

# 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 09 01 2007 through 09 30 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 10 17 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**

Write or Type Committee Name  
American Optometric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

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 .....	472257.56									
(c) Total Receipts (from Line 19) .....	35007.29	626670.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	507264.85	1007668.31								
7. Total Disbursements (from Line 31) .....	47550.71	547954.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	459714.14	459714.14								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

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	18610.57	333522.44
(i) Itemized (use Schedule A) .....	16368.67	284543.94
(ii) Unitemized .....	34979.24	618066.38
(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) .....	34979.24	618066.38
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.) .....	28.05	3603.68
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)) .....	35007.29	626670.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35007.29	626670.06

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1350.71	15854.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1350.71	15854.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45200.00	530599.57
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 .....	1000.00	1500.00
(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)) .....	1000.00	1500.00
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))..	47550.71	547954.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	47550.71	547954.17

**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) .....	34979.24	618066.38
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33979.24	616566.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1350.71	15854.60
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1350.71	15854.60

# 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 / 87
	<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Ivan J Grupe		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2007
Mailing Address 7543 S Monaco Way		<b>Transaction ID:</b> 26484557
City State Zip Code Centennial CO 80112-2549	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 750.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr Donald Edward Teagle		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2007
Mailing Address 25536 Via Dolarita		<b>Transaction ID:</b> 26494321
City State Zip Code Valencia CA 91355-2828	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>C.</b> Full Name (Last, First, Middle Initial) Dr James L Price, Jr		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2007
Mailing Address 120 Hazelwood		<b>Transaction ID:</b> 26494323
City State Zip Code Monticello AR 71655	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 87
	<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 Rick L Hartman

Mailing Address 1905 Navan Ln.

City State Zip Code  
Garner NC 27529-5044

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  
09 / 05 / 2007

**Transaction ID:** 26494324

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Ezra E Cohen

Mailing Address 861 East 9Th Street

City State Zip Code  
Brooklyn NY 11223

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  
M M / D D / Y Y Y Y Y  
09 / 05 / 2007

**Transaction ID:** 26494326

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Dale Jennings Clements

Mailing Address 117 Tumbleweed Farm Rd  
Box 415

City State Zip Code  
Eastman GA 31023

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  
M M / D D / Y Y Y Y Y  
09 / 05 / 2007

**Transaction ID:** 26494332

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

**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 / 87
	<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) <b>A.</b> Dr John David Fornara		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 2460 Haskell Springs Road		<b>Transaction ID:</b> 26494333	
City State Zip Code Clarkdale AZ 86324-3801	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Dr Thomas Annunziato		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2007	
Mailing Address 11700 Northview Dr		<b>Transaction ID:</b> 26494344	
City State Zip Code Alledo TX 76008-5223	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 283.32		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Nathaniel Roland		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2007	
Mailing Address 10001 Admiral Emerson AVE NE		<b>Transaction ID:</b> 26497033	
City State Zip Code Albuquerque NM 87111-1339	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 87
	<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) <b>A.</b> Dr Anthony S Diecidue		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007
Mailing Address 300 McMichaels Drive		<b>Transaction ID:</b> 26497476
City State Zip Code Stroudsburg PA 18360	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>B.</b> Dr Andy P Stephens		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007
Mailing Address 6516 Renee Court		<b>Transaction ID:</b> 26497677
City State Zip Code Wichita KS 67212	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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) <b>C.</b> Dr Gomesindo E Hendricks		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007
Mailing Address 301 E Middleton Dr		<b>Transaction ID:</b> 26497679
City State Zip Code Henderson NV 89015	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	515.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 87
	<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 Timothy D Boots

Mailing Address 20828 W Annapolis Court

City State Zip Code  
Plainfield IL 60544-7319

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  
09 / 06 / 2007

Transaction ID: 26497682

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Kenneth S Lawenda

Mailing Address 8210 Santa Monica Blvd

City State Zip Code  
West Hollywood CA 90046-5913

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 ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

Transaction ID: 26497685

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Jennifer L Planitz

Mailing Address 3537 New Castle Dr Se

City State Zip Code  
Rio Rancho NM 87124-3672

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  
M M / D D / Y Y Y Y Y  
09 / 09 / 2007

