Association Political Ac	tion Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Joseph J Marchionna		Date of Receipt
	Mailing Address 86 Paseo Hermoso		08 07 YYYY 2006
	City Sta	te Zip Code	Transaction ID: 24440520
	<u>Salinas</u> CA	93908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Self Employed	ipation tor of Optometry	
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Aggr	regate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr William Lacey Bryant, Jr		Date of Receipt
	Mailing Address 414 College St		08 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Sta	•	Transaction ID: 24440530
	Sulphur Springs TX	75482	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Self Employed	ipation tor of Optometry	
	Receipt For: Aggi	regate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
<b>C</b> .	Full Name (Last, First, Middle Initial) Dr Wesley D Cooper		Date of Receipt
	Mailing Address 18043 Woodgate Rd		08 07 2006
	City Sta	'	Transaction ID: 24440546
	Montrose CC	81401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		400.00
	Solf Employed	ipation tor of Optometry	
	Receipt For: Aggi	regate Year-to-Date ▼	,
	Other (specify)	400.00	
s	UBTOTAL of Receipts This Page (optional)		900.00
  -	OTAL This Period (last page this line number only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Optometric Association Politica	al Action (	Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr Paul C Ajamian  Mailing Address 245 Shadowbrook Drive  City Roswell  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary Other (specify)   Other (specify)		Zip Code 30075-4600	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr Tracie M King Mailing Address 1323 South Hanover St City	State	Zip Code	Date of Receipt    M M
	Baltimore  FEC ID number of contributing federal political committee.	MD C	21230-4220	Transaction ID: 24440895  Amount of Each Receipt this Period  125.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		Optometry Year-to-Date  625.00	
 C.	Full Name (Last, First, Middle Initial) Dr Jay D Petersma Mailing Address 8150 Wellington Blvd			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24440897
	Johnston  FEC ID number of contributing federal political committee.	C	50131-8710	Amount of Each Receipt this Period  150.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			375.00
Т	OTAL This Period (last page this line number onl	v)		

