

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** C00024968
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2007 through 05 31 2007

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

Type or Print Name of Treasurer Dorothy Hitchmoth, O.D.

Signature of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. Date 06 14 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		380998.25
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	258504.59									
(c) Total Receipts (from Line 19)	160652.54	298180.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	419157.13	679178.30								
7. Total Disbursements (from Line 31)	70565.41	330586.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	348591.72	348591.72								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	100816.51	172959.92
(i) Itemized (use Schedule A)	59813.08	117852.25
(ii) Unitemized	160629.59	290812.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	160629.59	290812.17
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	22.95	2367.88
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))	160652.54	298180.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	160652.54	298180.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1330.41	6982.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1330.41	6982.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	69235.00	323603.77
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70565.41	330586.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	70565.41	330586.58

DETAILED SUMMARY PAGE
of Disbursements

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)	160629.59	290812.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	160629.59	290812.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1330.41	6982.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1330.41	6982.81

**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 6 / 118
	<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	

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

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

Full Name (Last, First, Middle Initial) A. Dr Jonathan J Schorn		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 10766 Amherst Way		Transaction ID: 25878307	
City State Zip Code Inver Grove Height MN 55077-5477	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr Steven P Consoer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 786 Barrington Dr		Transaction ID: 25882295	
City State Zip Code Shakopee MN 55379	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Susan Leach Reckell		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address P.O. Box 17714		Transaction ID: 25882296	
City State Zip Code Fountain Hills AZ 85269-7714	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr Dwayne R Ice

Mailing Address 5140 Skyview Drive

City State Zip Code
Rapid City SD 57702

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2007

Transaction ID: 25882297

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr Paul R King

Mailing Address 1203 Carson St

City State Zip Code
Eureka CA 95501-4273

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2007

Transaction ID: 25882298

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Matthew R Hileman

Mailing Address 1820 Vineyard Ave

City State Zip Code
St Helena CA 94574

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2007

Transaction ID: 25895040

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Dr Christopher Barry

Mailing Address 910 N 32Nd Street

City Renton State WA Zip Code 98056-2131

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 04 / 2007

Transaction ID: 25895197

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr Robert G Le Sage

Mailing Address 1027 Averly Street

City Ft Myers State FL Zip Code 33919

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 03 / 2007

Transaction ID: 25895915

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Jeffrey L Fielding

Mailing Address Route 2 Box 505

City Cushing State OK Zip Code 74023-9587

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 03 / 2007

Transaction ID: 25895916

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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: (check only one)	PAGE 9 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr Donald B Bogue

Mailing Address 217 Trailwood Circle

City Lufkin State TX Zip Code 75904-4372

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 03 / 2007

Transaction ID: 25895917

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Coby S Ramsey

Mailing Address 2924 Driftwood Lane

City Rock Springs State WY Zip Code 82901-6558

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 03 / 2007

Transaction ID: 25895922

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Karin E Meng

Mailing Address 12555 La Cresta Dr

City Los Altos Hills State CA Zip Code 94022-2510

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 / 03 / 2007

Transaction ID: 25895924

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Jerry L Baker

Mailing Address 104 Woodland Terrace

City State Zip Code
Oneida NY 13421

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 7

Transaction ID: 25895926

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Joseph J Grant

Mailing Address 13 Nixon Avenue

City State Zip Code
Plymouth MA 02360

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 7

Transaction ID: 25895927

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr John C Spaeth, Jr

Mailing Address 6851 Foxborough Ct

City State Zip Code
Yorba Linda CA 92886

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 7

Transaction ID: 25895936

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
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 11 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Sebastian A Polizzi

Mailing Address 11 Cabriole Lane

City State Zip Code
Melville NY 11747

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
05 / 03 / 2007

Transaction ID: 25895940

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
William H Stephen

Mailing Address 4808 Tannery Place

City State Zip Code
Tampa FL 33624-4532

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
05 / 07 / 2007

Transaction ID: 25896826

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Donna Buraczewski

Mailing Address 901 Main Street

City State Zip Code
Simpson PA 18407-1911

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
05 / 04 / 2007

Transaction ID: 25899024

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	930.00
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: (check only one)	PAGE 12 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Morgan R Leach		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
Mailing Address 313 Fox Drive		Transaction ID: 25899027
City Great Falls	State MT	Zip Code 59404-3835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Ron Benner		Date of Receipt MM / DD / YYYY 05 / 07 / 2007
Mailing Address 1408 E Maryland		Transaction ID: 25899314
City Laurel	State MT	Zip Code 59044-2238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Michael Charles Charles Crutchfield		Date of Receipt MM / DD / YYYY 05 / 07 / 2007
Mailing Address 8230 W Sahara Avenue #121		Transaction ID: 25915144
City Las Vegas	State NV	Zip Code 89117-8930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Scott M Burks		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007	
Mailing Address P O Box 1351		Transaction ID: 25915152	
City Buffalo	State MO	Amount of Each Receipt this Period 250.00	
Zip Code 65622-1351		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Dr Robert A Bisanar		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007	
Mailing Address 2025 Tenth St Blvd, Nw		Transaction ID: 25915154	
City Hickory	State NC	Amount of Each Receipt this Period 500.00	
Zip Code 28601-1705		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Dr Daniel A Poth		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2007	
Mailing Address 5401 N 20Th St		Transaction ID: 25915586	
City Arlington	State VA	Amount of Each Receipt this Period 365.00	
Zip Code 22205-3020		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City	State	Zip Code
Birmingham	AL	35242-6886

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	7

Transaction ID: 25918654

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
Dr Robert J Blumthal

Mailing Address 119 Exmore Drive

City	State	Zip Code
Springfield	IL	62704-3137

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 ▼ 333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	7

Transaction ID: 25918662

Amount of Each Receipt this Period

83.33

C. Full Name (Last, First, Middle Initial)
Dr Michael T Cron

Mailing Address 9217 Elmwood Court

City	State	Zip Code
Stanwood	MI	49346-9305

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 ▼ 208.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	7

Transaction ID: 25918664

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)	▶	174.99
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr G. Chad Green

Mailing Address 5960 Co Rd 19

City Linden State AL Zip Code 36748

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt
05 / 10 / 2007

Transaction ID: 25918667

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr Robert L Jarrell, III

Mailing Address 50 Cedar Hill Rd

City Albuquerque State NM Zip Code 87122-1928

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 10 / 2007

Transaction ID: 25918671

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Peter H Kehoe

Mailing Address 789 N Broad

City Galesburg State IL Zip Code 61401-2766

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 10 / 2007

Transaction ID: 25918672

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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: (check only one)	PAGE 16 / 118
	<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 Gregory W W Kraupa		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 4280 Reiland Lane		Transaction ID: 25918675	
City State Zip Code Shoreview MN 55126-3127	Amount of Each Receipt this Period 84.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) B. Dr Gary W Lasken		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 10215 N North Forest Trail		Transaction ID: 25918677	
City State Zip Code Peoria IL 61615-1378	Amount of Each Receipt this Period 41.66		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 208.30		

Full Name (Last, First, Middle Initial) C. Dr Mitchell Todd Munson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 9940 S Ashleigh Way		Transaction ID: 25918683	
City State Zip Code Highlands Ranch CO 80126-4244	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	225.66
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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 C Russell

Mailing Address 2505 Rivermont Circle

City Kingsport State TN Zip Code 37660-2392

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 ▼ 333.32

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 0 / 2 0 0 7

Transaction ID: 25918686

Amount of Each Receipt this Period
 83.33

B. Full Name (Last, First, Middle Initial)
Dr Jennifer E Davis

Mailing Address 16 Pambrook Dr

City Fishersville State VA Zip Code 22939-2123

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 0 / 2 0 0 7

Transaction ID: 25918694

Amount of Each Receipt this Period
 42.00

C. Full Name (Last, First, Middle Initial)
Dr Richard L Foss

Mailing Address W5224 Knobloch Road

City La Crosse State WI Zip Code 54601-2461

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 ▼ 208.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 0 / 2 0 0 7