Transaction ID: 26498168

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 87
	<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 Diane E Reddin

Mailing Address P O Box 66

City Crawford State CO Zip Code 81415-0066

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  
09 / 09 / 2007

Transaction ID: 26498169

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Andrea P Thau

Mailing Address 170 East 83 Street

City New York State NY Zip Code 10028-1920

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt  
09 / 10 / 2007

Transaction ID: 26498170

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Bronte D Baker

Mailing Address 179 Redbird Ridge

City Beeville State TX Zip Code 78102-8465

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  
09 / 10 / 2007

Transaction ID: 26498172

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**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 / 87
	<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 ▼ 450.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	7

Transaction ID: 26498174

Amount of Each Receipt this Period  

50.00
-------

**B.** Full Name (Last, First, Middle Initial)  
Dr Donald W Furman

Mailing Address 855 11Th St Place

City	State	Zip Code
Garner	IA	50438-1847

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	7

Transaction ID: 26498176

Amount of Each Receipt this Period  

45.00
-------

**C.** Full Name (Last, First, Middle Initial)  
Dr John Frederick Amos

Mailing Address 1240 Cedardell Circle

City	State	Zip Code
Birmingham	AL	35216-2049

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	7

Transaction ID: 26498177

Amount of Each Receipt this Period  

42.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	137.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 87
	<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

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) <b>A.</b> Dr Markus I Barth		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 1346 Heller Drive		<b>Transaction ID:</b> 26498179	
City State Zip Code Yardley PA 19067-2714	Amount of Each Receipt this Period 66.67		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.02		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Robert J Blumthal		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 119 Exmore Drive		<b>Transaction ID:</b> 26498181	
City State Zip Code Springfield IL 62704-3137	Amount of Each Receipt this Period 166.67		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 916.66		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Michael T Cron		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 9217 Elmwood Court		<b>Transaction ID:</b> 26498183	
City State Zip Code Stanwood MI 49346-9305	Amount of Each Receipt this Period 41.66		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 374.94		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Frederick P Darin		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2007	
Mailing Address 405 Tirrell Rd		<b>Transaction ID:</b> 26498184	
City State Zip Code Charlotte MI 48813-2131	Amount of Each Receipt this Period 31.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 217.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr G. Chad Green		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2007	
Mailing Address 5960 Co Rd 19		<b>Transaction ID:</b> 26498186	
City State Zip Code Linden AL 36748	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Maryjane Healey		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2007	
Mailing Address 6710 124Th Place Se		<b>Transaction ID:</b> 26498187	
City State Zip Code Snohomish WA 98296-8649	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	181.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Mark J Hennen		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 1613 Atwater Path		<b>Transaction ID:</b> 26498188	
City State Zip Code Inver Grove Height MN 55077-1201	Amount of Each Receipt this Period 50.00		
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr George W Hertneky		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 16862 County Road 28		<b>Transaction ID:</b> 26498189	
City State Zip Code Brush CO 80723-9424	Amount of Each Receipt this Period 42.00		
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 ▼ 336.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Robert L Jarrell, III		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 50 Cedar Hill Rd		<b>Transaction ID:</b> 26498190	
City State Zip Code Albuquerque NM 87122-1928	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 ▼ 900.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	192.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 87
	<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) <b>A.</b> Dr Peter H Kehoe		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 789 N Broad		<b>Transaction ID:</b> 26498191	
City State Zip Code Galesburg IL 61401	Amount of Each Receipt this Period 175.00		
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 ▼ 1125.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Timothy G Koop		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 4912 Bluff Run Drive		<b>Transaction ID:</b> 26498192	
City State Zip Code Greensboro NC 27455-2200	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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Edward M Kosnoski		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 305 Kensington Ave S		<b>Transaction ID:</b> 26498193	
City State Zip Code Kent WA 98030-7004	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 ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	275.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 87
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Gary W Lasken		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 10215 N North Forest Trail		<b>Transaction ID:</b> 26498195
City State Zip Code Peoria IL 61615-1378	Amount of Each Receipt this Period 41.66	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 374.94	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr Matthew J Maki		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 372 Split Rail Ridge		<b>Transaction ID:</b> 26498196
City State Zip Code Williamston MI 48895-1668	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 225.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr Ronald J Meyer		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007
Mailing Address 9802 US 41		<b>Transaction ID:</b> 26498198
City State Zip Code Champion MI 49814	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	116.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 87
	<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 Susan M Brunnett