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any or fo	rinformation copied from such Reports and State or commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
١.	NAME OF COMMITTEE (In Full)  American Optometric Association Politica	al Action (	Committee	
A. [	Full Name (Last, First, Middle Initial) Dr Steven Snapp Mailing Address 310 Tendoy  City Bellevue FEC ID number of contributing rederal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)		Zip Code 83313-5085	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.   	Full Name (Last, First, Middle Initial) Dr C. Thomas Crooks, III Mailing Address 1229 Highland Lakes Tra City Birmingham FEC ID number of contributing rederal political committee.  Name of Employer Self Employed Receipt For: Primary General	State AL  C C  Occupation Doctor of	Zip Code 35242-6886  Toptometry e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
).    -	Other (specify)   Full Name (Last, First, Middle Initial) Dr Jack L Hostetler  Mailing Address 2862 E Canyon Creek Co	ourt State	350.00 Zip Code	Date of Receipt    M M
	Gilbert  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify)	C Occupation Doctor of	85234	Amount of Each Receipt this Period  30.00
su	BTOTAL of Receipts This Page (optional)			205.00
то	TAL This Period (last page this line number on	v)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/54
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)
•••	LIMIZED RECEIP 13			X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	nents may ne and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Political	Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Kevin L Alexander			Date of Receipt
	Mailing Address 8830 Walnut Trail			08 10 7 2006
	City	State	Zip Code	Transaction ID: 24440942
	Sylvania	OH	43560	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Self Employed 1	Occupation  Octor of	n Optometry	
			Year-to-Date ▼	
	Primary General	1 1	<del> </del>	1
	Other (specify) ▼	0 0	350.00	
В.	Full Name (Last, First, Middle Initial) Dr Markus I Barth			Date of Receipt
	Mailing Address 1346 Heller Drive			08 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	Zip Code	Transaction ID: 24440947	
	Yardley	PA	19067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Self Employed	Occupation	Optometry	
	· ·		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		400.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr James Maxwell Ernst			Date of Receipt
	Mailing Address 14 Bittersweet Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24440954
	Alexandria	KY	41001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Self Employed	Occupation Doctor of	Optometry	
			Year-to-Date ▼	7
	Primary General	1 1		1
	Other (specify) ▼	0 0	340.00	
Г	I			185.00
S	UBTOTAL of Receipts This Page (optional)		······	100.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 54
	EMIZED RECEIPTS	or each category of the		(check only one)
•••	TI EIMIZED TIEGEN TO		Detailed Summary Page	X   11a   11b   11c   12   12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	cal Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Norman C Johnson			Date of Receipt
	Mailing Address 154 Willow Cove Drive			08 / 10 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24440961
	Scottsboro	AL	35769-6222	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	320.00	
В.	Full Name (Last, First, Middle Initial) Dr Peter H Kehoe			Date of Receipt
	Mailing Address 789 N Broad			08 10 2006
	City	State	Zip Code	Transaction ID: 24440962
	Galesburg	IL	61401	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation		
			Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
— С.	Full Name (Last, First, Middle Initial) Dr Beth A Kneib			Date of Receipt
٠.	Mailing Address 1515 N 150Th Street			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 24440963
	Shoreline	WA	98133-6301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.66
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General	11.0		1
	Other (specify) ▼		291.62	
	LIDTOTAL of Descript This Day (1911)			191.66
L	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 54
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficacy Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Clarke D Newman			Date of Receipt
	Mailing Address 9325 Stratford Way			08 10 7 2006
	City	State	Zip Code	Transaction ID: 24440975
	Dallas	TX	75220-5084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	336.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr Ron W Roelfs			Date of Receipt
	Mailing Address 600 3Rd St Se			08 10 2006
	City	State	Zip Code	Transaction ID: 24440979
	Waverly	IA	50677-3516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date <b>V</b>	_
	Primary General	Aggregate	Teal-10-Date V	1
	Other (specify)		217.00	
		0 0	0 0 0 0 0 0 0	1
C.	Full Name (Last, First, Middle Initial) Dr John Rush			Date of Receipt
	Mailing Address Po Box 1108			08 10 2006
	City	State	Zip Code	Transaction ID: 24440980
	Gold Beach	OR	97444-1108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:	+	Year-to-Date ▼	
	Primary General			1
	Other (specify)	1	350.00	
_				
s	UBTOTAL of Receipts This Page (optional)			165.00
$\vdash$			<b>_</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 54 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Optometric Association Po	litical Action	Committee	
Full Name (Last, First, Middle Initial)  A. Dr Teresa M Seim			Date of Receipt
Mailing Address 7328 Glade Trail			08 10 2006
City	State	Zip Code	Transaction ID: 24440982
Kalamazoo  FEC ID number of contributing federal political committee.	C	49009-5921	Amount of Each Receipt this Period  30.00
Name of Employer Self Employed		f Optometry	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 205.00	
Full Name (Last, First, Middle Initial)  3. Dr Michael A Hattan			Date of Receipt
Mailing Address 3501 Fairway			08 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 24441007
Hays  FEC ID number of contributing federal political committee.	C	67601-1546	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupatio Self Emp	oloyed	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)  Dr Ronald Curtiss Mozingo, Sr			Date of Receipt
Mailing Address 105 South Lake Drive	)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hattiesburg	State MS	Zip Code	Transaction ID: 24441022
FEC ID number of contributing federal political committee.	C	39401-9357	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed	Occupatio Doctor of	n f Optometry	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional) .			760.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politic	al Action (	Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr William P Breen  Mailing Address 5788 South Laredo Ct  City Centennial  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Zip Code 80015-4032	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr John A Wiener  Mailing Address 9205 Indian Hill Road  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Zip Code 45243-1052  Toptometry  Year-to-Date ▼  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Dr Charles R Cyr Mailing Address 380 Poker Hill Rd  City Underhill  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Zip Code 05489-9610 Optometry Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	UBTOTAL of Receipts This Page (optional)			1265.00
т	OTAL This Period (last page this line number on	lv)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 54				
ITEMIZED RECEIPTS		or each category of the	(check only one)					
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12				
_				13 14 15 16 17				
Ai	ny information copied from such Reports and Statemer for commercial purposes, other than using the name a	nts may and add	rnot be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)		71					
$  \rangle$	American Optometric Association Political A	ction (	Committee					
	7 in choan optomothe 7 tooodation 1 ontioal 7 to	011011	5011111111100					
_	Full Name (Last, First, Middle Initial)							
A.				Date of Receipt				
	Mailing Address 4453 S Davidson Dr			08 03 2006				
	City St	ate	Zip Code					
	Independence M		64055-6785	Transaction ID: 24441240  Amount of Each Receipt this Period				
			04000-0700	Amount of Each Neceipt this Period				
	FEC ID number of contributing federal political committee.	<u> </u>		250.00				
	Name of Employer Occ	cupation	1	-				
	Self Employed		Optometry					
			Year-to-Date ▼					
	Primary General			1				
	Other (specify) ▼		250.00					
_				-				
В.	Full Name (Last, First, Middle Initial) Dr Donald J Janiuk			Date of Receipt				
٥.	Mailing Address 13592 Sunset View Rd			M M / D D / Y Y Y Y				
	TOUR OUT TO	08 03 2006						
	City St	ate	Zip Code	Transaction ID: 24441250				
	Poway C.	A	92064	Amount of Each Receipt this Period				
	FEC ID number of contributing	1		250.00				
	federal political committee.	<u> </u>		250.00				
	Name of Employer Occ	cupation	1	-				
	Salt Employed		Optometry					
			Year-to-Date ▼	7				
	Primary General	1 1		1				
	Other (specify) ▼		250.00					
				-				
C	Full Name (Last, First, Middle Initial) Dr William L Jones			Date of Receipt				
٥.	Mailing Address 1828 Conestoga Se			M M / D D / Y Y Y Y				
	- 1020 Concatoga Ce			08 03 2006				
	•	ate	Zip Code	Transaction ID: 24441255				
	<u>Albuquerque</u> Ni	M	87123-4252	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee	Ι.		365.00				
	federal political committee.			333.3				
	Name of Employer Occ Self Employed Dec	cupation	1	7				
	Self Employed Doo	ctor of	Optometry					
	Receipt For: Agg	gregate	Year-to-Date ▼					
	Primary General	1 1	265.00					
	Other (specify) ▼	0 0	365.00					
_								
_	SUPTOTAL of Descripts This Days (antional)							
Ls	SUBTOTAL of Receipts This Page (optional)		······					
_	OTAL This Paried (lost page this line assets)			. [				
1 1	<b>OTAL</b> This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 54	
ITEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12	
		Detailed Summary Page	X   11a	
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	ne and add	liess of any political committee to	Solicit Contributions from Such Committee.	
American Optometric Association Politica	al Action (	Committee		
Full Name (Last, First, Middle Initial)  A. Dr Tracie M King			Date of Receipt	
Mailing Address 1323 South Hanover St			08 03 7 2006	
City	State	Zip Code	Transaction ID: 24441259	
Baltimore	MD	21230-4220	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		500.00	
Self Employed	Occupation Doctor of	Optometry		
Receipt For:		Year-to-Date ▼		
Primary General Other (specify) ▼		500.00		
Full Name (Last, First, Middle Initial)  3. Dr Norma Jean Levingston			Date of Receipt	
Mailing Address 1364 Weston Ridge Road	Mailing Address 1364 Weston Ridge Road			
City	State	Zip Code	Transaction ID: 24441264	
Scotts Valley	CA	95066-2524	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Self Employed	Occupation			
Receipt For:		Optometry Year-to-Date ▼	-	
Primary General	, iggi ogalo			
Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial)  2. Dr Morgan Brent Moore			Date of Receipt	
Mailing Address 1520 Chaparral			M M / D D / Y Y Y Y	
· ·	Ctata	7ia Cada	08 03 2006	
City <u>Burkburnett</u>	State TX	Zip Code 76354	Transaction ID: 24441268  Amount of Each Receipt this Period	
FEC ID number of contributing				
federal political committee.	C		100.00	
Self Employed	Occupation			
Receipt For:		Optometry Year-to-Date ▼	-	
Primary General	1.99.19			
Other (specify)	0 0	250.00		
SUBTOTAL of Receipts This Page (optional)		·····	850.00	
TOTAL This Period (last page this line number only	<i>(</i> )	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 54
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or		me and add	iress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full)  American Optometric Association Politica	al Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Stacie R Nichols			Date of Receipt
	Mailing Address P O Box 372			08 / 03 / 2006
	City <u>Davenport</u>	State WA	Zip Code 99122-0372	Transaction ID: 24441269  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation O.D.	١	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr Mark Joseph Page			Date of Receipt
	Mailing Address 3102 E Desert Broom Wa	08 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 24441271
	Phoenix	AZ	85048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Matthew C Renner			Date of Receipt
	Mailing Address 2104 Packard			08 03 YYYYY 08 03 2006
	City	State	Zip Code	Transaction ID: 24441277
	<u>Ft Smith</u>	AR	72903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		······	650.00
			·	
T	OTAL This Period (last page this line number only	y)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 54
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	by information copied from such Reports and Staten for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
$\rangle$	American Optometric Association Political	Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) Dr Dirk Schrotenboer			Date of Receipt
	Mailing Address 10729 Deer Ridge Court			08 / 03 / 4 2006
	City	State	Zip Code	Transaction ID: 24441278
	Zeeland	MI	49464-6830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Solf Employed	Occupation Doctor of	n Optometry	
			Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Dr Martin J Sikorski			Date of Receipt
	Mailing Address 1912 E York Lane			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 24441282
	Wheaton	IL	60187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	Occupation		
			Optometry Year-to-Date ▼	-
	Primary General	- iggi ogalo		
	Other (specify) ▼		500.00	
Э.	Full Name (Last, First, Middle Initial) Dr Larry L Wolf			Date of Receipt
	Mailing Address W 4116 Hwy 64			08 / 03 / 4 4 4 4 4
	City	State	Zip Code	Transaction ID: 24441289
	Merrill	WI	54452	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Self Employed	Occupation D.D.	1	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
_	OTAL This Deviced (lost near this line recent to a set)			
1	OTAL This Period (last page this line number only)	١		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 54 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Optometric Association Politica	al Action (	Committee	
<b>A</b> .	Self Employed		Zip Code 55008-7768  Optometry Year-to-Date ▼ 250.00	Date of Receipt  M M J D D J Z D O 6  Transaction ID: 24460329  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) Dr Laura Tujak Mailing Address 6150 Little Neck Pkwy City	State	Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	Little Neck  FEC ID number of contributing federal political committee.	C	11362-2419	Amount of Each Receipt this Period 250.00
	Self Employed		Optometry Year-to-Date ▼ 250.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr Larry Douglas Sumner Mailing Address 1343 Carlyle Park Circle	Date of Receipt    M M M		
	City Highlands Ranch	State CO	Zip Code 80129-6974	Transaction ID: 24481496
	FEC ID number of contributing federal political committee.	C	80129-0974	Amount of Each Receipt this Period  500.00
	Self Employed		Optometry	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number only	v)		

# SCHEDULE A (FEC Form 3X)

PAGE 25 / 54 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 17 13 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) Date of Receipt A. Dr Raymond G Mans Mailing Address 1449 W 20Th 08 17 2006 Po Box 705 Zip Code City State Transaction ID: 24481499 Florence OR 97439-9441 Amount of Each Receipt this Period FEC ID number of contributing 365.00 C federal political committee. Name of Employer Self Employed Occupation O.D. Receipt For: Aggregate Year-to-Date 🔻 General Primary 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Tammy Hogan Love Date of Receipt Mailing Address 1648 Boyce-Fairview Rd 0 8 17 2006 City State Zip Code Transaction ID: 24481503 **Alvaton** KY 42122-7608 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr John David Dodd Date of Receipt Mailing Address 1901 Webster St 08 14 2006 Po Box 2100 City State Zip Code Transaction ID: 24481574 Corinth MS 38834-3543 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 915.00 SUBTOTAL of Receipts This Page (optional) .....