Transaction ID: 25918698

Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)	166.99
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 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Mira B B Swiecicki		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 450 F Street		Transaction ID: 25918699	
City State Zip Code Blaine WA 98230-4201	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Dr Daniel Richard Eckermann		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 5436 Linda Lane		Transaction ID: 25925536	
City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr George J Brown, III		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 163 Brightridge Ave		Transaction ID: 25925537	
City State Zip Code E Providence RI 02914	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	525.00
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: (check only one)	PAGE 19 / 118
	<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 Shirley Jean Willis		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 1001 Elizabeth St		Transaction ID: 25925548
City State Zip Code Oak Hill WV 25901-2342	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Mark James Cinalli		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 229 Plantation Drive		Transaction ID: 25925549
City State Zip Code Mineral Wells WV 26150-9638	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr David Wayne Harshberger		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address 652 N Main Street		Transaction ID: 25925550
City State Zip Code N Martinsville WV 26155	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 Melvyn S Mazer		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 20 Dell Circle		Transaction ID: 25925552	
City Trumbull	State CT	Zip Code 06611	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Paul L Harman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 1421 Silver Pine Lane		Transaction ID: 25925556	
City Tallahassee	State FL	Zip Code 32312	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Fred H Mothershed		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 3019 Bentwood		Transaction ID: 25925558	
City Tupelo	State MS	Zip Code 38804-9780	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Dori M Carlson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address P O Box 0		Transaction ID: 25925560	
City Park River	State ND	Amount of Each Receipt this Period 1000.00	
Zip Code 58270		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr Darrin P Fleming		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 992 Country Club Road Suite 101		Transaction ID: 25925565	
City Eugene	State OR	Amount of Each Receipt this Period 250.00	
Zip Code 97401-6023		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Scott Smith Weaver		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 50 Doersam Ct		Transaction ID: 25925567	
City York	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 17406		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 22 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 Gilbert G Wong		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 7810 W Maui Lane		Transaction ID: 25925569	
City Peoria	State AZ	Zip Code 85381-3414	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Robert M Wlodek		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 245 Elkins Circle		Transaction ID: 25925572	
City Henderson	State NV	Zip Code 89074	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Larry E Harris		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 6021 Nw Glenwood Drive		Transaction ID: 25925573	
City Topeka	State KS	Zip Code 66617	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 B Hagedorn

Mailing Address 308 Herron Ave

City Henderson State KY Zip Code 42420

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 09 / 2007

Transaction ID: 25925574

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Tom A Hyde

Mailing Address 1414 Darbee Dr

City Morristown State TN Zip Code 37814-1695

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 09 / 2007

Transaction ID: 25925577

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr Richard C Orgain

Mailing Address 1277 Hwy 25 W

City Gallatin State TN Zip Code 37066-6106

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 10 / 2007

Transaction ID: 25926663

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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: (check only one)	PAGE 24 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr Robert P Pharr

Mailing Address 130 Pharr Circle

City Attalla State AL Zip Code 35954-5599

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 10 / 2007

Transaction ID: 25926668

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Leif E Erickson

Mailing Address Rt 8

City Hayward State WI Zip Code 54843

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 11 / 2007

Transaction ID: 25927634

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Karen R Wharton

Mailing Address 11684 Ranch Elsie Rd

City Golden State CO Zip Code 80403-7307

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 11 / 2007

Transaction ID: 25927637

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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: (check only one)	PAGE 25 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Dr James Mathew Hutchins

Mailing Address 101 S Shore Drive

City State Zip Code
Sleepy Eye MN 56085-1327

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: 25927640

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Barbara Ann Sharps

Mailing Address 7122 Scottsdale Road

City State Zip Code
Fairmont WV 26554-8800

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: 25927646

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Henry B Samson

Mailing Address 38 Peck Hill Road

City State Zip Code
Woodbridge CT 06525

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: 25927648

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 Cooke Bieber		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1837 Baldrige Rd		Transaction ID: 25927651
City State Zip Code Columbus OH 43221-3811	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Donna Marie Ellinger		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 7812 W 95Th Drive		Transaction ID: 25927652
City State Zip Code Westminster CO 80021-8659	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr James C Bigham		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 1202 W Buena Vista Ste 107		Transaction ID: 25927656
City State Zip Code Evansville IN 47710-5185	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶	1615.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr William J Hoover

Mailing Address 602 Columbia Ct

City State Zip Code
Glenwood Sprgs CO 81601

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 7

Transaction ID: 25927661

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Mark E Allmaras

Mailing Address 3107 Kesterel St

City State Zip Code
Valaraiso IN 46383-7090

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 7

Transaction ID: 25935005

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Ronald M Millman

Mailing Address 4 Timber Lane

City State Zip Code
Randolph NJ 07869-4518

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 7

Transaction ID: 25935009

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
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: (check only one)	PAGE 28 / 118
	<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 Carl Wade Wade Newton		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2007	
Mailing Address 1019 South Kansas		Transaction ID: 25935011	
City State Zip Code Cherokee OK 73728	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Matthew Allan Jones		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2007	
Mailing Address E 2320 39Th		Transaction ID: 25935016	
City State Zip Code Spokane WA 99223	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Rodney D Fair		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2007	
Mailing Address 1169 Coneflower Way		Transaction ID: 25935031	
City State Zip Code Brighton CO 80601-6785	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 118
	<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 Mark Laton Bettencourt		Date of Receipt MM / DD / YYYY 05 / 14 / 2007
Mailing Address 1107 3Rd St		Transaction ID: 25935033
City Wamego	State KS	Zip Code 66547-1406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Christina M Fox		Date of Receipt MM / DD / YYYY 05 / 14 / 2007
Mailing Address 1315 Marion Rd		Transaction ID: 25935040
City Bucyrus	State OH	Zip Code 44820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Wendy A Waguespack		Date of Receipt MM / DD / YYYY 05 / 14 / 2007
Mailing Address 871 Pastureview Dr		Transaction ID: 25935041
City Baton Rouge	State LA	Zip Code 70810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 118						
	(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

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

Full Name (Last, First, Middle Initial) A. Dr Don H Sipola		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 708 10Th St So		Transaction ID: 25935226	
City State Zip Code Virginia MN 55792	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Travis P LaFayette		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 28273 Se Highway 224		Transaction ID: 25935227	
City State Zip Code Eagle Creek OR 97022-9721	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Michael Willard Emmerich		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 58379 Pinehurst Court		Transaction ID: 25935229	
City State Zip Code Grand Forks ND 58201	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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: (check only one)	PAGE 31 / 118
	<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 G Blake		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address P O Box 2859		Transaction ID: 25944936	
City Gallup	State NM	Zip Code 87305-2859	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Dr Viktoria L Davis		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 310 E Main St		Transaction ID: 25945581	
City Madelia	State MN	Zip Code 56062	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr Debarah Ann Wallace		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 3397 Charleston Highway		Transaction ID: 25945583	
City Walterboro	State SC	Zip Code 29488-6122	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	715.00
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 32 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Peter Charles Dubin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 3397 Charleston Highway		Transaction ID: 25945584
City State Zip Code Walterboro SC 29488-6122	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Randy L Hertneky		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 333 South Ivy		Transaction ID: 25945684
City State Zip Code Yuma CO 80759-2313	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Raymond K Greene		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 3207 N 22Nd St		Transaction ID: 25951259
City State Zip Code Coeur D'Alene ID 83815	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 David J Caban		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 50 Hawk Drive		Transaction ID: 25951263	
City Bedford	State NH	Amount of Each Receipt this Period 500.00	
Zip Code 03110		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Martin J Sikorski		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 1912 E York Lane		Transaction ID: 25951267	
City Wheaton	State IL	Amount of Each Receipt this Period 365.00	
Zip Code 60187-5816		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr Douglas Curtis Clark		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2530 Woodfern Cir		Transaction ID: 25951269	
City Birmingham	State AL	Amount of Each Receipt this Period 1000.00	
Zip Code 35244-6405		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1865.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Caplan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 11469 Bronzedale Drive		Transaction ID: 25951271
City State Zip Code Oakton VA 22124	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Ally Stoeger		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 5413 Mt Greenwich Court		Transaction ID: 25951272
City State Zip Code Burke VA 22015-2148	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Anne F Meccariello		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 9415 Onion Patch Drive		Transaction ID: 25951273
City State Zip Code Burke VA 22015	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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: (check only one)	PAGE 35 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr Alice Jean Baumstark

