

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00024968

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

X Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2004

through

01

31

2004

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

Type or Print Name of Treasurer

Noel Brazil

Signature of Treasurer

Electronically Filed by Noel Brazil

Date

03

18

2004

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

Office Use Only

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

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>01 <sup>D</sup>31 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>M</sup> <sup>D</sup>		423321.12
(b) Cash on Hand at Beginning of Reporting Period .....	423321.12	
(c) Total Receipts (from Line 19) .....	65399.46	65399.46
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	488720.58	488720.58
<hr/>		
7. Total Disbursements (from Line 31) .....	86922.36	86922.36
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	401798.22	401798.22
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>01 <sup>D</sup>31 <sup>Y</sup>2004

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) .....	16825.00	
(ii) Unitemized .....	48534.59	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	65359.59	65359.59
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	65359.59	65359.59
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	39.87	39.87
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	65399.46	65399.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	65399.46	65399.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	957.36	957.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	957.36	957.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85500.00	85500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	365.00	365.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	365.00	365.00
29. Other Disbursements.....	100.00	100.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	86922.36	86922.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	86922.36	86922.36

**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) .....	65359.59	65359.59
34. Total Contribution Refunds (from Line 28(d)) .....	365.00	365.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	64994.59	64994.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	957.36	957.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	957.36	957.36

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

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

FOR LINE NUMBER: PAGE 6 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Lon D Cartwright		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 3027 Winslow		Transaction ID: 17666969
City Houston	State TX	Zip Code 77025-2638
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Michael W Schwartz		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 5080 Williams Highway		Transaction ID: 17666960
City Grants Pass	State OR	Zip Code 97527-8749
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Charlee Ewyn Barnes		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 1014 Oakleigh Drive		Transaction ID: 17666980
City Summit	State MS	Zip Code 39688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1100.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr Edward L Robbins</b>		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 11 Christine Court		Transaction ID: 17680714
City Wayne	State NJ	Zip Code 07470
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Margaret Placen Johnston</b>		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 7405 Old Dominion Dr		Transaction ID: 17680720
City Mc Lean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Karan R Wherton</b>		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 11684 Ranch Elsie Rd		Transaction ID: 17680737
City Golden	State CO	Zip Code 80403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Douglas Owen Fleming</b>		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 19980 Karen Court		Transaction ID: 17680710
City Sonora	State CA	Zip Code 95370-6800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Leonard M Chardack</b>		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address 10540 Sw 98 St		Transaction ID: 17680670
City Miami	State FL	Zip Code 33176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Carl Stephan Johnson</b>		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address #101 2551 San Ramon Valley Blvd		Transaction ID: 17680689
City San Ramon	State CA	Zip Code 94583
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1100.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr Ronald J Sera</b>		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address 46 Sherwood Drive		Transaction ID: 17680649
City Westerly	State RI	Zip Code 02891-3702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr William L Harrison</b>		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address 412 E 300 N		Transaction ID: 17680677
City Brigham City	State UT	Zip Code 84302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Howard J Brewer</b>		Date of Receipt M / D / Y 01 / 07 / 2004
Mailing Address 3809 N 41 Avenue		Transaction ID: 17680602
City Hollywood	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr Thomas V Casella, Sr</b>		Date of Receipt M / D / Y 01 / 07 / 2004
Mailing Address 5 Bristlecone Way		Transaction ID: 17680609
City Augusta	State GA	Zip Code 30909
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Gerald B Svesingen</b>		Date of Receipt M / D / Y 01 / 07 / 2004
Mailing Address 15 Se 80Th Lane		Transaction ID: 17680590
City Lamar	State MO	Zip Code 64759
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Samuel J Baron</b>		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address Box 1543 Montana Ave		Transaction ID: 17711430
City Golden	State CO	Zip Code 80402-1543
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>900.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 11/30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Michael J Long		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 880B W Stebbinsville Rd		Transaction ID: 17711428
City Edgerton	State WI	Zip Code 53534
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Robert L Deems, II		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 8 Century Lane		Transaction ID: 17711411
City Newmanstown	State PA	Zip Code 17073-8982
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Jonathon C Thomas		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 1700 Alta Drive #1054		Transaction ID: 17711421
City Las Vegas	State NV	Zip Code 89108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 12 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Bruce W Vamer</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address Rt 3, Box 276 A2		Transaction ID: 17710238
City Pauls Valley	State OK	Zip Code 73075-0216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Stephen F Bolch</b>		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 509 Lake Boone Trail		Transaction ID: 17711458
City Raleigh	State NC	Zip Code 27607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Selma Selenosky</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 15100 Tatenshall Tr		Transaction ID: 17710288
City Fort Lauderdale	State FL	Zip Code 33331-2839
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr John Cunningham Townsend		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 388B Woodville Lane		Transaction ID: 17711193
City Ellicott City	State MD	Zip Code 21042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Larry Wilkinson		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 3311 Avenue O P.O. Box 607		Transaction ID: 18077604
City Rosenberg	State TX	Zip Code 77471-0607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 0.00
Name of Employer Self Employed	Occupation	Aggregate Year-to-Date ▼ -365.00
Receipt For: Primary      General Other (specify) ▼		
[MEMO ITEM] Refund(s) on Schedule B Totaling \$365.00 This changes the YTD Total to \$-365.00		