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 26 / 54
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	
_	.,, ., .,, .,,			
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	r not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politi	cal Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Patrick L Reardon			Date of Receipt
	Mailing Address 1124 Ovington Rd			08 14 2006
	City	State	Zip Code	Transaction ID: 24481578
	Jacksonville	FL	32216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed		Optometry	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]
— В.	Full Name (Last, First, Middle Initial) Dr Tamara K Mathison			Date of Receipt
-	Mailing Address 508 5Th St Ne			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 24481584
	Jamestown	ND	58401-3643	Amount of Each Receipt this Period
			30.0.00.0	
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation O.D.	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
— С.	Full Name (Last, First, Middle Initial) Dr John Howard Muto			Date of Receipt
	Mailing Address 3146 North 24Th Way			M M / D D / Y Y Y Y Y O O O O O
	City	State	Zip Code	Transaction ID: 24481592
	Boise	ID	83702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Doctor of	n Optometry	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	]
s	UBTOTAL of Receipts This Page (optional)			1100.00
$\vdash$	,		•	_

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 54
ITEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and St	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Optometric Association Polit	ical Action (	Committee	
/ / / / / / / / / / / / / / / / / / /	ioai / totioii ·	Committee	
Full Name (Last, First, Middle Initial) <b>1.</b> Dr Kurt G Alleman			Date of Receipt
Mailing Address 1867 Sawyer Way			M M / D D / Y Y Y Y
	01-1-	75.0.4.	08 14 2006
City Elko	State NV	Zip Code 89801	Transaction ID: 24481593  Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	
federal political committee.	C		500.00
Name of Employer	Occupation	n	7
Self Employed		f Optometry	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)		500.00	
Full Name (Last, First, Middle Initial)  3. Dr Robert A Colon			Date of Receipt
Mailing Address 160 Fir Street			M M / D D / Y Y Y Y
City	State	Zip Code	0 8 1 4 2 0 0 6  Transaction ID: 24481594
<u>Elko</u>	NV	89801	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	500.00
federal political committee.	C		300.00
Name of Employer Self Employed	Occupation	n	7
		f Optometry	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)		500.00	
Full Name (Last, First, Middle Initial)  Dr Joseph H Phillips			Date of Receipt
Mailing Address 13308 Cedar Trail			M M / D D / Y Y Y Y Y
City	State	Zip Code	0 8 1 4 2 0 0 6 Transaction ID: 24481597
Oklahoma City	OK	73131	Amount of Each Receipt this Period
FEC ID number of contributing	C		250.00
federal political committee.	0		
Name of Employer Self Employed	Occupation		
Receipt For:		f Optometry e Year-to-Date ▼	$\dashv$
Primary General	, iggi cgale		1
Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
		·	
TOTAL This Period (last page this line number of	only)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Lles concrete cobodule(s)	FOR LINE NUMBER: PAGE 28 / 54	
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
			13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Optometric Association Po	litical Action	Committee		
Full Name (Last, First, Middle Initial) Dr Cynthia Colby-Axe			Date of Receipt	
Mailing Address 21 Mead Drive			08 / 14 / 2006	
City	State	Zip Code	Transaction ID: 24481600	
Chillicothe	OH	45601-3736	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		250.00	1	
Other (specify) ▼	0 0	250.00		
Full Name (Last, First, Middle Initial) Dr Leora A Berns			Date of Receipt	
Mailing Address 16 Willowbrook Road	Mailing Address 16 Willowbrook Road			
City	State	Zip Code	Transaction ID: 24481628	
West Hartford	CT	06107-1638	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		475.00	1	
U Other (specify) ▼	0 0	473.00		
Full Name (Last, First, Middle Initial)  Dr Richard J Choryan			Date of Receipt	
Mailing Address 9096 Costner			08 15 2006	
City	State	Zip Code	Transaction ID: 24481630	
<u>Caledonia</u>	MI	49316	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		365.00	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry		
Receipt For:		e Year-to-Date ▼		
Primary General	-	005.00	1	
Other (specify) ▼		365.00		
SUBTOTAL of Receipts This Page (optional) .		······	865.00	
TOTAL This Period (last page this line numbe	r only)			

SCHEDULE A (FEC Form 3X)		l lea caparata cabadula(a)	FOR LINE NUMBER: PAGE 29 / 54
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	up on the sold or used by any persordress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Optometric Association Polit			
Full Name (Last, First, Middle Initial) Dr Andrew G Cook, Jr Mailing Address P O Box 304  City Garner	State NC	Zip Code 27529-0304	Date of Receipt    M M
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio O.D. Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr James A Ciccarelli Mailing Address 23 Kendall Circle			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Waterbury	State CT	Zip Code 06708	Transaction ID: 24481641
FEC ID number of contributing federal political committee.	C	00700	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		n f Optometry e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr George B Symonds  Mailing Address 162 View Ridge Drive			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Port Angeles	State WA	Zip Code 98362-9579	Transaction ID: 24481646  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	33002 3073	250.00
Name of Employer Self Employed	Occupatio O.D.	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 54
	EMIZED RECEIPTS	or each category of the	(check only one)
••	LIMIZED REGEN 10	Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δr	ny information copied from such Reports and Statemer	ate may not be sold or used by any perso	
or	for commercial purposes, other than using the name a	and address of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)		
$\rangle$	American Optometric Association Political Ad	ction Committee	
	Full Name (Last, First, Middle Initial)		
٩.	Dr James Brian Connelly  Mailing Address 3243 Evergreen Boad		Date of Receipt
	Mailing Address 3243 Evergreen Road		08 15 2006
	City St	ate Zip Code	Transaction ID: 24481649
	<u>Fargo</u> NI	D 58102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Occ Self Employed Doc	eupation	7
		ctor of Optometry	
		gregate Year-to-Date ▼	
	Primary General Other (specify)	250.00	
	Other (specify)		1
3.	Full Name (Last, First, Middle Initial) Dr Joseph D Conigliaro		Date of Receipt
Mailing Address 1121 Herkimer Rd			08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	ate Zip Code	Transaction ID: 24506443
	<u>Utica</u> N	Y 13502-2706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Self Employed Self Employed			1000.00
		•	7
		· · ·	_
Receipt For:  Primary  General  Aggregate		gregate Year-to-Date ▼	,
Other (specify)		1000.00	
			1
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr Francis M Loomis, II		Date of Receipt
-	Mailing Address 7425 123Rd St Ct		M M / D D / Y Y Y Y
			08 18 2006
	•	ate Zip Code	Transaction ID: 24506479
	Coal Valley IL	61240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		365.00
		•	
		otor of Optometry gregate Year-to-Date ▼	_
	Receipt For: Agg	gregate rear-to-date V	1
	Other (specify)	365.00	
s	UBTOTAL of Receipts This Page (optional)		1615.00
_	OTAL This Build floor as a fit if		
T	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 54
	EMIZED RECEIPTS	or each category of the	(check only one)
••	LIVIIZED HEOLII 13	Detailed Summary Page	X 11a 11b 11c 12
Γ.	by information conicd from a vol. Deposite and Ctatemente	move not be cold or used by only norse	13 14 15 16 17
or	ny information copied from such Reports and Statements 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)		
$  \rangle$	American Optometric Association Political Action	on Committee	
$\angle$	<u>'</u>		
	Full Name (Last, First, Middle Initial)		1 5. 75
Α.	Dr Robert F Collins  Mailing Address 15D Dapplegray Road		Date of Receipt
	Mailing Address 15D Dapplegray Road		08 18 2006
	City State	z Zip Code	Transaction ID: 24506491
	Bell Canyon CA	91307	Amount of Each Receipt this Period
	FEC ID number of contributing		050.00
	federal political committee.		250.00
	Name of Employer Occup Self Employed Dectar	ation	7
	Seir Employed Docto	r of Optometry	
		gate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)		5. (5
В.	Dr Jerry Dean West		Date of Receipt
	Mailing Address 4411 Colonial Dr		08 21 2006
	City State	zip Code	Transaction ID: 24510910
	Sapulpa OK	74066-8977	Amount of Each Receipt this Period
	FEC ID number of contributing		
federal political committee.			350.00
	Name of Employer Occup	ation	4
	Salt Employed	r of Optometry	
		gate Year-to-Date ▼	
	Primary General	050.00	1
	Other (specify) ▼	350.00	
C.	Full Name (Last, First, Middle Initial) Dr Gary D Crowell		Date of Receipt
	Mailing Address 1291 N. Highway 99W		M " M / D " D / Y " Y " Y " Y
	-		08 21 2006
	City State	'	Transaction ID: 24510918
	McMinnville OR	97128-2720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	receral political committee.		
	Name of Employer Occup Self Employed O.D.	ation	
			_
	Receipt For: Aggre Primary General	gate Year-to-Date ▼	
	Other (specify) ▼	500.00	
	- (-1: )/ V		
	·		1100.00
s	UBTOTAL of Receipts This Page (optional)	·······	1100.00
	OTAL This Books I (I)		
ΙT	OTAL This Period (last page this line number only)	<b>&gt;</b>	