Mailing Address 9940 S Ashleigh Way

City Highlands Ranch State CO Zip Code 80126-4244

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2007

Transaction ID: 26498199

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Mitchell Todd Munson

Mailing Address 9940 S Ashleigh Way

City Highlands Ranch State CO Zip Code 80126-4244

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2007

Transaction ID: 26498200

Amount of Each Receipt this Period  
100.00

**C.** 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 ▼ 666.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2007

Transaction ID: 26498202

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>233.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 87
	<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) <b>A. Dr Jack L Schaeffer</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 3801 River View Cr		<b>Transaction ID: 26498203</b>	
City Birmingham	State AL	Zip Code 35243	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Dr Douglas J Walker</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address P O Box 988		<b>Transaction ID: 26498205</b>	
City Brookings	State OR	Zip Code 97415-0021	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Dr Jennifer E Davis</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 16 Pambrook Dr		<b>Transaction ID: 26498208</b>	
City Fishersville	State VA	Zip Code 22939-2123	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 378.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	142.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 87
	(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) <b>A.</b> Dr Richard L Foss		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address W5224 Knobloch Road		Transaction ID: 26498211	
City State Zip Code La Crosse WI 54601-2461	Amount of Each Receipt this Period 41.66		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 374.94		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Mira B Swiecicki		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 450 F Street		Transaction ID: 26498212	
City State Zip Code Blaine WA 98230-4201	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Jason K Dickerson		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 2581 Bridlewood Drive		Transaction ID: 26498213	
City State Zip Code Helena AL 35080-3916	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	108.66
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 87
	<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) <b>A.</b> Dr Ron W Roelfs		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 600 3Rd St Se		<b>Transaction ID:</b> 26498214	
City State Zip Code Waverly IA 50677-3516	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 315.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Maurice William Geldert		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 604 N Kentucky		<b>Transaction ID:</b> 26498221	
City State Zip Code Roswell NM 88201-4820	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>C.</b> Dr Frank Thomas Chinisci		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 8315 Holbrook Ct Ne		<b>Transaction ID:</b> 26498223	
City State Zip Code Albuquerque NM 87122-3841	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Gregory W Kraupa		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 4280 Reiland Lane		<b>Transaction ID:</b> 26498225	
City State Zip Code Shoreview MN 55126-3127	Amount of Each Receipt this Period 84.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 756.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Kevin L Alexander		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2007	
Mailing Address 8830 Walnut Trail		<b>Transaction ID:</b> 26509895	
City State Zip Code Sylvania OH 43560-8990	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Vasana Lerdvoratavee		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 2704 Rosewood Court		<b>Transaction ID:</b> 26510443	
City State Zip Code Woodridge IL 60517-3702	Amount of Each Receipt this Period 91.25		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 273.75		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 87
	<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Rand William Siekert		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007	
Mailing Address 6800 North Montezuma Drive		<b>Transaction ID:</b> 26510506	
City Tucson	State AZ	Amount of Each Receipt this Period 500.00	
Zip Code 85718-2432			
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr Chris D Cheyne		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007	
Mailing Address 1510 Berry Patch		<b>Transaction ID:</b> 26519000	
City Granbury	State TX	Amount of Each Receipt this Period 365.00	
Zip Code 76048-2700			
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr Tasker N Rodman, II		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007	
Mailing Address Po Box 370		<b>Transaction ID:</b> 26519002	
City Newport	State AR	Amount of Each Receipt this Period 250.00	
Zip Code 72112			
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1115.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 87
	<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) <b>A.</b> Dr Clifford A Lee		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007
Mailing Address 237 Wawona Street		<b>Transaction ID:</b> 26519004
City San Francisco	State CA	Zip Code 94127
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Michael J Haynes		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2007
Mailing Address 1460 Avant Road		<b>Transaction ID:</b> 26522606
City West Monroe	State LA	Zip Code 71291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 91.25
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 ▼ 273.75	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Thomas J De Luca		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address 884 Cahill Court		<b>Transaction ID:</b> 26524596
City Cheshire	State CT	Zip Code 06410-3302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
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 ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	966.25
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 87
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Paul J Lobby		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address RR 2 Box 245		<b>Transaction ID:</b> 26524615
City Ford City	State PA	Zip Code 16226-9802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
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 ▼ 375.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr Jack N Shorr		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 5838 Bountycircle		<b>Transaction ID:</b> 26524624
City Tavares	State FL	Zip Code 32778-9292
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 91.25
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 ▼ 273.75	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr Zoey K Loomis		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 3750 Highway 144		<b>Transaction ID:</b> 26524633
City Weldona	State CO	Zip Code 80653-9107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
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 ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	366.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 87
	<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) <b>A.</b> Dr Lars A Gentry		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 101 Greenbriar Dr		<b>Transaction ID:</b> 26524641	
City State Zip Code Carmi IL 62821-1510	Amount of Each Receipt this Period 125.00		
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 ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Steven Snapp		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 310 Tendoy		<b>Transaction ID:</b> 26524657	
City State Zip Code Bellevue ID 83313-5085	Amount of Each Receipt this Period 125.00		
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>C.</b> Dr Bruce Levinson		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2007	
Mailing Address 5508 Mount Pleasant Drive		<b>Transaction ID:</b> 26535272	
City State Zip Code Cazenovia NY 13035	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	615.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 87
	<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 Patricia M Feiten