Full Name (Last, First, Middle Initial) C. Dr Mary J M Ayer		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 4721 Northern Pacific Dr		Transaction ID: 17710287
City Jacksonville	State FL	Zip Code 32257-3303
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>300.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr Michael Eric Zehr</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 5 Brighton Way		Transaction ID: 17711196
City Stafford	State VA	Zip Code 22554-7726
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Wallace B Guenard, Jr.</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 116 Winterberry Circle		Transaction ID: 17816950
City Winchester	State KY	Zip Code 40391-8531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Dr John P De Carlo</b>		Date of Receipt M / D / Y 01 / 16 / 2004
Mailing Address 983 Newfield Avenue		Transaction ID: 17741113
City Stamford	State CT	Zip Code 06505-2594
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>915.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Paul C Jacobs		Date of Receipt M / D / Y 01 / 16 / 2004
Mailing Address Route 1		Transaction ID: 17741089
City Pomona	State IL	Zip Code 62075-9801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Jan Q Montoya		Date of Receipt M / D / Y 01 / 16 / 2004
Mailing Address 1401 Aztec Rd Nw		Transaction ID: 17741089
City Albuquerque	State NM	Zip Code 87107-2715
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Candace D Hernal		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 405 N.E. Main, Box 358		Transaction ID: 17719874
City Estacada	State OR	Zip Code 97023-8528
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1365.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) A. Dr Bob Joe		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 9700 Morning Ct		Transaction ID: 17719689
City Austin	State TX	Zip Code 78759
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr William L Jones		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 1828 Conestoga Se		Transaction ID: 17719644
City Albuquerque	State NM	Zip Code 87123-4252
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr J. Scott Richardson		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 142 Randall Road		Transaction ID: 17741164
City Carroll	State IA	Zip Code 51401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>850.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 17 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Wayne C Schrader		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 39889 Sharon Ave		Transaction ID: 17719666
City State Zip Code Davis CA 95616	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Robert B Woodham		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 251 D1 189Th St		Transaction ID: 17719673
City State Zip Code Bettendorf IA 52722-7344	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Dr Richard P Belhomme		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 192 Harmony Rd		Transaction ID: 17719641
City State Zip Code N Scituate RI 02857-1317	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation O.D. Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1030.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr William E Fax		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 1504 Wood Spring Court		Transaction ID: 17719684
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Paul Anton Hodge		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 3042 118Th Ave		Transaction ID: 17719684
City Allegan	State MI	Zip Code 49010-9555
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr Christopher Berry		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 1401 N 38Th St		Transaction ID: 17719648
City Renton	State WA	Zip Code 98058-1575
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Jody L Ricketts</b>		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 21289 W Preston Ct		Transaction ID: 17719657
City Mundelein	State IL	Zip Code 60060-9129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>365.00</b>
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ <b>365.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Mario A Caballero</b>		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 1080 Loma De Alma		Transaction ID: 17719670
City El Paso	State TX	Zip Code 79934
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ <b>300.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Roula Shahin</b>		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 4801 Cedar St		Transaction ID: 17719680
City Bellaire	State TX	Zip Code 77401-4018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ <b>300.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>965.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr Stephen D Schaefer</b>		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 109 Rancho Bueno P O Box 817		Transaction ID: 17743585
City Georgetown	State TX	Zip Code 78627
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Orin James Fick</b>		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 54 Keith Drive		Transaction ID: 17743463
City Shenandoah	State IA	Zip Code 51601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Doctor of Optometry	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr David Arington Johnson</b>		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 507 Rosedown Trace N		Transaction ID: 17743473
City Peachtree City	State GA	Zip Code 30269
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:        PAGE 21/30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) A. Dr David Samuel Davis		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 4782 Marnell Drive		Transaction ID: 17743590
City Las Vegas	State NV	Zip Code 89121-6840
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Wallace B Guernan, Jr.		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 118 Winterberry Circle		Transaction ID: 17743485
City Winchester	State KY	Zip Code 40391-8531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	