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 32 / 54
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	ntomonte mou	y not be cold or used by any perc	
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Optometric Association Politic	cal Action (	Committee	
_	Full Name (Last First Middle Initial)			
A.	Full Name (Last, First, Middle Initial) Dr Mark E Snyder			Date of Receipt
	Mailing Address 116 Wheeler Road			08 21 2006
	City	State	Zip Code	Transaction ID: 24510919
	Marstons Mills	MA	02648-1138	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	Aggregate	Teal to Bate ¥	7
	Other (specify) ▼		250.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr James Richardson			Date of Receipt
	Mailing Address 2401 West 39Th St			M M / D D / Y Y Y Y
		08 21 2006		
	City	State	Zip Code	Transaction ID: 24510933
	Casper	WY	82604-5052	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	1	7
	Self Employed	O.D.		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	71
	Other (specify)	1 1	200.00	J
_	Full Name (Last, First, Middle Initial) Dr JO ROBIN SZABO			Date of Receipt
Ο.	Mailing Address 7203 Texas Laurel Loop	`		M M / D D / Y Y Y Y
	7205 Texas Laurei Loop			08 21 2006
	City	State	Zip Code	Transaction ID: 24510936
	Kingwood	TX	77346	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation		
			Optometry	_
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General	1	500.00	
	Other (specify)			1
_	LIDTOTAL of Desciols This Description B			1000.00
L	UBTOTAL of Receipts This Page (optional)			-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 54	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
I LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
			13 14 15 16 17	
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Optometric Association Polit	ical Action	Committee		
Full Name (Last, First, Middle Initial)  A. Dr Kathleen E Goff			Date of Receipt	
Mailing Address 805 E Blanchard Ave			08 21 2006	
City	State	Zip Code	Transaction ID: 24510939	
El Paso	TX	79902	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		360.00	
Name of Employer Self Employed	Occupation Doctor of	n f Optometry	7	
Receipt For:		e Year-to-Date ▼	_	
Primary General	33 3		1	
Other (specify) ▼	0 0	360.00		
Full Name (Last, First, Middle Initial)  3. Dr Neal S Jessup			Date of Receipt	
Mailing Address 4018 Horsepen Mtn Drive			08 21 2006	
City	Transaction ID: 24510940			
Vinton	State VA	Zip Code 24179-1128	Amount of Each Receipt this Period	
	V/\	24173 1120	Amount of Lacif Necept this Period	
FEC ID number of contributing federal political committee.	C		350.00	
Name of Employer	Occupatio	n		
Self Employed *	O.D.			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		350.00		
Full Name (Last, First, Middle Initial)			Date of Popolist	
Dr L. Glenn Hum  Mailing Address P O Box 877			Date of Receipt	
City	State NV	Zip Code	Transaction ID: 24510948	
Verdi	INV	89439-0877	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.			500.00	
Name of Employer Self Employed	n			
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		E00.00	1	
Other (specify) ▼	0 0	500.00	1	
			1210.00	
SUBTOTAL of Receipts This Page (optional)		······		

0	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 34 / 54
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	atomonte may	rnot be cold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		·	
$ \rangle$	American Optometric Association Politi	cal Action (	Committee	
	7 mioridan optomotrio 7 todobianom roma	00171011011		
	Full Name (Last, First, Middle Initial)			
A.	Dr John H Marshall			Date of Receipt
	Mailing Address 2711 Cindy Lane			M M / D D / Y Y Y Y
				08 21 2006
	City	State	Zip Code	Transaction ID: 24510952
	Big Spring	TX	79720-6708	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	С		303.00
	Name of Employer	Occupation		$\dashv$
	Name of Employer Self Employed	Occupation	Optometry	
	Receipt For:		Year-to-Date ▼	_
	Primary General	Aggregate	e feal-lo-Dale ▼	
	Other (specify)		365.00	
	Carlor (opeciny) 🔻	0 0		4
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 2917 Webster Avenue So			M M / D D / Y Y Y Y
				08 21 2006
	City	State	Zip Code	Transaction ID: 24510954
	St Louis Park	MN	55416-1847	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.	<u> </u>		500.00
	Name of Employer	Occupation	 1	$\dashv$
	Self Employed		Optometry	
	Receipt For:	-	Year-to-Date ▼	7
	Primary General			7
	Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			Date of Brazilia
C.	Dr Michele Y Shade-Hinchliffe			Date of Receipt
	Mailing Address 1161 Beech St			08 21 2006
	City	State	Zip Code	Transaction ID: 24520664
	Pottstown	PA	19464-4964	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
				_
	Name of Employer Self Employed	Occupation	า	
		O.D.	Variable Data	-
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General		250.00	
	Other (specify)	1 1		1
_	IIDTOTAL of December Title Day (1971)			915.00
L	UBTOTAL of Receipts This Page (optional)			
1				1

# SCHEDULE A (FEC Form 3X)

PAGE 35 / 54 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr Douglas Owen Fleming Mailing Address 19990 Karen Court 08 21 2006 Zip Code City State Transaction ID: 24520674 CA 95370-6900 Sonora Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date ▼ Receipt For: Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr Robert E Fisch Date of Receipt Mailing Address 1310 S White Oak Dr #722 8 0 21 2006 City State Zip Code Transaction ID: 24520676 Waukegan IL 60085-8351 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation **Doctor of Optometry** Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr Ana L Salinas Date of Receipt Mailing Address Rt 5 Box 116 2006 0.8 22 Citv State Zip Code Transaction ID: 24520770 Edinburg TX 78541-9315 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Self Employed Occupation Doctor of Optometry Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional) .....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 54
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a   11b   11c   12
				13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add			y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Optometric Association Politica	al Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Paul M Barney			Date of Receipt
	Mailing Address 1600 A St Ste 200			08 22 7 2006
	City	State	Zip Code	Transaction ID: 24520774
	Anchorage	AK	99501-5147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation O.D.	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		205.00	1
	Other (specify) ▼	0 0	365.00	
В.	Full Name (Last, First, Middle Initial) Dr Douglas Steven Posner			Date of Receipt
	Mailing Address 15 Thornton St	08 24 2006		
	City	State	Zip Code	Transaction ID: 24527986
	Randolph	MA	02368-2030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer	Occupation	n	
	Self Employed		f Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr Sheilah S Titus			Date of Receipt
	Mailing Address 6403 South Shingle Road			08 24 2006
	City	Transaction ID: 24527990		
	Latrobe	CA	95682-9330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Doctor of	n f Optometry	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	1
				1040.00
s	UBTOTAL of Receipts This Page (optional)		······	1240.00

<u> </u>		]		FOR LINE NUMBER: PAGE 37 / 54							
5(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)							
IT	EMIZED RECEIPTS		or each category of the	X 11a  11b  11c  12							
			Detailed Summary Page								
				13 14 15 16 17							
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	American Optometric Association Politic	cal Action (	Committee								
A.	Full Name (Last, First, Middle Initial) Dr Ann Marie Hoscheit			Date of Receipt							
	Mailing Address 600 Spanish Oak Court			08 24 2006							
	City	State	Zip Code	Transaction ID: 24527996							
	Gastonia	NC	28054	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		365.00							
	Name of Employer Self Employed	Occupation Doctor of	n Optometry								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			1							
	Other (specify) ▼		365.00								
				4							
В.	Full Name (Last, First, Middle Initial) Dr Robert P Wooldridge			Date of Receipt							
	Mailing Address 2840 E Swiss Oaks Dr			M M / D D / Y Y Y Y							
		01-1-	7'- 0-4-	08 24 2006							
	City	State	Zip Code	Transaction ID: 24528001							
	Sandy	UT	84093	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		365.00							
	Name of Employer Self Employed	Occupation	Optometry								
	Receipt For:	1	Year-to-Date ▼								
	Primary General	riggregate	Teal to Bate \$	1							
	Other (specify) ▼	0 0	365.00								
	Full Name (Last, First, Middle Initial)										
C.	Dr William A Lynch, Jr			Date of Receipt							
	Mailing Address 2 Burr Oak Ct			08 24 2006							
	City	State	Zip Code	Transaction ID: 24528004							
	Cuba	MO	65453-8606	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer Self Employed	Occupation Doctor of	Optometry								
	Receipt For:		Year-to-Date ▼								
	Primary General			1							
	Other (specify)		500.00								
			0 0 0 0 0 0 0	4							
_				1230.00							
L <sub>s</sub>	UBTOTAL of Receipts This Page (optional)		······								