Mailing Address 3100 Vista Del Sur Nw

City State Zip Code
Albuquerque NM 87120-1510

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2007

Transaction ID: 25951276

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Jay S S Folkman

Mailing Address 12410 San Francisco Ne

City State Zip Code
Albuquerque NM 87122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2007

Transaction ID: 25951277

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Shinichi Sean Hamashige

Mailing Address 2321 Calle Tranquillo

City State Zip Code
Santa Fe NM 87505-6330

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2007

Transaction ID: 25951278

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1095.00
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: (check only one)	PAGE 36 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Andrea E Bethel

Mailing Address 6001 Winter Haven Nw
Ste K

City State Zip Code
Albuquerque NM 87120-1745

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2007

Transaction ID: 25951279

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Robert Lee D'Orazio

Mailing Address 1611 Kiva Drive

City State Zip Code
Gallup NM 87301

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2007

Transaction ID: 25951933

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Steven Allen Degroff

Mailing Address 7592 N 300 E

City State Zip Code
Decatur IN 46733-9448

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2007

Transaction ID: 25951936

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	815.00
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: (check only one)	PAGE 37 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Robert A Turcios, Jr

Mailing Address 367 Marti Marie Dr

City State Zip Code
Martinez CA 94553

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2007

Transaction ID: 25951937

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr Robert Rush Sandlin

Mailing Address 22710 Village Lane

City State Zip Code
Athens AL 35613-2873

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2007

Transaction ID: 25951938

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Jerry Samuel Hardison

Mailing Address 6 Scarsdale Road

City State Zip Code
West Hartford CT 06107

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2007

Transaction ID: 25951940

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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: (check only one)	PAGE 38 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 L Nichols		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 3910 Foxcreek Way		Transaction ID: 25951942	
City State Zip Code Columbia MO 65203-8855	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr David H Fisher, Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 336 Charlotte Street		Transaction ID: 25951946	
City State Zip Code Lafayette LA 70506-4202	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr Scott E Schachter		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address Advanced Eyecare 300 James Way, Ste 210		Transaction ID: 25951948	
City State Zip Code Pismo Beach CA 93449	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Jonathan F Hymes, WOD		Date of Receipt MM / DD / YYYY 05 / 16 / 2007
Mailing Address American Optometric Association 1505 Prince Street		Transaction ID: 25951950
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Kyle Edward Brost		Date of Receipt MM / DD / YYYY 05 / 16 / 2007
Mailing Address 3508 Pheasant Cove		Transaction ID: 25951951
City Cape Girardeau	State MO	Zip Code 63701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Dr W. Joseph Garvin		Date of Receipt MM / DD / YYYY 05 / 16 / 2007
Mailing Address 3630 Vista Dela Canada		Transaction ID: 25954817
City Escondido	State CA	Zip Code 92029-7944
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 366.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	

SUBTOTAL of Receipts This Page (optional)	▶	1231.00
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: (check only one)	PAGE 40 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Allan L Barker

Mailing Address 500 Wildwood Ave

City State Zip Code
Rocky Mount NC 27803-1732

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 7

Transaction ID: 25954821

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Scott Louis Philippe

Mailing Address 412 Pondview Court

City State Zip Code
Waxhaw NC 28173-7586

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 7

Transaction ID: 25954824

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr William Thomas Reynolds, Jr

Mailing Address 200 Larosa

City State Zip Code
Richmond KY 40475-7855

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 0 7

Transaction ID: 25954827

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
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: (check only one)	PAGE 41 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City State Zip Code
San Jose CA 95120

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 16 / 2007

Transaction ID: 25955031

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Harue Jean Marsden

Mailing Address 1445 Prospect Avenue, Unit D

City State Zip Code
Placentia CA 92870

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
05 / 16 / 2007

Transaction ID: 25955035

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Gregory M O'Connor

Mailing Address 5785 Oak Bank Trail, #101

City State Zip Code
Agoura Hills CA 91377-5632

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 16 / 2007

Transaction ID: 25955036

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
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: (check only one)	PAGE 42 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr James D Sargent, Jr

Mailing Address 7489 Marylboune Rd

City State Zip Code
West Jordan UT 84084

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25955038

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr J. Scott Simpson

Mailing Address 2001 Ridgewood

City State Zip Code
El Dorado AR 71730

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25955039

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr J. Allen Puma

Mailing Address 469 Ridgefield Road

City State Zip Code
Shelburne VT 05482-6319

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25955040

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	865.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 118
	<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 David S Mora		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 1818 Fremont		Transaction ID: 25955041
City State Zip Code Laredo TX 78043	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Richard W Phillips		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 1977 Spring Hollow Lane		Transaction ID: 25955042
City State Zip Code Germantown TN 38139	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Dr Brenden R White		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 864 E Ranch Circle		Transaction ID: 25955043
City State Zip Code Draper UT 84020-9011	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	980.00
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 44 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr William D Sullins, III

Mailing Address 154 County Road 575

City State Zip Code
Englewood TN 37329-5129

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 16 / 2007

Transaction ID: 25955044

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Edwin F Adams, III

Mailing Address 1465 Hearthstone

City State Zip Code
Baton Rouge LA 70808

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 16 / 2007

Transaction ID: 25955046

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Robert W Aube, Jr

Mailing Address 7 Autumn Circle

City State Zip Code
Rocky Hill CT 06067-2867

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 16 / 2007

Transaction ID: 25955047

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 Brian E Linde		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 4518 Hiline		Transaction ID: 25955052	
City Billings	State MT	Zip Code 59106	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Catherine S Amos		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 1240 Cedardell Circle		Transaction ID: 25955053	
City Birmingham	State AL	Zip Code 35216	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Tad Robert Kosanovich		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 322 Sunset Road		Transaction ID: 25955058	
City Osprey	State FL	Zip Code 34229-9207	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 118
	<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

A. Full Name (Last, First, Middle Initial) Dr Roy B Cohen Mailing Address 105 Elm Ln City New Hyde Park State NY Zip Code 11040 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7 Transaction ID: 25955059 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Dr David C Eldred Mailing Address 2619 Foothills Road City Cheyenne State WY Zip Code 82009-4421 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7 Transaction ID: 25955111 Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Dr Matthew Y Matsuzaki Mailing Address 267 So Euclid Ave City Pasadena State CA Zip Code 91101-2717 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7 Transaction ID: 25955113 Amount of Each Receipt this Period 300.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1165.00
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: (check only one)	PAGE 47 / 118
	<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 Kimberly Z Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 109 Creekside Drive		Transaction ID: 25955119	
City State Zip Code Danville KY 40422-1066	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Michael K Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 109 Creekside Drive		Transaction ID: 25955121	
City State Zip Code Danville KY 40422-1066	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Lisa A Sanford		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 147 Glenstone Circle		Transaction ID: 25955123	
City State Zip Code Harrogate TN 37752	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A. Full Name (Last, First, Middle Initial) Dr William Donner Mizelle		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 102 N Lemans		Transaction ID: 25955124
City State Zip Code Lafayette LA 70503-4028	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Dr Richard P Belhumeur		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 192 Harmony Rd		Transaction ID: 25955125
City State Zip Code N Scituate RI 02857-1317	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Dr Paul Alan Seibert		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 295 200Th Ave		Transaction ID: 25955128
City State Zip Code Fairmont MN 56031	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1365.00
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: (check only one)	PAGE 49 / 118
	<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 Charles D Pearson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 2884 Kregel Drive		Transaction ID: 25955129	
City State Zip Code Rockford IL 61109-7000	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Kevin L Alexander		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 8830 Walnut Trail		Transaction ID: 25955133	
City State Zip Code Sylvania OH 43560-8990	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Hal C Herring, Jr		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 1523 Alexander Street		Transaction ID: 25955134	
City State Zip Code Fairmont NC 28340-1405	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Dr Mona Ruth Dewart