Full Name (Last, First, Middle Initial) C. Dr Dan A. Nielsen		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 110 E Rogers		Transaction ID: 17743491
City Salem	State IL	Zip Code 62881
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>600.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 30

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Robert Bruce Bower		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 2908 116Th Street		Transaction ID: 17798930
City Kenosha	State WI	Zip Code 53143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Self Employed	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Norman L Smith		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 5431 Everhart		Transaction ID: 17798965
City Corpus Christi	State TX	Zip Code 78411
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Susan N Kagarise		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 903 Swallow Point		Transaction ID: 17798952
City Nashville	State TN	Zip Code 37221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>1050.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 30  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr James D Hallon		Date of Receipt M / D / Y 01 / 30 / 2004
Mailing Address 1311 Baker Street		Transaction ID: 17842207
City	State	Zip Code
Laramie	WY	82072-2824
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation O.D.	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Wallace B Guenard, Jr.		Date of Receipt M / D / Y 01 / 30 / 2004
Mailing Address 116 Winterberry Circle		Transaction ID: 17842201
City	State	Zip Code
Winchester	KY	40391-8531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation	Aggregate Year-to-Date ▼ 515.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	550.00
TOTAL This Period (last page this line number only) .....	▶	16825.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 30

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>  Mailing Address PO Box 790251  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank of America Service Fee 1/2004  Candidate Name  Office Sought: House Senate President State: District D  Disbursement For: Primary General Other (specify) ▼		Transaction ID: 17902000 Date of Disbursement 01 / 02 / 2004  Amount of Each Disbursement this Period  347.18  Bank of America Service Fee 1/2004  001 Category/ Type
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Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>  Mailing Address PO Box 790251  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Discover Service Fee 1/2004  Candidate Name  Office Sought: House Senate President State: District D  Disbursement For: Primary General Other (specify) ▼		Transaction ID: 17902004 Date of Disbursement 01 / 02 / 2004  Amount of Each Disbursement this Period  5.90  Discover Service Fee 1/20-04  001 Category/ Type
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Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>  Mailing Address PO Box 790251  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank of America Service Fee 1/2004  Candidate Name  Office Sought: House Senate President State: District D  Disbursement For: Primary General Other (specify) ▼		Transaction ID: 17902423 Date of Disbursement 01 / 02 / 2004  Amount of Each Disbursement this Period  1.50  Bank of America Service Fee 1/2004  001 Category/ Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>354.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Wachovia Non Corporate**

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Wachovia Bank Fee 1/2004

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 17901531  
Date of Disbursement  
01 / 12 / 2004

Amount of Each Disbursement this Period  
570.58

Wachovia Bank Fee 1/2004

Full Name (Last, First, Middle Initial)  
**B. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
American Express Service Fee 1/2004

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 17901997  
Date of Disbursement  
01 / 22 / 2004

Amount of Each Disbursement this Period  
8.55

American Express Service Fee 1/2004

Full Name (Last, First, Middle Initial)  
**C. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Bank of America Service Fee 1/2004