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

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 54
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIT 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	al Action (	Committee	
Α.	Full Name (Last, First, Middle Initial) Dr Gerald E Olson			Date of Receipt
	Mailing Address 1338 Knollwood Drive			08 24 2006
	City	State	Zip Code	Transaction ID: 24528005
	Monroeville	PA	15146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Doctor of	n i Optometry	7
	Receipt For:		Year-to-Date ▼	
	Primary General	111	<del></del>	1
	Other (specify) ▼	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Dr John P Herman			Date of Receipt
	Mailing Address 570 Holmes Rd			M M / D D / Y Y Y Y
			Zip Code	08 25 2006
	City	Transaction ID: 24528853		
	Pittsfield	MA	01201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n	7
	Self Employed	Doctor of	Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	]
<u> </u>	Full Name (Last, First, Middle Initial) Dr David H H George			Date of Receipt
	Mailing Address 4371 E Chatham Dr			M M / D D / Y Y Y Y
	City	State	Zip Code	08 25 2006
	Port Clinton	OH	43452-2900	Transaction ID: 24528854  Amount of Each Receipt this Period
	FEC ID number of contributing	C	1 1 1 1 1 1	250.00
	federal political committee.	<u> </u>		250.00
	Name of Employer Self Employed		n Optometry	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	1
Г				
٩	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$	ODITIAL OF RECEIPTS THIS Fage (Optional)			

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

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 54
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Optometric Association Political	Action C	Committee	_
A.	Full Name (Last, First, Middle Initial) Dr Scott F Kenitz			Date of Receipt
	Mailing Address 6003 Shagbark Lane			08 25 2006
	•	State	Zip Code	Transaction ID: 24528866
	Hartford	WI	53027-9487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		325.00
	Name of Employer Self Employed	occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		325.00	
	Other (specify)	0 0	323.00	
— В.	Full Name (Last, First, Middle Initial) Dr Gary Bryan Lukes			Date of Receipt
٥.	Mailing Address 506 Curtis Street			M M / D D / Y Y Y Y
	P.O. Box 10			08 25 2006
City		State	Zip Code	Transaction ID: 24528869
	Spring Valley	WI	54767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Solf Employed	occupation		
			Optometry	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		500.00	
	Other (specify)			
C.	Full Name (Last, First, Middle Initial) Dr Daniel J De Winter			Date of Receipt
	Mailing Address W170 57266 Meadow Drive	e		M " M / D " D / Y " Y " Y " Y
				08 29 2006
	•	State	Zip Code	Transaction ID: 24594880
		WI	53150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
			Optometry	
			Year-to-Date ▼	7
	Primary General	1 1	222.22	1
	Other (specify) ▼	1 1	300.00	
	UBTOTAL of Receipts This Page (optional)			1125.00
$\vdash$	ODIGIAL OF HECEIPIS THIS Fage (Optional)			
Ι,	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 40 / 54
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Optometric Association Politic	al Action (	Committee	
A.	Full Name (Last, First, Middle Initial) Dr Charles T Inman			Date of Receipt
	Mailing Address 604 Yorkshire PI			08 / 29 / 2006
	City	State	Zip Code	Transaction ID: 24594899
	Lumberton	NC	28358-8337	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Self Employed	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr David E Alexander			Date of Receipt
	Mailing Address 606 Collett Street			M M / D D / Y Y Y Y
				08 28 2006
City		State	Zip Code	Transaction ID: 24594992
	Morganton	NC	28655-3743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self Employed	Occupation	n Optometry	
	Receipt For:		Year-to-Date <b>V</b>	_
	Primary General	riggrogato	Total to Bate V	1
	Other (specify) ▼	0 0	365.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Dr James Mathew Hutchins  Mailing Address 101 S Shore Drive			M M / D D / Y Y Y Y
	Total Salidie Drive			08 28 2006
	City	State	Zip Code	Transaction ID: 24594996
	Sleepy Eye	MN	56085-1327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed  Occup Doctor			n Optometry	
	Receipt For:	l	Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)	0 0	250.00	1
s	UBTOTAL of Receipts This Page (optional)		<b>__</b>	740.00
$\vdash$	,		<b>'</b>	-
Ιт	OTAL This Period (last page this line number on	lv)		

				_						
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 41 / 54					
ıT	EMIZED RECEIPTS		or each category of the		(check only one)					
11	EMIZED RECEIP 13		Detailed Summary Page		X 11a 11b 11c 12					
			zotanou oummuy i ago	13 14 15 16 17						
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any pedress of any political committee	rson f	for the purpose of soliciting contributions olicit contributions from such committee.					
abla	NAME OF COMMITTEE (In Full)									
$\rangle$	American Optometric Association Politic	al Action (	Committee							
Α.	Full Name (Last, First, Middle Initial) Dr Thomas A Mebane				Date of Receipt					
	Mailing Address 200 Walter Ave				08 28 2006					
	City	State	Zip Code		Transaction ID: 24595008					
	Roanoke Rapids	NC	27870		Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C			350.00					
	Name of Employer Self Employed	Occupation Doctor of	n Optometry							
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 350.00							
— В.	Full Name (Last, First, Middle Initial) Dr Anne Huyen Le				Date of Receipt					
	Mailing Address 12819 Apple Forest				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code		Transaction ID: 24595011					
	Houston	TX	77065-3205	ŀ	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		125.00						
	- Todorai pontioai committeo.									
	Name of Employer Self Employed	Occupation O.D.	1							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General Other (specify)		250.00							
<u> </u>	Full Name (Last, First, Middle Initial) Dr Carolyn Marie Brug-Allender				Date of Receipt					
	Mailing Address 114 Sylvan Drive				0 8 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code		Transaction ID: 24595161					
	Independence	KY	41051-9262	}	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C			250.00					
	Name of Employer Self Employed	Occupation Doctor of	Optometry							
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)			<u> </u>	725.00					

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

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

NAME OF COMMITTEE (In Full)

Mailing Address 13 Laird Lane

FEC ID number of contributing

General

General

federal political committee.

Other (specify)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Self Employed

Primary

Receipt For:

Dr William M Zilm

Glenwood Spgs

Name of Employer Self Employed

Primary

Receipt For:

B. Michael F Clark

Charlotte

City

City

PAGE 42/54 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt 0 8 3 1 2006 State Zip Code Transaction ID: 24595173 CO 81601-9290 Amount of Each Receipt this Period 500.00 C Occupation Doctor of Optometry Aggregate Year-to-Date 🔻 500.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 1136 Berkeley Avenue 8 0 14 2006 State Zip Code Transaction ID: 25088780 NC 28203 Amount of Each Receipt this Period C 0.00 Occupation

0.00

[MEMO ITEM]

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

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	•	32504.16

**Doctor of Optometry** 

Aggregate Year-to-Date ▼

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	s)	FOR LINE (check only			PAGE	PAGE 43 / 54							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	•	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b						
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								S						
	NAME OF COMMITTEE (In Full)  American Optometric Association Political		<u> </u>												
_	Full Name (Last, First, Middle Initial)				Transacti	on ID: 2	4644749								
Α.	Bank of America				Date of D										
	Mailing Address PO Box 790251							$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	•	State Zip Code			Amount o	f Each D	isburseme	nt this F	Period						
	St. Louis Purpose of Disbursement	MO 63179	1					30.0	00						
	Bank of American Bank Fee 08/01/06			001											
	Candidate Name			ategory/ Type											
	Office Sought:    House   Disburse     Senate   President     State: District:	ment For:    Primary   General     Other (specify)   \(\bigveright\)		Туре	Bank of A 08/01/06		n Bank F	<sup>-</sup> ee							
_	Full Name (Last, First, Middle Initial)				Transacti	on ID: 2	4645079								
В.	Bank of America				Date of D		_								
	Mailing Address PO Box 790251		0 <sup>M</sup> 8 M	01	/ Y	žοŏε	; <sup>Y</sup>								
	•	State Zip Code MO 63179			Amount o	f Each D	isburseme	nt this F	Period						
	Purpose of Disbursement Bank of American Bank Fee 08/01/06		001					56							
	Candidate Name			ategory/ Type											
	Senate President	ement For: Primary General Other (specify)	I		Bank of 7 08/01/06	America	n Bank F	-ee							
	State: District: Full Name (Last, First, Middle Initial)				Transacti	an ID: 0	4644750								
C.	Bank of America				Transacti Date of D	isbursem	ent		V						
	Mailing Address PO Box 790251				0 8	0 2		ž o ŏ 6	<b>;</b>						
		State Zip Code MO 63179			Amount o	f Each D	isburseme	nt this F	eriod						
	Purpose of Disbursement Bank of American Bank Fee 08/02/06			001				6.5	50						
	Candidate Name	Ca	ategory/ Type												
	Office Sought:  Senate President  State:  Disburse	ement For:  Primary  General  Other (specify)	l		Bank of <i>I</i> 08/02/06	America	n Bank F	-ee							
	1					-		1038.0	16						
	<b>UBTOTAL</b> of Disbursements This Page (optional) .					• •	• • •	1030.0	,,,						
T	OTAL This Period (last page this line number only)														