Mailing Address 11036 Scarlet Oak Run

City State Zip Code
Fort Wayne IN 46845

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 7

Transaction ID: 25955136

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Gerald D Chan

Mailing Address 11911 Tree Top Circle

City State Zip Code
Nevada City CA 95959

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 7

Transaction ID: 25955137

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Jeffrey Kraushaar

Mailing Address 20 East Amber Lane

City State Zip Code
Wading River NY 11792

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 7

Transaction ID: 25955138

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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 51 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Reginald H Jones

Mailing Address 71 Cottage Circle

City State Zip Code
West Leranon NH 03784

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 7

Transaction ID: 25955139

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Donald L Hembree

Mailing Address 3216 Blossom Ln.

City State Zip Code
Odessa TX 79762-6964

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 7

Transaction ID: 25955140

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Mark D Pifer

Mailing Address 210 Yorkshire Place

City State Zip Code
Bellevue OH 44811-9005

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 7

Transaction ID: 25955142

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1115.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 118
	<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 W Schwartz		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 5060 Williams Highway		Transaction ID: 25955143	
City State Zip Code Grants Pass OR 97526	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Shawna L Heddinghaus		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 600 S Eighth Street		Transaction ID: 25955144	
City State Zip Code Benld IL 62009	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr James Rex Prince		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 2171 Taylors Creek Rd		Transaction ID: 25955146	
City State Zip Code Weems VA 22516	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 118
	<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 Gwenda Renee' Gnadl		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 624 Hawkins Ave		Transaction ID: 25955149	
City State Zip Code Lake Ronkonkoma NY 11779	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Paul William Heersink		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 2094 West Hwy 160		Transaction ID: 25955151	
City State Zip Code Monte Vista CO 81144	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr William Joseph Steiner		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 626 Linden Avenue		Transaction ID: 25955152	
City State Zip Code Los Altos CA 94022-1627	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1165.00
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: (check only one)	PAGE 54 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr Gregory A Foster

Mailing Address N 4585 Cawley Avenue

City State Zip Code
Neillsville WI 54456

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25955154

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr James Curtis Moore

Mailing Address 120 Antler Ct

City State Zip Code
Lexington NC 27295

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25955158

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Sandra Schrader-Moore

Mailing Address 120 Antler Ct

City State Zip Code
Lexington NC 27295-6998

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25955159

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 118
	<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 Daniel R Perala		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 2827 Whitetail Road		Transaction ID: 25955164	
City State Zip Code Cheyenne WY 82009-1424	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr David Arlington Johnson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 507 Rosedown Trace N		Transaction ID: 25955169	
City State Zip Code Peachtree City GA 30269-3718	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Albert J Hoffman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 966 Lincoln Drive		Transaction ID: 25955170	
City State Zip Code Conneaut OH 44030	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Teresa F Theobald

Mailing Address 4230 Ugstad Road

City State Zip Code
Hermantown MN 55811-3649

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25955171

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Clay Owen Reber

Mailing Address 1010 West Kiowa

City State Zip Code
Hobbs NM 88240-1146

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25965231

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Brian E Bleiler

Mailing Address 1875 Pertl Road

City State Zip Code
Odessa NY 14869

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25973956

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Henry Allen Hull

Mailing Address 160 Timber Ridge Drive

City State Zip Code
New Braunfels TX 78132

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25973960

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Paul Dennis Brant

Mailing Address 2413 Canterbury Dr

City State Zip Code
Cambridge MD 21613

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25973961

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Nicholas B Askren

Mailing Address 8101 W Eastman Pl Unit 1-203

City State Zip Code
Lakewood CO 80227

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25973962

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 118
	<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 Dana M Mc Dermott		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 36 Benjamin		Transaction ID: 25973969	
City State Zip Code Gillette WY 82716-9104	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Joseph C Maycock		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address Po Box 311		Transaction ID: 25973970	
City State Zip Code Gillette WY 82717-0311	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Robert Leroy Mills		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address 907 Fairway Dr		Transaction ID: 25973971	
City State Zip Code Gillette WY 82718	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
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: (check only one)	PAGE 59 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Troy W Crist

Mailing Address 1180 College Drive

City State Zip Code
Madisonville KY 42431

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25973976

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Jeffrey E Schultz

Mailing Address 150 Jackson Drive

City State Zip Code
Chagrin Falls OH 44022-1500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2007

Transaction ID: 25973977

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr Steve L Sullins

Mailing Address 109 Southern Pointe

City State Zip Code
Madison AL 35758

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978671

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Dr Stacie R Nichols

Mailing Address P O Box 372

City State Zip Code
Davenport WA 99122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978682

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Terence M Warren

Mailing Address 222 Windsor Park Drive
P O Box 247

City State Zip Code
Dobson NC 27017

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978698

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Steven R Landreth

Mailing Address 1655 Mc Farland Blvd N #127

City State Zip Code
Tuscaloosa AL 35406-2212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978700

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
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: (check only one)	PAGE 61 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 Mark A Michael		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2007	
Mailing Address 6304 W Richardson		Transaction ID: 25978715	
City Pasco	State WA	Zip Code 99301-1911	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Fred Wallace		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2007	
Mailing Address 208 Eastwood Drive		Transaction ID: 25978718	
City Homewood	State AL	Zip Code 35209	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr Ronald L Mead		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2007	
Mailing Address 2416 Castlewood Drive		Transaction ID: 25978734	
City Gaylord	State MI	Zip Code 49735-9136	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr Chester Albert Scerra, Jr.

Mailing Address 1059 Larkston Drive

City State Zip Code
Webster NY 14580-8621

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978783

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Mark E Snyder

Mailing Address 116 Wheeler Road

City State Zip Code
Marstons Mills MA 02648-1138

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978794

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Susan Scott Whaley

Mailing Address 9984 Buck Point Road

City State Zip Code
Tallahassee FL 32312-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978795

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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: (check only one)	PAGE 63 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr Thomas J Cullinane

Mailing Address 835 Simmons Avenue

City State Zip Code
Kirkwood MO 63122-2753

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978796

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Gray W Sass

Mailing Address 4026 Rivercliff Chase

City State Zip Code
Marietta GA 30067

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978838

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr Horace E E Deal

Mailing Address Professional Eye Care
6 Lester Rd

City State Zip Code
Statesboro GA 30458

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978840

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Beverly B Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 19011 Old Baltimore Road		Transaction ID: 25978847
City Brookeville	State MD	Zip Code 20833-3223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Lacy Bordelon Shaw		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 1824 Bryn Mawr		Transaction ID: 25978908
City Alexandria	State LA	Zip Code 71301-4501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Daniel R Appleton, Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 54 Country Club Way		Transaction ID: 25978918
City Ipswich	State MA	Zip Code 01938-3003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Devon L Meyer