Mailing Address 1942 Westlake Ave Apt 1509

City State Zip Code  
Seattle WA 98101-1237

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  
09 / 12 / 2007

**Transaction ID:** 26535278

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Steven M Berry

Mailing Address PO Box 1275

City State Zip Code  
Cedar Crest NM 87008-1275

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  
09 / 15 / 2007

**Transaction ID:** 26536200

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Naeem Z Abdulla

Mailing Address 442 Gregg Ave #203

City State Zip Code  
Santa Fe NM 87501-1667

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  
09 / 15 / 2007

**Transaction ID:** 26536201

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 87
	<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) <b>A.</b> Dr Jane Ellen Compton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address P O Box 1877		<b>Transaction ID:</b> 26536202	
City Taos	State NM	Amount of Each Receipt this Period 100.00	
Zip Code 87571-1877		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>B.</b> Dr Michael G Blake		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address P O Box 2859		<b>Transaction ID:</b> 26536203	
City Gallup	State NM	Amount of Each Receipt this Period 100.00	
Zip Code 87305-2859		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 ▼ 750.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Robert D Ratzlaff		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2007	
Mailing Address HC 98		<b>Transaction ID:</b> 26536204	
City Taos	State NM	Amount of Each Receipt this Period 50.00	
Zip Code 87571-9501		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			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 87
	<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 Arlene T. H. Sokola

Mailing Address 213 Summer Winds Dr Se

City State Zip Code  
Rio Rancho NM 87124

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  
09 / 15 / 2007

Transaction ID: 26536206

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Raymond P Herrera

Mailing Address #23 Road 5198

City State Zip Code  
Bloomfield NM 87413-9713

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  
09 / 15 / 2007

Transaction ID: 26536208

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Lynn A Davis

Mailing Address 1424 Tiffany Lane Se

City State Zip Code  
Rio Rancho NM 87124-0976

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  
09 / 15 / 2007

Transaction ID: 26536209

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 87
	<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 D. C. Dean

Mailing Address 532 Queens Court Ne

City State Zip Code  
Albuquerque NM 87109

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  
09 / 15 / 2007

Transaction ID: 26536210

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Michael L English

Mailing Address 4924 Chaqar Ct

City State Zip Code  
Las Cruces NM 88007-5464

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  
09 / 15 / 2007

Transaction ID: 26536211

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Donald B Leach

Mailing Address 221 Wittwer Ct Nw  
P O Box 129

City State Zip Code  
Los Lunas NM 87031-8438

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  
09 / 15 / 2007

Transaction ID: 26536212

Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 87
	<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 Craig F Clatanoff