SCILDOLL B (I LCI OIIII 5X)	Use seperate schedule(s)		(check onl		NE NUMBER: PAGE 44 / 54 pnly one)						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	_	22 28a	Н	23 28b	24 28c	Н	25 29	_	26 30b
Any Information copied from such Reports and Statemers											
or for commercial purposes, other than using the name	and address of any political	commi	11ee (0 S	SOUCIT CON	ırıbüt	IOIIS Tro	SUCN	cornn	пиее		
NAME OF COMMITTEE (In Full)  American Optometric Association Political A	Action Committee										
Full Name (Last, First, Middle Initial)				Tran	sacti	on ID:	246438	377			
Wachovia Non Corporate						isburse		V V	V	V	
Mailing Address 1650 Tyson Blvd.				0 8	, IVI	0	9 /	<u>'</u> 2	0 0 6		
	state Zip Code /A 22102			Amo	unt o	f Each	Disburs	emen	t this P	erioc	ŀ
Purpose of Disbursement	22102			- [					999.4	4	
Wachovia Bank Fee 08/09/06		QC	01								
Candidate Name		Cate Ty	gory/ pe								
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)			Wac	hovi	a Ban	k Fee 0	8/09	/06		
State: District: Full Name (Last, First, Middle Initial)											—
See Bank of America  3. Bank of America						i <b>on ID:</b> isburse	246447 ement	752			
Mailing Address - DO D - 700054				0 <sup>M</sup> 8	М	/ D 1	<sup>D</sup> /	Y Y	0 Ď 6	Υ	
Mailing Address PO Box 790251								_			
,	state Zip Code MO 63179			Amo	unt o	f Each	Disburs	emen	t this P	erioc	j
Purpose of Disbursement			-	1 L					23.6	0	
Bank of American Bank Fee 08/15/06		Ó(									
Candidate Name		Cate Ty	gory/ pe								
Office Sought:  House Senate President State:  Disburser	nent For: Primary General Other (specify)		•	Bank 08/1	of <i>F</i> 5/06	Amerio	can Bar	nk Fe	ee		
Full Name (Last, First, Middle Initial)				Tran	sacti	on ID:	246450	)98			
Bank of America				Date		isburse	_				
Mailing Address PO Box 790251				0 8	М	<sup>′</sup> 3	1 /	ž	0 Ď 6	Y	
,	itate Zip Code MO 63179			Amo	unt o	f Each	Disburs	emen	t this P	erioc	i i
Purpose of Disbursement American Express Bank Fees for 8/2006			1						124.2	8	
Candidate Name		OC Cate Ty	gory/								
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)			Ame for 8			ess Ba	nk Fe	ees		
SUBTOTAL of Disbursements This Page (optional)			<b>•</b>					1	147.3	2	$\overline{}$
									405.0	<u></u>	Ħ
TOTAL This Period (last page this line number only)			•					2	185.3	8	

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check			_	:H:			54		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	  -		21b 27	22 28a	Х	23 28b	$\Box$	24 28c	25 29	26 30b
Any Information copied from such Reports and Stater											
or for commercial purposes, other than using the named NAME OF COMMITTEE (In Full)	e and address of any politica	u comi	THLLE	ee to soi	CIL CONL	ributi	ons m	om st	JCH COI	mmutee	!
American Optometric Association Politica	Action Committee										
Full Name (Last, First, Middle Initial)					Trans	sacti	on ID:	243	74376	3	
A. DeWine for U.S. Senate						of Di	sburs	emen	t	V V	V
Mailing Address Box 340188	Mailing Address Box 340188						′ _ ັ ເ	) 1้	Ĺ	žoŏ	6
City Columbus	State Zip Code OH 43234				Amou	ınt o	f Each	Disb	ursem	ent this	Period
Purpose of Disbursement			v							1000	.00
2006 General Election			011								
Candidate Name Mike DeWine			tego Type								
X Senate President	ement For: 2006 Primary X General Other (specify)				2006 General Election						
State: OH District: 1											
Full Name (Last, First, Middle Initial) <b>B.</b> Hoosiers Supporting Buyer For Congress							on ID: sburs	_	74373 t	3	
Mailing Address 200 North Main St. P.O	. Box 712				0 <sup>M</sup> 8	М		) <b>1</b>	/ Y	žoŏ	6 <sup>Y</sup>
City Monticello	State Zip Code IN 47960				Amou	unt o	f Each	Disb	ursem	ent this	
Purpose of Disbursement 2006 General Election 011						-				2500	.00
Candidate Name Rep. Steve Buyer  Category/ Type											
Office Sought: X House Disburs Senate President	ement For: 2006 Primary X General Other (specify)	•			2006 General Election						
State: IN District: 4											
Full Name (Last, First, Middle Initial)  C. Alaskans For Don Young Inc.					Transaction ID: 24374375 Date of Disbursement						
Mailing Address 2504 Fairbanks Street					0 <sup>M</sup> 8	М	<sup>′</sup>	) <b>1</b>	/ Y	ž 0 ŏ	6 <sup>Y</sup>
City Anchorage	State Zip Code AK 99503				Amou	ınt o	f Each	Disb	ursem	ent this	Period
Purpose of Disbursement 2006 Primary Election			011		L.	_				2000	.00
Candidate Name Rep. Donald E. Young		Ca	tego Type	ory/							
ů X	ement For: 2006 Primary General Other (specify)	•			2006	Prir	nary	Elect	tion		
SUBTOTAL of Disbursements This Page (optional)				•		•		•	v	5500	.00
TOTAL This Period (last page this line number only						•	*	•	*	•	•

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NE NUMBER: PAGE 46 / 54						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one)  22   X   23   24   25   26   28a   28b   28c   29   30						
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
American Optometric Association Political	Action Committee								
Full Name (Last, First, Middle Initial)  A. Akaka In 2006			Transaction ID: 24382438 Date of Disbursement						
Mailing Address C/O 904 Nana Honua St	reet		$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & 0 & 0 & 0 \\ Y & 2 & 0 & 0 & 6 \end{bmatrix} $						
City Honolulu	State Zip Code HI 96825		Amount of Each Disbursement this Period						
Purpose of Disbursement 2006 Primary Election		011	1000.00						
Candidate Name Sen. Daniel Kahikina Akaka		Category/ Type							
• 🗎	ement For: 2006 Primary General Other (specify)		2006 Primary Election						
State: HI District: 2 Full Name (Last, First, Middle Initial)			Transaction ID: 24382451						
B. Lincoln Chafee U.S. Senate			Date of Disbursement						
Mailing Address PO Box 7329			08 00 00 00 00 00 00 00 00 00 00 00 00 0						
City Warwidk	State Zip Code RI 02887		Amount of Each Disbursement this Period						
Purpose of Disbursement 2006 Primary Election		011	1000.00						
Candidate Name Lincoln Chafee		Category/ Type							
· —	ement For: 2006 Primary General Other (specify)		2006 Primary Election						
State: RI District: 2									
Full Name (Last, First, Middle Initial)  C. Johnson For Congress Committee			Transaction ID: 24403684 Date of Disbursement						
Mailing Address P. O. Box 1986			$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & 0 & 4 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$						
City New Britain	State Zip Code CT 06050		Amount of Each Disbursement this Period						
Purpose of Disbursement 2006 General Election		011	1000.00						
Candidate Name Rep. Nancy L. Johnson									
Office Sought:  X House Senate President State: CT District: 5	ement For: 2006 Primary X General Other (specify)		2006 General Election						
			3000.00						
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)		<u> </u>							