Mailing Address 149 Frederick Dr

City State Zip Code
Eaton OH 45320-1104

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978926

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Darin Lee Paulson

Mailing Address 405 Se Derby St

City State Zip Code
Pullman WA 99163-2221

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978928

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr John Edward Kruger

Mailing Address 1430 Park View Dr

City State Zip Code
Story City IA 50248

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: 25978946

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	980.00
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: (check only one)	PAGE 66 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 Mark Alan Altfillisch		Date of Receipt M M / D D / Y Y Y Y Y 05 / 17 / 2007	
Mailing Address 48 Schwartz Dr		Transaction ID: 25978952	
City Ottumwa	State IA	Amount of Each Receipt this Period 250.00	
Zip Code 52501-1132		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Dr Bradley J Blumenstock		Date of Receipt M M / D D / Y Y Y Y Y 05 / 18 / 2007	
Mailing Address 3319 S 30Th Street		Transaction ID: 25979183	
City Lincoln	State NE	Amount of Each Receipt this Period 300.00	
Zip Code 68502-5130		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) C. Dr Richard Lee Brown		Date of Receipt M M / D D / Y Y Y Y Y 05 / 18 / 2007	
Mailing Address 1704 Columbia Circle Drive		Transaction ID: 25979186	
City Grand Island	State NE	Amount of Each Receipt this Period 240.00	
Zip Code 68801		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 240.00			

SUBTOTAL of Receipts This Page (optional) ▶	790.00
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 67 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr David George Helsing

Mailing Address 3306 Delprado Court

City Tampa State FL Zip Code 33614-2721

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 7

Transaction ID: 25979236

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr Kent Hillery

Mailing Address 16448 Country Club Drive

City Peosta State IA Zip Code 52068-9710

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 ▼ 590.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 3 / 2 0 0 7

Transaction ID: 25979237

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dr Corey M Langford

Mailing Address 5116 Grant Street

City Omaha State NE Zip Code 68104-4355

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 ▼ 237.87

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 7

Transaction ID: 25979252

Amount of Each Receipt this Period
 237.87

SUBTOTAL of Receipts This Page (optional)	987.87
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 68 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Todd Mahoney		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 1969 Elizabeth Drive		Transaction ID: 25979254	
City State Zip Code Mitchell NE 69357	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Dr Mark A Toelle		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 16258 Craig Ave		Transaction ID: 25979281	
City State Zip Code Bennington NE 68007	Amount of Each Receipt this Period 240.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Dr Rod L Rallo		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 1483 Sable Wing Circle		Transaction ID: 25979296	
City State Zip Code Louisville KY 40223	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	845.00
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 69 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Richard B Stender

Mailing Address Rt 2 Box 427

City State Zip Code
New Martinsville WV 26155-9453

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 25979299

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Susan Betts

Mailing Address 9576 Cedar Lane

City State Zip Code
Seaford DE 19973-8616

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 25979302

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr David Leslie Evans

Mailing Address 112 Foxcrest Cove

City State Zip Code
Jacksonville AR 72076-2681

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 25979305

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Terry Lee Schitoskey		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 1920 Centerview		Transaction ID: 25979310	
City Midland	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 79707-9763		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Dr Robert J Gerberry		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 3758 Fairwax Dr		Transaction ID: 25979314	
City Canfield	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 44006		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Dr Alan E Knotek		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 10 S 479 Curtis Lane		Transaction ID: 25979317	
City Naperville	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60564-8930		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 71 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Bobby J Christensen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 207 Guy Dr		Transaction ID: 25979319	
City State Zip Code Midwest City OK 73110	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr George A Lever		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 501 North Ohio Street		Transaction ID: 25979322	
City State Zip Code Salem IL 62881	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Stephen M Montaquila		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 28 Peveril Road		Transaction ID: 25979324	
City State Zip Code Cranston RI 02921-2422	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
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: (check only one)	PAGE 72 / 118
	<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 Bradley S Giedd		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007	
Mailing Address 3626 W Supreme Ct		Transaction ID: 25979327	
City State Zip Code Apopka FL 32703	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Dennis L Sommer		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007	
Mailing Address 3446 N Cama Drive		Transaction ID: 25979328	
City State Zip Code La Porte IN 46350	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Louise Di Chiara Pastore		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007	
Mailing Address 23 Old Spring Rd		Transaction ID: 25979331	
City State Zip Code Cranston RI 02920-3117	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 Warren Stephen Johnson		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007	
Mailing Address 4586 Barfield Rd		Transaction ID: 25979332	
City Memphis	State TN	Zip Code 38117-2414	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1065.00		

Full Name (Last, First, Middle Initial) B. Dr Kenneth W King, Jr		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007	
Mailing Address 197 Whisper Cove Pl		Transaction ID: 25979334	
City Idaho Falls	State ID	Zip Code 83404	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Mike L Korhals		Date of Receipt M M / D D / Y Y Y Y 05 / 23 / 2007	
Mailing Address 2111 N 8Th St		Transaction ID: 25979385	
City Clear Lake	State IA	Zip Code 50428-1499	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	965.00
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 74 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 A DeCesare		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 6 Conanicut Rd		Transaction ID: 25979708	
City State Zip Code Narragansett RI 02882	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Glenn Morgan Cochran		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 103 Patton Place P O Box 690		Transaction ID: 25979725	
City State Zip Code Quitman MS 39355-2649	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Tami R Lang		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 5230 E Villa Rita Dr		Transaction ID: 25979727	
City State Zip Code Scottsdale AZ 85254-7642	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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: (check only one)	PAGE 75 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr Jerry L Mc Combs

Mailing Address 800 Magnolia Street

City State Zip Code
Teague TX 75860

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2007

Transaction ID: 25979733

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr James Richardson

Mailing Address 2401 West 39Th St

City State Zip Code
Casper WY 82604-5052

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2007

Transaction ID: 25979734

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Larry J Bonderud

Mailing Address 497 Ohaire Blvd

City State Zip Code
Shelby MT 59474-1960

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 23 / 2007

Transaction ID: 25979801

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
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: (check only one)	PAGE 76 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 Douglas Don Creger		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 230 Vista Dr		Transaction ID: 25979802
City State Zip Code Dillon MT 59725-3111	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Mark Joseph Page		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 3102 E Desert Broom Way		Transaction ID: 25979814
City State Zip Code Phoenix AZ 85048	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr James Andrew Fitch		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 18101 W Costley Road		Transaction ID: 25979816
City State Zip Code Amarillo TX 79119-7826	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1365.00
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: (check only one)	PAGE 77 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Randall Hoch

Mailing Address 206 Fox Farm Rd

City Lewistown State MT Zip Code 59457-8696

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 / 23 / 2007

Transaction ID: 25979818

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr John A Kumm

Mailing Address 710 10Th Ave Sw

City Great Falls State MT Zip Code 59404

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 23 / 2007

Transaction ID: 25979820

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Paul J Werdell

Mailing Address 49 Hansen Drive

City Vernon State CT Zip Code 06066-5914

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 / 23 / 2007

Transaction ID: 25980182

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	980.00
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 78 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Antonio Ramirez

Mailing Address 4013 N 23Rd Ste B

City State Zip Code
McAllen TX 78504-4131

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: 25980184

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Donald Todd Wylie

Mailing Address 7510 S Deerview Ln

City State Zip Code
Spokane WA 99223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: 25980186

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Roger L L Jordan

Mailing Address 3329 Paintbrush

City State Zip Code
Gillette WY 82718-7568

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: 25980188

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 118						
	(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

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

Full Name (Last, First, Middle Initial) A. Dr Rhett Hamer Richardson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 373 Goss Lane		Transaction ID: 25980190	
City State Zip Code Barnwell SC 29812-6435	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr George F Brown		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 2604 Woodlawn Trail		Transaction ID: 25980191	
City State Zip Code Alexandria VA 22306-2565	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Michael Allen Hansen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 690 Tabriz		Transaction ID: 25980192	
City State Zip Code Billings MT 59105-2812	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
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: (check only one)	PAGE 80 / 118
	<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 Mark David Sturgis		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 106 Natsisky Farm Road		Transaction ID: 25980642	
City State Zip Code South Windsor CT 06074		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Wayne Edward Zahka		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 172 Winter St		Transaction ID: 25980651	
City State Zip Code Westwood MA 02090		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Pierre J Ancil		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 1021 N Hancock Avenue		Transaction ID: 25981713	
City State Zip Code Colorado Spgs CO 80903-2757		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Cheryl Lynn Fron