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 17902011  
Date of Disbursement  
01 / 22 / 2004

Amount of Each Disbursement this Period  
23.85

Bank of America Service Fee 1/2004

**SUBTOTAL** of Disbursements This Page (optional) ▶ **602.78**

**TOTAL** This Period (last page this line number only) ▶ **957.36**

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Herseith for Congress

Mailing Address P.O. Box 1144

City Aberdeen State SD Zip Code 57402

Purpose of Disbursement  
2004 Primary Election

Candidate Name  
Stephanie Herseith

Office Sought:  House  
Senate  
President  
State: SD District: D

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17743642  
Date of Disbursement

01 / 23 / 2004

Amount of Each Disbursement this Period

2500.00

2004 Primary Election

Full Name (Last, First, Middle Initial)  
B. Wohlgemuth For Congress

Mailing Address PO Box 878

City Burleson State TX Zip Code 76007

Purpose of Disbursement  
2004 Primary Election

Candidate Name  
A Arlene Wohlgemuth

Office Sought:  House  
Senate  
President  
State: TX District: 17

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17743639  
Date of Disbursement

01 / 23 / 2004

Amount of Each Disbursement this Period

5000.00

2004 Primary Election

Full Name (Last, First, Middle Initial)  
C. Allyson Schwartz For Congress

Mailing Address PO Box 586

City Flouertown State PA Zip Code 19031

Purpose of Disbursement  
2004 Primary Election

Candidate Name  
Allyson Schwartz

Office Sought:  House  
Senate  
President  
State: PA District: 13

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17743643  
Date of Disbursement

01 / 23 / 2004

Amount of Each Disbursement this Period

1500.00

2004 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Democratic National Committee

Mailing Address 430 South Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Democratic National Committee

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District D

011  
Category/  
Type

Transaction ID: 17761870  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

15000.00

Democratic National Commi-  
tee

Full Name (Last, First, Middle Initial)  
B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenu, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Democratic Senatorial Campaign Committee

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District D

011  
Category/  
Type

Transaction ID: 17761873  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

15000.00

Democratic Senatorial Cam-  
paign Committee

Full Name (Last, First, Middle Initial)  
C. A Lot of People Supporting Tom Daschle

Mailing Address P O Box 1858

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
2004 Primary Election

Candidate Name  
Tom Daschle

Office Sought: House Senate President  
Disbursement For: 2004 Primary General Other (specify) ▼

State: SD District 1

011  
Category/  
Type

Transaction ID: 17761931  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

1500.00

2004 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶

31500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
A. Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Democratic Congressional Campaign Commit

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District D

011  
Category/  
Type

Transaction ID: 17761871

Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

15000.00

Democratic Congressional  
Campaign Committee

Full Name (Last, First, Middle Initial)  
B. Republican National Committee

Mailing Address 310 First Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Republican National Committee

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District D

011  
Category/  
Type

Transaction ID: 17761869

Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

15000.00

Republican National Commi-  
tee

Full Name (Last, First, Middle Initial)  
C. National Republican Senatorial Committee

Mailing Address 425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
National Republican Senatorial Committee

Candidate Name

Office Sought: House Senate President  
Disbursement For: Primary General Other (specify) ▼

State: District D

011  
Category/  
Type

Transaction ID: 17761900

Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

15000.00

National Republican Senat-  
orial Committee

SUBTOTAL of Disbursements This Page (optional) ▶

45000.00

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

85500.00

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

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

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(check only one)

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

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

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

Mailing Address 3311 Avenue O  
P.O. Box 607

City State Zip Code  
Rosenberg TX 77471-0807

Purpose of Disbursement  
Dupe Transaction 11/04/03

Candidate Name

Office Sought:	House	Disbursement For:	Primary	General
	Senate		Other (specify) ▼	
	President			
State:	District D			

Transaction ID: 18076117  
Date of Disbursement

01 / 14 / 2004

Amount of Each Disbursement this Period

365.00

010  
Category/  
Type

Dupe Transaction 11/04/03

SUBTOTAL of Disbursements This Page (optional) ▶

365.00

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

365.00