	Use seperate schedule(s)			only one)							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	Х	23 28b	24 28c	П	25 29	П	26 30b
Any Information copied from such Reports and Stat-	ements may not be sold or used by	y any						contri		<u>Ц</u> ;	-
or for commercial purposes, other than using the na											
NAME OF COMMITTEE (In Full)											
American Optometric Association Politic	al Action Committee										
Full Name (Last, First, Middle Initial)				Trar	sact	ion ID:	244036	81			
Friends Of Joe Lieberman				Date		Disburse / D		v v	Y	Υ	
Mailing Address PO Box 231294 State House Square				0.8	3 "	0	<b>4</b> /	2	0 Ó 6		
City State House Square	State Zip Code CT 06123			Amo	ount o	of Each	Disburse	emen	t this P	erio	<u> </u>
Purpose of Disbursement	01 00123	_	-	- [				2	2500.0	0	٦
2006 Primary Election		01	1								
Candidate Name Sen. Joseph I. Lieberman		Cateo Typ									
	sement For: 2006  X Primary General  Other (specify)			2006	6 Pri	mary I	Election				
Full Name (Last, First, Middle Initial)				Trar	sact	ion ID:	244036	883			
Simmons For Congress				Date	of D	Disburse	ement	,,,,			
Mailing Address P.O. Box 268 Drawer 2	71			0 <sup>M</sup> 8	3 <sup>M</sup>	<sup>′</sup> 0	<sup>D</sup> / C	ž	0 Ď 6	Y	
City Stonington	State Zip Code CT 06378			Amount of Each Disbursement this							
Purpose of Disbursement 2006 General Election		011						1	500.0	00	_
Candidate Name Rep. Robert R. Simmons		Cateo Typ	•								
Office Sought:  X House Senate President State: CT District: 2	sement For: 2006 Primary X General Other (specify) ▼			2006	6 Ge	eneral I	Election				
Full Name (Last, First, Middle Initial)				Tran	sact	ion ID:	244036	64			_
Thelma Drake For Congress						Disburse	ement				
Mailing Address P.O. Box 61480				8 <sup>M</sup> 0	3 <sup>M</sup>	0	4	ž	0 Ď 6	Y	
City Virginia Beach	State Zip Code VA 23466			Amo	ount o	of Each	Disburse	emen	t this P	erio	_
Purpose of Disbursement 1000.	Г	0.4						. 1	0.000	00	
Candidate Name Thelma Drake		01 Cateo Typ	gory/								
Office Sought:  X House Senate President State: VA District: 2	sement For: 2006 Primary X General Other (specify) ▼			1000	).						
SUBTOTAL of Disbursements This Page (optional	)		•					5	000.0	0	
							-				Ī
<b>TOTAL</b> This Period (last page this line number on	V I										- 1

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check onl	NUMBER:	PAGE 48 / 54
ITEMIZED DISBURSEMENTS	FMIZED DISBURSEMENTS  for each category of the Detailed Summary Page    Collect Off   Collect Off		22 X 23	24 25 26 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	and address of any political CO		non contributions from St	aon committee
American Optometric Association Political	Action Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: 244	
Friends Of Gordon Smith			Date of Disbursemen	
Mailing Address 228 S Washington Ste 1	15		$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$	Ž O O G
City Alexandria	State Zip Code VA 22314		Amount of Each Disb	oursement this Period
Purpose of Disbursement	VA 22314			1000.00
2008 Primary Election		011		
Candidate Name Sen. Gordon H. Smith		Category/ Type		
X Senate X President	ement For: 2008 Primary General Other (specify)		2008 Primary Elect	tion
State: OR District: 2  Full Name (Last, First, Middle Initial)				
Tennessee Senate Nominee Fund			Transaction ID: 244 Date of Disbursemen	
Mailing Address 400 North Capitol Street Suite 588	N.W.		08 / 11	2006
City Washington	State Zip Code DC 20001		Amount of Each Disb	oursement this Period
Purpose of Disbursement				5000.00
Contributions to Federal PACS (204)		011		
Candidate Name		Category/ Type		
Office Sought:  Senate President  State:  Disburse	ment For: Primary General Other (specify)		Contributions to Fe PACS (204)	ederal
Full Name (Last, First, Middle Initial)			Transaction ID: 244	41097
Citizens To Elect Rick Larsen			Date of Disbursemen	
Mailing Address PO Box 326			08 / 14	2006
City Everett	State Zip Code WA 98206		Amount of Each Disb	oursement this Period
Purpose of Disbursement 2006 Primary Election		011		1000.00
Candidate Name Rep. Rick Larsen		Category/ Type		
Office Sought: X House Disburse	ment For: 2006 Primary General Other (specify)	. 140	2006 Primary Elect	tion
SUBTOTAL of Disbursements This Page (optional)				7000.00
TOTAL This Period (last page this line number only)				

	Use seperate scriedule(s)			e NUMBER. PAGE 49/54 nly one)						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	211		22 28a	X 23 28b	24 28c	П	25 29		
Any Information copied from such Reports and State									5	
or for commercial purposes, other than using the nar	ne and address of any political co	mmittee t	Solic	it contrib	outions fr	om such (	comm	nittee		
NAME OF COMMITTEE (In Full)										
/ American Optometric Association Politica	I Action Committee									
Full Name (Last, First, Middle Initial)				Transa	ction ID:	: 244410	76			
Michaud For Congress				Date of	Disburs		v • v	V *	V	
Mailing Address 213 Lisbon Street				0"8"		<b>4</b> /	2	0 Ď 6		
City	State Zip Code			Amoun	t of Each	Disburse	ement	this P	eriod	
Lewiston Purpose of Disbursement	ME 04240		_			• • •	1	000.0	00	
2006 General Election		011		-			-		-	
Candidate Name Rep. Michael H. Michaud	C	Category/ Type								
	ement For: 2006			2006 0	General	Election				
Senate President	Primary X General Other (specify) ▼									
State: ME District: 2										
Full Name (Last, First, Middle Initial)  Friends Of Kent Conrad						244669	979			
Friends Of Refit Colliad					Disburs		Y Y	Υ .	Υ	
Mailing Address PO Box 812				08	1	5 /	2	0 Ď 6		
City Bismarck	State Zip Code ND 58502			Amoun	t of Each	Disburse	ement	this P	eriod	
Purpose of Disbursement 2006 General Election		011	1				, 5	000.0	00	
Candidate Name Sen. Kent Conrad		Category/	1							
	ement For: 2006	Type								
X Senate	Primary X General			2006 0	General	Election				
President President	Other (specify)									
State: ND District: 1  Full Name (Last, First, Middle Initial)				<b>-</b>		044000				
C. McCaul For Congress Inc					Disburs	: 244669 ement	965			
Mailing Address 5127 Nebraska Avenue	Nw			0 <sup>M</sup> 8 M	/ D	5 /	ž	0 Ď 6	Y	
City	State Zip Code			Amoun	t of Each	Disburse	ement	this P	eriod	
Washington	DC 20008								-	
Purpose of Disbursement 2006 General Election 011							. 1	000.0	,	
Candidate Name Mr. Michael McCaul		Category/ Type								
	ement For: 2006			2006 (	General	Election				
Senate President	Primary X General Other (specify) ▼									
State: TX District: 10	Curior (opeony)									
					•		71	0.00	n	
SUBTOTAL of Disbursements This Page (optional)			<u> </u>	-				JUU.U		
TOTAL This Period (last page this line number only	v)		•							