Mailing Address 2810 Daniel Lewis Drive

City State Zip Code
New Lenox IL 60451

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
05 / 24 / 2007

Transaction ID: 25993061

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr James C Leadingham

Mailing Address 2135 Rt 1185

City State Zip Code
Louisa KY 41230

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 24 / 2007

Transaction ID: 25993062

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas Howard Murphy

Mailing Address 6089 Sunrise Mall

City State Zip Code
Citrus Heights CA 95610-6903

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 24 / 2007

Transaction ID: 25993063

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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 Chris H Cooper		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address West Tennessee Eye 2070 Whitney Avenue		Transaction ID: 25993064
City Memphis State TN Zip Code 38127-9014	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Edward L Robbins		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 11 Christine Court		Transaction ID: 25993065
City Wayne State NJ Zip Code 07470-6523	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Paul A Henriksen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 907 5Th Ave Se		Transaction ID: 25993338
City Pipestone State MN Zip Code 56164-1715	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶	1230.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Dr William J Lapple

Mailing Address 8663 East Main Road

City State Zip Code
Le Roy NY 14482-9717

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Transaction ID: 25993339

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Laurie Lyn Sorrenson

Mailing Address 11512 Tin Cup #104

City State Zip Code
Austin TX 78750-2618

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Transaction ID: 25993341

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Douglas Steven Posner

Mailing Address 15 Thornton St

City State Zip Code
Randolph MA 02368-2030

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Transaction ID: 25993358

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 118
	<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 Henry Azrikan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 1150 East 21St Street		Transaction ID: 25993363	
City State Zip Code Brooklyn NY 11210	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Jerry Samuel Hardison		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 6 Scarsdale Road		Transaction ID: 25993365	
City State Zip Code West Hartford CT 06107	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00		

Full Name (Last, First, Middle Initial) C. Paul B Snowden		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 9313 Sw 28Th		Transaction ID: 25993369	
City State Zip Code Oklahoma City OK 73128	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. Full Name (Last, First, Middle Initial)
Dr Genevieve K Corrigan

Mailing Address 2351 4Th Ave

City State Zip Code
Sacramento CA 95818-3111

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2007

Transaction ID: 25993375

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Brenda J Polewac

Mailing Address 3931 Lakemont Drive

City State Zip Code
Bonita Springs FL 34134

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2007

Transaction ID: 25993662

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Douglas C Morrow

Mailing Address 903 Midway Dr

City State Zip Code
Auburn IN 46706

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2007

Transaction ID: 25993663

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 118
	<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 Henry B Ford		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 110 Stanley Drive		Transaction ID: 25993664
City State Zip Code Galax VA 24333-2215	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Sylvia J Briceno		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 40 Hobbs Road		Transaction ID: 25993666
City State Zip Code Waltham MA 02452-5784	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Larry T Hartung		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 60 Emerson Way		Transaction ID: 25993669
City State Zip Code N Eastham MA 02651-1530	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 87 / 118
	<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 Phillip Maroudis		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 1810 Creston Place		Transaction ID: 25995759	
City State Zip Code Ashland KY 41101	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr James G Butler		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address P O Box 913		Transaction ID: 25995764	
City State Zip Code Idabel OK 74745-0913	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr John W Funnell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 1913 Via Estudillo		Transaction ID: 25995768	
City State Zip Code Palos Vrdes Est CA 90274	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Dr Mitchell J V Maier

Mailing Address 1626 S Stanley Lane

City State Zip Code
Spokane Valley WA 99212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: 25997087

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Robert Neal Williams, Jr

Mailing Address 1109 Links Road

City State Zip Code
Myrtle Beach SC 29575-5808

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: 25997088

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr James D Sandefur

Mailing Address 219 Blue Bush Road

City State Zip Code
Oakdale LA 71463-4911

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: 25997095

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 118
	<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 Jerry L Leopold		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 1009 Heatherwood Place		Transaction ID: 25997097
City State Zip Code Mcpherson KS 67460	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Samuel D Pierce		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 4212 Waterford Lane		Transaction ID: 25997106
City State Zip Code Trussville AL 35173	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr John L Schachet		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 6601 So Magnolia Ct		Transaction ID: 25997107
City State Zip Code Englewood CO 80111	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Ronald Lee Hopping		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 1801 Creekside Dr		Transaction ID: 25997247	
City Friendswood	State TX	Amount of Each Receipt this Period 1000.00	
Zip Code 77546-7821		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr Desiree Tyler Hopping		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 1801 Creekside Dr		Transaction ID: 25997248	
City Friendswood	State TX	Amount of Each Receipt this Period 1000.00	
Zip Code 77546-7821		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr Hulon Houston Pass		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 1901 Sunset		Transaction ID: 25997807	
City Ft Stockton	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 79735		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 91 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Dr William K Wieland

Mailing Address 7831 Academy Trail Ne

City State Zip Code
Albuquerque NM 87109-3118

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
05 / 29 / 2007

Transaction ID: 25997811

Amount of Each Receipt this Period
1200.00

B. Full Name (Last, First, Middle Initial)
Dr Kristi D Schied

Mailing Address 2460 Village Lane Apt 111B

City State Zip Code
Billings MT 59102-8210

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 29 / 2007

Transaction ID: 25997814

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas V Casella, Sr

Mailing Address 5 Bristlecone Way

City State Zip Code
Augusta GA 30909-1846

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
05 / 29 / 2007

Transaction ID: 25997815

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)	▶	2050.00
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: (check only one)	PAGE 92 / 118
	<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

A. Full Name (Last, First, Middle Initial)
Dr Harry F Anderson

Mailing Address Po Box 607

City State Zip Code
Spencer WV 25276-0607

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: 25997816

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Edward J Jagela

Mailing Address 197 Cara Place

City State Zip Code
Wintersville OH 43953

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: 25997832

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Brenda Heinke Montecalvo

Mailing Address P O Box 358

City State Zip Code
Cedarville OH 45314-0358

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2007

Transaction ID: 25997833

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 118
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Scott Edward Saunders

Mailing Address 14 Heather Hill Road

City State Zip Code
Winsted N CT 06098

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: 25997838

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Fred Cox

Mailing Address 1352 Monticello Hwy

City State Zip Code
Gray GA 31032-3138

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: 25997840

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Janis M Cotter

Mailing Address Parkway Eyecare
80 Broadway

City State Zip Code
Revere MA 02151

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 9 / 2 0 0 7

Transaction ID: 25997842

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1365.00
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: (check only one)	PAGE 94 / 118
	<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 Mikel R R Weideman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 11 Ridge Road		Transaction ID: 25997845
City State Zip Code Lander WY 82520-9788	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Steven A Gifford		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 2200 Robin		Transaction ID: 25997846
City State Zip Code Altus OK 73521	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Wendy Sowell Gibson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 1512 Main Street		Transaction ID: 25997847
City State Zip Code Benton KY 42025-1607	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1365.00
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 95 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Douglas Owen Fleming		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 19990 Karen Court		Transaction ID: 25997848
City State Zip Code Sonora CA 95370-6900	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Thomas G Peterson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address Po Box 513		Transaction ID: 25997852
City State Zip Code Shawano WI 54166	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Kenneth S Lawenda		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 8210 Santa Monica Blvd		Transaction ID: 25997865
City State Zip Code West Hollywood CA 90046-5913	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 118
	<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 Gavin L Cohen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 205 Morgan Farm Dr Ne		Transaction ID: 26002312
City State Zip Code Atlanta GA 30342-2461	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Penelope Stamme Doud		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 3102 Fern Hill Court		Transaction ID: 26002320
City State Zip Code Edgewater MD 21037	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr William Allen Bordwell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 409 Robinson Drive		Transaction ID: 26002321
City State Zip Code Geneseo IL 61254	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 / 118
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Bruce W Varner

