SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 9 / 24

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): Dr Gregory A Foster
Mailing Address: N 4585 Cawley Avenue
City: Neillsville | State: WI | Zip Code: 54456
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 05 12 2003
Transaction ID: 14901792
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Dr Gregory M O'Connor
Mailing Address: 5765 Oak Bank Trail, #101
City: Agoura Hills | State: CA | Zip Code: 91377-5632
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: O.D.
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05 12 2003
Transaction ID: 14901781
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial): Dr James J Murphy
Mailing Address: 1203 East Division, P O Box 486
City: Mount Vernon | State: WA | Zip Code: 98274-4101
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 05 13 2003
Transaction ID: 14902193
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 865.00

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