Mailing Address 3537 Newcastle Dr Se

City State Zip Code  
Rio Rancho NM 87124-3672

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  
M M / D D / Y Y Y Y Y  
09 / 15 / 2007

Transaction ID: 26536213

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Brent E E Shelley

Mailing Address P O Box 130

City State Zip Code  
Mesilla Park NM 88047

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  
09 / 15 / 2007

Transaction ID: 26536214

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Elwin W Schutt

Mailing Address S. 910 Scilling Loop

City State Zip Code  
Post Falls ID 83854-0997

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  
M M / D D / Y Y Y Y Y  
09 / 15 / 2007

Transaction ID: 26536215

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 87
	<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 Orsillo

Mailing Address 1102 Green Hill Trace

City State Zip Code  
Tallahassee FL 32317-8634

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  
09 / 15 / 2007

**Transaction ID:** 26536216

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Joseph H Phillips

Mailing Address 13308 Cedar Trail

City State Zip Code  
Oklahoma City OK 73131-1801

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 ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2007

**Transaction ID:** 26536217

Amount of Each Receipt this Period  
312.50

**C.** Full Name (Last, First, Middle Initial)  
Dr Cheryl Kocher Robson

Mailing Address 2469 Jones Rd

City State Zip Code  
Winchester VA 22602-6605

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 Y  
09 / 15 / 2007

**Transaction ID:** 26536218

Amount of Each Receipt this Period  
87.50

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>525.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 87
	<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) <b>A.</b> Dr Alice Sterling		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2007
Mailing Address 5727 Canton Cove #111		<b>Transaction ID:</b> 26536333
City State Zip Code Winter Springs FL 32708-5033	Amount of Each Receipt this Period 45.00	
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 ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Peter V Candela		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007
Mailing Address P O Box 614		<b>Transaction ID:</b> 26536978
City State Zip Code Blythewood SC 29016-0614	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>C.</b> Dr James C Falconer, Jr		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2007
Mailing Address 3421 Kachemak Circle		<b>Transaction ID:</b> 26539095
City State Zip Code Anchorage AK 99515-2380	Amount of Each Receipt this Period 84.00	
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 ▼ 336.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	379.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 87
	(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) <b>A.</b> Dr Denise Lynn Thanepohn		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 130 Beaufort Circle		<b>Transaction ID:</b> 26539096	
City Anchorage	State AK	Amount of Each Receipt this Period 100.00	
Zip Code 99515-3706		FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Michael James Bennett		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 1624 Second St		<b>Transaction ID:</b> 26539097	
City Douglas	State AK	Amount of Each Receipt this Period 85.00	
Zip Code 99824-5211		FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Brian D Cin		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 11912 Town Park Circle		<b>Transaction ID:</b> 26539098	
City Eagle River	State AK	Amount of Each Receipt this Period 85.00	
Zip Code 99577-7788		FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 340.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	270.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Victoria Ann Blower		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2007	
Mailing Address 2301 Loussac Dr		<b>Transaction ID:</b> 26539099	
City Anchorage	State AK	Zip Code 99517-1230	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 336.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Steven F Tronnes		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 1689 N W Hopper St		<b>Transaction ID:</b> 26554138	
City Roseburg	State OR	Zip Code 97470	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Dr Todd E Funk		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 420 Gillman Avenue		<b>Transaction ID:</b> 26554154	
City Washington	State IL	Zip Code 61571-1136	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	734.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Robert P Pharr		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 130 Pharr Circle		<b>Transaction ID:</b> 26554156	
City Attalla	State AL	Amount of Each Receipt this Period 50.00	
Zip Code 35954-5599		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 ▼ 450.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Kirk D Kvitte		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 3732 Barclay Drive		<b>Transaction ID:</b> 26560869	
City Quincy	State IL	Amount of Each Receipt this Period 500.00	
Zip Code 62305-8659		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>C.</b> Dr C. Dirk Titus		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 1200 Mt Brook Ct		<b>Transaction ID:</b> 26560870	
City Greenwood	State IN	Amount of Each Receipt this Period 250.00	
Zip Code 46143		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			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 87
	<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 Gary R Maglio