Mailing Address 6320 Old Antioche Rd

City Pauls Valley State OK Zip Code 73075

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 / 31 / 2007

Transaction ID: 26002323

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Ronald R Ferrucci

Mailing Address 5 Leah Lane

City Milford State MA Zip Code 01757

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 31 / 2007

Transaction ID: 26002324

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr William E Lee

Mailing Address 1711 Se Hampden Road

City Bartlesville State OK Zip Code 74006

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 30 / 2007

Transaction ID: 26002329

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 98 / 118	
	(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"/> 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

A. Full Name (Last, First, Middle Initial)
Dr Gerald P Lubert

Mailing Address 10620 Kincer Farms Dr

City	State	Zip Code
Knoxville	TN	37922

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	7

Transaction ID: 26002331

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	100816.51

**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 99 / 118

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 26023386 Date of Disbursement 05 / 01 / 2007
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 201.32
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement Bank of America Fees 05/01/2007	Bank of America Fees 05/0-1/2007
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 26023389 Date of Disbursement 05 / 01 / 2007
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 0.01
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement Bank of America Fees 05/01/2007	Bank of America Fees 05/0-1/2007
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 26023391 Date of Disbursement 05 / 01 / 2007
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 75.56
City St. Louis	State MO	
Zip Code 63179	Purpose of Disbursement Bank of America Fees 05/01/2007	Bank of America Fees 05/0-1/2007
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

276.89

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 118

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 26059152 Date of Disbursement 05 / 01 / 2007	
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 0.57	
City St. Louis	State MO	Zip Code 63179	001 Category/ Type
Purpose of Disbursement American Express Fee 5/1/07		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			American Express Fee 5/1/-07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 26023393 Date of Disbursement 05 / 04 / 2007	
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 15.44	
City St. Louis	State MO	Zip Code 63179	001 Category/ Type
Purpose of Disbursement American Express Fee 5/4/07		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			American Express Fee 5/4/-07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Wachovia Federal		Transaction ID: 26009069 Date of Disbursement 05 / 09 / 2007	
Mailing Address 1650 Tyson Blvd.		Amount of Each Disbursement this Period 765.38	
City McLean	State VA	Zip Code 22102	001 Category/ Type
Purpose of Disbursement Wachovia Service Fee 05/09/07		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Wachovia Service Fee 05/0-9/07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional)	781.39
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 101 / 118

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 26023394 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 16.20
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 5/11/07 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 5/11-07

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 26023395 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 14.25
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 5/16/07 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 5/16-07

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 26023396 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 133.38
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 5/17/07 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 5/17-07

SUBTOTAL of Disbursements This Page (optional) ▶	163.83
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fee 5/18/07

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 26023397

Date of Disbursement

05 / 18 / 2007

Amount of Each Disbursement this Period

108.30

American Express Fee 5/18-
/07

SUBTOTAL of Disbursements This Page (optional)

108.30

TOTAL This Period (last page this line number only)

1330.41

**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. Jodi Chappell		Transaction ID: 25896812 Date of Disbursement 05 / 04 / 2007	
Mailing Address 1505 Prince Street Suite 300		Amount of Each Disbursement this Period 735.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Inkind Contribution	011 Category/ Type	
Candidate Name Rep. Tammy Baldwin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 2		

Inkind Contribution

Full Name (Last, First, Middle Initial) B. Hunan Dynasty		Transaction ID: 25896821 Date of Disbursement 05 / 04 / 2007	
Mailing Address 215 Pennsylvania Avenue		Amount of Each Disbursement this Period 735.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Inkind Contribution Food Tammy Baldwin	011 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

[MEMO ITEM]
Inkind Contribution Food
Tammy Baldwin

Full Name (Last, First, Middle Initial) C. Cantor For Congress		Transaction ID: 25896733 Date of Disbursement 05 / 07 / 2007	
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1500.00	
City Richmond State VA Zip Code 23226	Purpose of Disbursement Candidate Contribution	011 Category/ Type	
Candidate Name Rep. Eric I. Cantor	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 7		

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	2235.00
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. Cantor For Congress		Transaction ID: 25896734 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 2500.00
City Richmond State VA Zip Code 23226	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Eric I. Cantor		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7		

Full Name (Last, First, Middle Initial) B. Blue Dog PAC		Transaction ID: 25936314 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 227 Massachusetts Avenue, N.E. Suite 101		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	Committee Contribution	
Purpose of Disbursement Committee Contribution		011 Category/ Type
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Friends Of Joe Pitts		Transaction ID: 25935739 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address PO Box 775		Amount of Each Disbursement this Period 1000.00
City Unionville State PA Zip Code 19375	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Joseph R. Pitts		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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. Chet Edwards For Congress		Transaction ID: 25945121 Date of Disbursement 05 / 16 / 2007
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 2500.00
City Waco State TX Zip Code 76702	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Candidate Name Rep. Chet Edwards	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens For Harkin		Transaction ID: 25945081 Date of Disbursement 05 / 16 / 2007
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Candidate Name Sen. Tom Harkin	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Committee To Elect Gary Ackerman		Transaction ID: 25945069 Date of Disbursement 05 / 16 / 2007
Mailing Address 100 Jericho Quadrangle Suite 233		Amount of Each Disbursement this Period 2000.00
City Jericho State NY Zip Code 11753	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Candidate Name Rep. Gary L. Ackerman	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 5	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Marion Berry For Congress		Transaction ID: 25944962 Date of Disbursement 05 / 16 / 2007
Mailing Address P.O. Box 8084		Amount of Each Disbursement this Period 1000.00
City Jonesboro State AR Zip Code 72403	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Candidate Name Rep. Marion Berry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 1	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mary Bono Committee		Transaction ID: 25945216 Date of Disbursement 05 / 16 / 2007
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1000.00
City Palm Springs State CA Zip Code 92263	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Candidate Name Rep. Mary Bono	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cantor For Congress		Transaction ID: 25945115 Date of Disbursement 05 / 16 / 2007
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Candidate Name Rep. Eric I. Cantor	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Candidate Contribution
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Nathan Deal For Congress		Transaction ID: 25945190 Date of Disbursement 05 / 16 / 2007
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1000.00
City Gainesville State GA Zip Code 30503	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

Full Name (Last, First, Middle Initial) B. Diana Degette For Congress Inc.		Transaction ID: 25945113 Date of Disbursement 05 / 16 / 2007
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 1000.00
City Denver State CO Zip Code 80206	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

Full Name (Last, First, Middle Initial) C. Friends Of Senator Carl Levin		Transaction ID: 25945146 Date of Disbursement 05 / 16 / 2007
Mailing Address 10 G Street Ne, Suite 470		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. John Lewis For Congress		Transaction ID: 25945046 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 2015 Wallace Rd.		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30331	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. John Lewis		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 5
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Earl Pomeroy For Congress		Transaction ID: 25945223 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period 2500.00
City Fargo State ND Zip Code 58106	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Earl Pomeroy		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rangel For Congress		Transaction ID: 25945189 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address PO Box 5577 Manhattanville Sta		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10027	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Charles B. Rangel		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jim Gerlach For Congress Committee		Transaction ID: 25945153 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address PO Box 87		Amount of Each Disbursement this Period 1000.00
City Uwchland State PA Zip Code 19480	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. James W. Gerlach Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) B. Michaud For Congress		Transaction ID: 25945071 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 213 Lisbon Street		Amount of Each Disbursement this Period 1000.00
City Lewiston State ME Zip Code 04240	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Michael H. Michaud Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 2		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