SCHEDOLL B (I LC	Use seperate sc	nedule(s)   (check or	E NUMBER: PAGE 50 / 54					
ITEMIZED DISBURS	for each categor Detailed Summa	y of the   —	22 X 23 24 25 28 28b 28c 29	26 30b				
			for the purpose of solicating contributions					
	er than using the name and address of an	y political committee to s	solicit contributions from such committee					
NAME OF COMMITTEE (Ir American Optometric A	ssociation Political Action Committe	ee						
/								
<ul> <li>Full Name (Last, First, Midd</li> <li>Charlie Melancon Camp</li> </ul>	· · · · · · · · · · · · · · · · · · ·		Transaction ID: 24466602 Date of Disbursement					
	aigh committee inc							
Mailing Address 511 C PO Bo	ongress St x 549		08 / 15 / 2006					
City	State Zip C		Amount of Each Disbursement this Period	od				
Napoleonville  Purpose of Disbursement	LA 7039	1	2000.00					
2006 General Election		011						
Candidate Name Rep. Charles Melancon		Category/ Type						
Office Sought: X House Sena Pres	te Primary X dent Other (specify)	006 General	2006 General Election					
State: LA District:								
<b>B.</b> Jeb Bradley For Congre			Transaction ID: 24496847 Date of Disbursement					
Mailing Address 645 S	outh Main Street		08 18 7 2006					
City Wolfeboro	State Zip C NH 0389		Amount of Each Disbursement this Period	od .				
Purpose of Disbursement 2006 Primary Election		011	1000.00					
Candidate Name Rep. Jeb Bradley								
Office Sought:    X   House     Sena     Pres   State: NH   District:	te X Primary Other (specify)	006 General	2006 Primary Election					
Full Name (Last, First, Midd  C. Pallone For Congress			Transaction ID: 24521043 Date of Disbursement					
	ox 3176		$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 2 & 0 & 0 & 0 & 0 \end{bmatrix}$					
City Long Branch	State Zip C NJ 0774		Amount of Each Disbursement this Period	od				
Purpose of Disbursement 2006 General Election		011	1500.00					
Candidate Name Rep. Frank Pallone, Jr.								
Office Sought:  X House Sense Pres	te Primary X dent Other (specify)	006 General	2006 General Election					
			4500.00	$\overline{}$				
State: NJ District:  SUBTOTAL of Disbursements	1	<b>&gt;</b>	45	00.00				

S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)				AGE	51 / 5	54						
	EMIZED DISBURSEMENTS	for each of Detailed S	category of the Summary Page	(check only 21b 27	22 28a	X 23 28b	24 28c		25 29	26 30l					
	y Information copied from such Reports and Sta for commercial purposes, other than using the n									S					
$\rangle$	NAME OF COMMITTEE (In Full) American Optometric Association Politi	cal Action Co	mmittee												
١.	Full Name (Last, First, Middle Initial) Upton For All Of Us					ction ID: Disburse		)12							
	Mailing Address P.O. Box 490				0 <sup>M</sup> 8 M	<sup>/</sup> <sup>D</sup> 2	<sup>D</sup> / [	ž	0 ŏ 6	Y					
	City St. Joseph	State MI	Zip Code 49085		Amoun	t of Each	Disburse	ement	this P	eriod					
	Purpose of Disbursement 2006 General Election			011				. 10	0.000	00					
	Candidate Name Rep. Fred Upton			Category/ Type											
	Office Sought:  X House Senate President  State: MI District: 6	ursement For: Primary Other (spe	2006 X General cify) ▼		2006 General Election										
3.	Full Name (Last, First, Middle Initial) CHABOT - OHIO VICTORY '06 COMM	ITTEE			Transaction ID: 24521014 Date of Disbursement										
	Mailing Address 228 S Washington St Suite 115	reet			08 24 2006					<u> </u>					
	City Alexandria	State VA	Zip Code 22314		Amount of Each Disbursement this Peri										
	Purpose of Disbursement 2006 General Election Candidate Name			011 Category/ Type				. 1;	500.C	00					
	Office Sought: House Disbuter Senate President State: District:	ursement For: Primary Other (spe	General cify) ▼		2006 G	ieneral I	Election								
<b>)</b> .	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt					ction ID: Disburse		339							
	Mailing Address PO Box 50100	ddress PO Box 50100							08 M / 29 / Y 2006						
	City Springfield	State MO	Zip Code 65805		Amoun	t of Each	Disburse	-		-					
	Purpose of Disbursement 2006 General Election	011				2	500.0	00							
	Candidate Name Rep. Roy Blunt	Category/ Type													
	Senate President	ursement For: Primary Other (spe	2006 X General cify) ▼		2006 G	ieneral I	Election								
	State: MO District: 7					• •		En	0.00	ın .					
S	UBTOTAL of Disbursements This Page (option	al)		<u></u>		•		50	.00.0						
т	OTAL This Period (last page this line number o	nh/\													

ITEMIZED DISBURSEMENTS		Use seperate schedule(s	) (checl				= NUMBER: ly one)			PA			54
		for each category of the Detailed Summary Page			21b 27	22	<u> </u>	X 23 28l	Ę	24 28c	П	25 29	26 30b
	y Information copied from such Reports and State												s
or	for commercial purposes, other than using the name	ne and address of any politica	ai com	ım	ittee to	SOIICIT C	ontrib	utions	Trom	sucn	comm	nttee	
$ \rangle$	NAME OF COMMITTEE (In Full)  American Optometric Association Politica	I Action Committee											
L	7 menean Optometrie 7 330 chatter 1 ontica	Thetion Committee											
Α.	Full Name (Last, First, Middle Initial)					1				15288	47		
	Ben Cardin For Senate							Disbu			/ · V	V	V
	Mailing Address P.O. Box 21093						8 M	ľ	29	]	2	οŏε	<b>3</b> '
	City	State Zip Code				Ar	nount	of Ea	ch Di	sburse	ment	this F	Period
	Catonsville	MD 21228				— Г				•	5	000.	nn
	Purpose of Disbursement 2006 Primary Election			0	11		-			-		000.	50
	Candidate Name		_		egory/								
	Mr. Benjamin Cardin			Ty	/pe								
		sement For: 2006  C Primary General				20	06 P	rimar	y Ele	ection			
	President	Other (specify)											
	State: MD District: 2												
D	Full Name (Last, First, Middle Initial)					Tra	ansa	ction	D: 24	15324	77		
B.	The Freedom Project							Disbu		ent	,		V
	Mailing Address 509 7th Street NW Third Floor						08 08 7 03 1 7 2 0 0 6					S <sup>*</sup>	
	City	State Zip Code				Ar	nount	of Ea	ch Di	sburse	ment	this F	Period
	Washington Purpose of Disbursement	DC 20004	_	_		_ [					1	000.0	00
	Contributions to Federal PACS (204)			0	11	_	-	•	-		-		
	Candidate Name				egory/ /pe								
		sement For:				Co	ntrib	ution	s to I	Feder	al		
	Senate President	Primary General Other (specify)				PĀ	CS (	204)					
	State: District:	_ Curior (opeciny) •											
_	Full Name (Last, First, Middle Initial)					Tra	ansa	ction	<b>D</b> : 24	15324	46		
C.	Friends Of John Boehner							Disbu		ent			_
	Mailing Address 7908-I Cincinnati Dayton	n Road					8 <sup>M</sup>		3 1		ž	οŏε	5 <sup>Y</sup>
	City West Chester	State Zip Code OH 45069				Ar	nount	of Ea	ch Di	sburse	ment	this F	Period
	Purpose of Disbursement 2006 General Election 011				11	T L					1	500.	00
	Candidate Name Category/ Rep. John A. Boehner Type												
	Office Sought:  X House Senate President  Disburs	ement For: 2006 Primary X General Other (specify)	•			20	06 G	enera	al Ele	ection			
	State: OH District: 8	_ Caron (opcomy) \											
s	UBTOTAL of Disbursements This Page (optional)	· · · · · · · · · · · · · · · · · · ·			. •				*		75	500.0	00
						Ē					441	500 <b>(</b>	20
Г	OTAL This Period (last page this line number only	′)			Þ						44	500.0	JU

### Image# 26940621919

_	<u> </u>								
S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 53/54					
IT	EMIZED DISBURSEMENTS		(check onl	y one)  22 23 24 25 26  X 28a 28b 28c 29 30b					
	y Information copied from such Reports and story commercial purposes, other than using the								
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
/	American Optometric Association Po	litical Action Committee							
	Full Name (Last, First, Middle Initial)			Transaction ID: 24625837					
۹.	Michael F Clark			Date of Disbursement					
	Mailing Address 1136 Berkeley Aver	nue		08					
	City	State Zip Code		Amount of Each Disbursement this Period					
	Charlotte	NC 28203							
	Purpose of Disbursement			250.00					
	Wachovia deposited into wrong account		010						
	Candidate Name		Category/ Type						
	Office Sought: House Dis	sbursement For:		Wachovia deposited into					
	Senate	Primary General		wrong account					
	President State: District:	Other (specify)							
	State: District: I								

SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<b>•</b>	250.00

### Image# 26940621920

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.