Mailing Address 19 Lemay Street

City State Zip Code  
West Hartford CT 06107-2743

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  
09 / 20 / 2007

Transaction ID: 26565793

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Shannon C Franklin

Mailing Address 427 Cranberry Lane

City State Zip Code  
Crozet VA 22932-3160

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 ▼ 312.50

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2007

Transaction ID: 26567222

Amount of Each Receipt this Period  
62.50

**C.** Full Name (Last, First, Middle Initial)  
Dr Ivo Horak

Mailing Address 4366 Cooper Oaks Dr

City State Zip Code  
Smyrna GA 30082-4766

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  
09 / 23 / 2007

Transaction ID: 26567223

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	527.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 87
	<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 Douglas J Mc Bride

Mailing Address 3103 Sycamore Lane

City Billings State MT Zip Code 59102-0523

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  
09 / 23 / 2007

Transaction ID: 26567225

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Larry G Obie

Mailing Address 1330 12Th Ave

City Havre State MT Zip Code 59501-5401

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  
09 / 23 / 2007

Transaction ID: 26567226

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Dirk Michael Beyer

Mailing Address 709 South 5Th St

City Hamilton State MT Zip Code 59840-2755

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  
09 / 23 / 2007

Transaction ID: 26567227

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 87
	<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)  
Marcus H Kelley

Mailing Address 1127 Wilder

City State Zip Code  
Helena MT 59601

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  
09 / 23 / 2007

**Transaction ID: 26567228**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City State Zip Code  
Bloomington IL 61704-6300

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 ▼ 510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2007

**Transaction ID: 26567229**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City State Zip Code  
Central City KY 42330-1727

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  
09 / 24 / 2007

**Transaction ID: 26567230**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	185.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 87
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr Thomas Robert Kroll		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 9070 Rosada		<b>Transaction ID:</b> 26567762	
City Las Vegas	State NV	Amount of Each Receipt this Period 250.00	
Zip Code 89149-3555			
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		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr Elliot M Kirstein		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 9831 Orchard Club Drive		<b>Transaction ID:</b> 26567769	
City Cincinnati	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 45242			
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		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr Mary Ellen Padusi		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 110 Beacon Point Ct		<b>Transaction ID:</b> 26567775	
City Joppa	State MD	Amount of Each Receipt this Period 150.00	
Zip Code 21085-4533			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 87
	<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 Monroe Vaught

Mailing Address 1305 Collins Street

City State Zip Code  
Conway SC 29526-3624

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 24 / 2007

**Transaction ID: 26568228**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Larry J Davis

Mailing Address 3309 Town And Country Lane

City State Zip Code  
Saint Charles MO 63301-0648

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2007

**Transaction ID: 26568479**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr James R Dallas

Mailing Address 7762 Svl Box

City State Zip Code  
Victorville CA 92392

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  
09 / 24 / 2007

**Transaction ID: 26608663**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 87
	<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)  
Albert S Licup

Mailing Address 226 S Harvey Ave

City State Zip Code  
Oak Park IL 60302-3312

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 ▼ 250.02

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2007

Transaction ID: 26614437

Amount of Each Receipt this Period  
41.67

**B.** Full Name (Last, First, Middle Initial)  
Dr Annette L Hanian

Mailing Address 4717 E Berneil Drive

City State Zip Code  
Phoenix AZ 85028-5506

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 ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2007

Transaction ID: 26615214

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Mark Joseph Page

Mailing Address 3102 E Desert Broom Way

City State Zip Code  
Phoenix AZ 85048-8316

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 ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2007