Full Name (Last, First, Middle Initial) C. Hawkeye PAC		Transaction ID: 25945154 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 7255		Amount of Each Disbursement this Period 5000.00
City Des Moines State IA Zip Code 50309	Committee Contribution	
Purpose of Disbursement Committee Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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. Schultz Debbie Wasserman		Transaction ID: 25945128 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 1071 Twin Branch Ln		Amount of Each Disbursement this Period 1000.00
City Weston State FL Zip Code 33326	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Debbie Wasserman-Schultz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Allyson Schwartz For Congress		Transaction ID: 25945095 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 2232		Amount of Each Disbursement this Period 2000.00
City Jenkintown State PA Zip Code 19046	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Allyson Y. Schwartz		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Silk PAC		Transaction ID: 25945225 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 286		Amount of Each Disbursement this Period 2500.00
City Caldwell State NJ Zip Code 07006	Committee Contribution	
Purpose of Disbursement Committee Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Democratic National Committee		Transaction ID: 25978854 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 430 South Capitol Street, S.E.		Amount of Each Disbursement this Period -5000.00
City Washington State DC Zip Code 20003	Void - Originally reported 1/17/07	
Purpose of Disbursement Void - Originally reported 1/17/07		011 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Democratic National Committee		Transaction ID: 25978858 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 430 South Capitol Street, S.E.		Amount of Each Disbursement this Period -5000.00
City Washington State DC Zip Code 20003	Void - Originally reported 1/17/07	
Purpose of Disbursement Void - Originally reported 1/17/07		011 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Democratic National Committee		Transaction ID: 25978859 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 430 South Capitol Street, S.E.		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Contribution to National Party Committee	
Purpose of Disbursement Contribution to National Party Committee		011 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Dick Durbin Committee		Transaction ID: 25995783 Date of Disbursement 05 / 29 / 2007
Mailing Address PO Box 1949		Amount of Each Disbursement this Period 2000.00
City Springfield State IL Zip Code 62705	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Sen. Richard J. Durbin	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution
State: IL District:	Full Name (Last, First, Middle Initial) B. Terry Everett For Congress	
Mailing Address P.O. Box 1828		Transaction ID: 25995812 Date of Disbursement 05 / 29 / 2007
City Dothan State AL Zip Code 36302		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Candidate Contribution 011 Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Terry Everett	State: AL District: 2	Candidate Contribution
Full Name (Last, First, Middle Initial) C. Hoyer For Congress		
Mailing Address 7905 Malcolm Road Suite 102		Transaction ID: 25995836 Date of Disbursement 05 / 29 / 2007
City Clinton State MD Zip Code 20735		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Candidate Contribution 011 Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Steny H. Hoyer	State: MD District: 5	Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

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. Abercrombie For Congress		Transaction ID: 25996089 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 3000.00
City Honolulu State HI Zip Code 96814	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Neil Abercrombie		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Berkley For Congress		Transaction ID: 25995945 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 2500.00
City Las Vegas State NV Zip Code 89121	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Shelley Berkley		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Clay Jr. For Congress		Transaction ID: 25995840 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 4544 Suite 300		Amount of Each Disbursement this Period 1000.00
City St. Louis State MO Zip Code 63108	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. William Lacy Clay, Jr.		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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. Langevin For Congress		Transaction ID: 25995933 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 181-A Knight St		Amount of Each Disbursement this Period 1500.00
City Warwick State RI Zip Code 02886	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. James R. Langevin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 2 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

Full Name (Last, First, Middle Initial) B. Lautenberg Committee		Transaction ID: 25995876 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address P O Box 200596		Amount of Each Disbursement this Period 1000.00
City Newark State NJ Zip Code 07102	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Frank Lautenberg Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

Full Name (Last, First, Middle Initial) C. Nancy Pelosi For Congress		Transaction ID: 25995922 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 235 Montgomery Street Suite 610		Amount of Each Disbursement this Period 5000.00
City San Francisco State CA Zip Code 94104	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 8 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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. John Shadegg Friends		Transaction ID: 25996072 Date of Disbursement 05 / 29 / 2007
Mailing Address PO Box 45444		Amount of Each Disbursement this Period 1000.00
City Phoenix	State AZ Zip Code 85064	
Purpose of Disbursement Candidate Contribution		Candidate Contribution
Candidate Name Rep. John B. Shadegg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District: 3		Category/Type 011

Full Name (Last, First, Middle Initial) B. Texans For Senator John Cornyn Inc		Transaction ID: 25995789 Date of Disbursement 05 / 29 / 2007
Mailing Address 6850 Austin Centre Blvd Suite 180		Amount of Each Disbursement this Period 2000.00
City Austin	State TX Zip Code 78731	
Purpose of Disbursement Candidate Contribution		Candidate Contribution
Candidate Name Sen. John Cornyn		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District:		Category/Type 011

Full Name (Last, First, Middle Initial) C. Mike Rogers For Congress		Transaction ID: 25995953 Date of Disbursement 05 / 29 / 2007
Mailing Address 123 East 13th Street		Amount of Each Disbursement this Period 1000.00
City Anniston	State AL Zip Code 36201	
Purpose of Disbursement Candidate Contribution		Candidate Contribution
Candidate Name Rep. Michael D. Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 3		Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Connie Mack		Transaction ID: 25996091 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 519 Pmb 388		Amount of Each Disbursement this Period 1000.00
City Naples State FL Zip Code 34106	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Connie Mack, IV		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Butterfield For Congress Committee		Transaction ID: 25995861 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address PO Box 2571		Amount of Each Disbursement this Period 1000.00
City Wilson State NC Zip Code 27894	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. George K. Butterfield		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 1
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charlie Melancon Campaign Committee Inc		Transaction ID: 25995899 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address PO Box 549		Amount of Each Disbursement this Period 1500.00
City Napoleonville State LA Zip Code 70390	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Charles Melancon		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 3
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Mazie Hirono		Transaction ID: 25995752 Date of Disbursement 05 / 29 / 2007	
Mailing Address PO Box 677		Amount of Each Disbursement this Period 1000.00	
City Honolulu State HI Zip Code 96809	Purpose of Disbursement Candidate Contribution 011 Category/ Type	Candidate Contribution	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nebraska Leadership PAC (NELPAC)		Transaction ID: 25995909 Date of Disbursement 05 / 29 / 2007	
Mailing Address Post Office Box 540186		Amount of Each Disbursement this Period 5000.00	
City Omaha State NE Zip Code 68145	Purpose of Disbursement Committee Contribution 011 Category/ Type	Committee Contribution	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Akaka In 2012		Transaction ID: 25996082 Date of Disbursement 05 / 29 / 2007	
Mailing Address P O Box 3129		Amount of Each Disbursement this Period 2000.00	
City Honolulu State HI Zip Code 96802	Purpose of Disbursement Candidate Contribution 011 Category/ Type	Candidate Contribution	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Akaka In 2006		Transaction ID: 26002102 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address C/o 904 Nana Honua Street		Amount of Each Disbursement this Period -1000.00	
City Honolulu State HI Zip Code 96825	Purpose of Disbursement Void - Originally reported 8/2/06	011 Category/ Type	
Candidate Name Sen. Daniel Kahikina Akaka	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
State: HI District:	Void - Originally reported 8/2/06		

Full Name (Last, First, Middle Initial) B. Lincoln Chafee U.S. Senate		Transaction ID: 26002104 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address PO Box 7329		Amount of Each Disbursement this Period -1000.00	
City Warwick State RI Zip Code 02887	Purpose of Disbursement Void - Originally reported 9/29/06	011 Category/ Type	
Candidate Name Lincoln Chafee	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
State: RI District:	Void - Originally reported 9/29/06		

Full Name (Last, First, Middle Initial) C. Wynn For Congress		Transaction ID: 26002103 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address P.O. Box 39139		Amount of Each Disbursement this Period -1000.00	
City Washington State DC Zip Code 20016	Purpose of Disbursement Void - Originally reported 9/8/06	011 Category/ Type	
Candidate Name Rep. Albert Russell Wynn	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
State: MD District: 4	Void - Originally reported 9/8/06		

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
TOTAL This Period (last page this line number only) ▶	69235.00