Transaction ID: 26615850

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	491.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 87
	<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) <b>A.</b> Dr Charlotte F Nielsen		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007
Mailing Address 118 Whitehall Court		<b>Transaction ID:</b> 26616739
City State Zip Code Grayslake IL 60030-3492	Amount of Each Receipt this Period 100.00	
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>B.</b> Dr Kenneth Ray Moultrie		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007
Mailing Address 1809 Gaslight Way		<b>Transaction ID:</b> 26616741
City State Zip Code Huntsville AL 35801-1555	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 ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr Kathleen E Goff		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007
Mailing Address 805 E Blanchard Ave		<b>Transaction ID:</b> 26616742
City State Zip Code El Paso TX 79902-2722	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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 87
	<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 Yvonne Ann Mc Closkey

Mailing Address 5 Calle Otra Banda

City State Zip Code  
Santa Fe NM 87506-2772

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  
09 / 30 / 2007

Transaction ID: 26616743

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr Mohammad Reza Rafieetary

Mailing Address P O Box 172078

City State Zip Code  
Memphis TN 38187-2078

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  
09 / 28 / 2007

Transaction ID: 26618816

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr Aharon Sternberg

Mailing Address 3231 Sleeping Lady Lane

City State Zip Code  
Anchorage AK 99515-2419

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  
M M / D D / Y Y Y Y Y  
09 / 10 / 2007

Transaction ID: 26721225

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$1000.00 This changes the YTD Total to \$1-000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>18610.57</b>

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

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

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Transaction ID: 26626548 Date of Disbursement 09 / 04 / 2007
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 506.44
City St. Louis State MO Zip Code 63179	Purpose of Disbursement Bank of America Fee 9/4/2007 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) ▼	Bank of America Fee 9/4/2-007

Full Name (Last, First, Middle Initial) <b>B. Bank of America</b>		Transaction ID: 26626814 Date of Disbursement 09 / 04 / 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 Fee 9/4/2007 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) ▼	Bank of America Fee 9/4/2-007

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		Transaction ID: 26627015 Date of Disbursement 09 / 05 / 2007
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 81.12
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 9/5/2007 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 9/5/-2007

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	587.57
<b>TOTAL</b> 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) <b>A. Bank of America</b>		<b>Transaction ID:</b> 26627324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 10.10
City St. Louis State MO Zip Code 63179	Purpose of Disbursement Discover Service Fee 09/05/2007 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) ▼	Discover Service Fee 09/0-5/2007

Full Name (Last, First, Middle Initial) <b>B. Wachovia Federal</b>		<b>Transaction ID:</b> 26618823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 1650 Tyson Blvd.		Amount of Each Disbursement this Period 724.25
City McLean State VA Zip Code 22102	Purpose of Disbursement Wachovia Bank Fee 9/12/2007 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) ▼	Wachovia Bank Fee 9/12/20-07

Full Name (Last, First, Middle Initial) <b>C. Bank of America</b>		<b>Transaction ID:</b> 26627605 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 28.79
City St. Louis State MO Zip Code 63179	Purpose of Disbursement Bank of America Fee 09/17/2007 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) ▼	Bank of America Fee 09/17-/2007

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>763.14</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>1350.71</b>

**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) <b>A. Pallone For Congress</b>		<b>Transaction ID:</b> 26497960 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 7
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2500.00
City Long Branch State NJ Zip Code 07740	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. John D. Dingell For Congress Committee</b>		<b>Transaction ID:</b> 26520707 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. John D. Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Tammy Baldwin For Congress</b>		<b>Transaction ID:</b> 26520688 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 696		Amount of Each Disbursement this Period 1000.00
City Madison State WI Zip Code 53701	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 2		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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) <b>A. Friends Of Max Baucus</b>		<b>Transaction ID:</b> 26520737 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 236 Massachusetts Avenue, N.E. Suite 603		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Sen. Max Baucus		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Boehner</b>		<b>Transaction ID:</b> 26520686 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 7908-12 Cincinnati Dayton Road		Amount of Each Disbursement this Period 1000.00
City West Chester State OH Zip Code 45069	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. John A. Boehner		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Jim Clyburn</b>		<b>Transaction ID:</b> 26520708 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 1500.00
City Columbia State SC Zip Code 29211	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. James E. Clyburn		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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) <b>A. Crowley For Congress</b>		Transaction ID: 26520626 Date of Disbursement 09 / 12 / 2007
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Candidate Name Rep. Joseph Crowley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 7	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>B. Inslee For Congress</b>		Transaction ID: 26520681 Date of Disbursement 09 / 12 / 2007
Mailing Address PO Box 33027		Amount of Each Disbursement this Period 2500.00
City Seattle State WA Zip Code 98133	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Candidate Name Rep. Jay Inslee	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA 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>C. Lautenberg For Senate</b>		Transaction ID: 26520709 Date of Disbursement 09 / 12 / 2007
Mailing Address Riverfront Plaza Station PO Box 200596		Amount of Each Disbursement this Period 3000.00
City Newark State NJ Zip Code 07102	Purpose of Disbursement Candidate Contribution 011 Category/Type	
Candidate Name Sen. Frank R. Lautenberg	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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)

<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) <b>A. LoBiondo For Congress</b>		<b>Transaction ID: 26520736</b> Date of Disbursement 09 / 12 / 2007
Mailing Address PO Box 775		Amount of Each Disbursement this Period 2500.00
City Marmora State NJ Zip Code 08223	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Frank A. LoBiondo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 2 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>B. Ciro D. Rodriguez For Congress</b>		<b>Transaction ID: 26520727</b> Date of Disbursement 09 / 12 / 2007
Mailing Address PO Box 14528		Amount of Each Disbursement this Period 2000.00
City San Antonio State TX Zip Code 78214	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Ciro Rodriguez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23 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>C. Ed Royce For Congress</b>		<b>Transaction ID: 26520695</b> Date of Disbursement 09 / 12 / 2007
Mailing Address P.O. Box 2525		Amount of Each Disbursement this Period 1000.00
City Orange State CA Zip Code 92859	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Edward R. Royce Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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)

<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) <b>A. Friends Of Cliff Stearns</b>		<b>Transaction ID:</b> 26520678 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 308		Amount of Each Disbursement this Period 1000.00
City Silver Springs State FL Zip Code 34489	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Clifford B. Stearns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 6		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Tiberi For Congress</b>		<b>Transaction ID:</b> 26520739 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43229	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Patrick J. Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Dave Wu For Us Congress</b>		<b>Transaction ID:</b> 26520734 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 818 Sw Third Ave. #1182		Amount of Each Disbursement this Period 2000.00
City Portland State OR Zip Code 97204	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. David Wu Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 1		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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)

<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) <b>A. Mike Rogers For Congress</b>		Transaction ID: 26520649 Date of Disbursement 09 / 12 / 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	011 Category/Type	
Candidate Name Rep. Michael D. Rogers	Candidate Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rush Holt For Congress</b>		Transaction ID: 26520735 Date of Disbursement 09 / 12 / 2007	
Mailing Address PO Box 782		Amount of Each Disbursement this Period 2000.00	
City Pennington State NJ Zip Code 08534	Purpose of Disbursement Candidate Contribution	011 Category/Type	
Candidate Name Rep. Rush D. Holt	Candidate Contribution		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. AMERIPAC: The Fund for a Greater America</b>		Transaction ID: 26520652 Date of Disbursement 09 / 12 / 2007	
Mailing Address 1341 G Street NW Suite 200		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement Committee Contribution	011 Category/Type	
Candidate Name	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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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)

<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) <b>A. A Whole Lot Of People For Grijalva Cong. Comm.</b>		<b>Transaction ID: 26520537</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 1242		Amount of Each Disbursement this Period 1000.00
City Tucson State AZ Zip Code 85702	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Raul M. Grijalva		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 7
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John Salazar For Congress</b>		<b>Transaction ID: 26520554</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 534		Amount of Each Disbursement this Period 1000.00
City Pueblo State CO Zip Code 81002	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. John T. Salazar		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Our Congress PAC</b>		<b>Transaction ID: 26520675</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 344		Amount of Each Disbursement this Period 5000.00
City Prescott State AR Zip Code 71857	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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A. ROTH PAC</b> Full Name (Last, First, Middle Initial) Mailing Address 209 Pennsylvania Ave., SE City Washington State DC Zip Code 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) ▼		<b>Transaction ID: 26520725</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 2500.00 Category/Type 011 Committee Contribution
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<b>B. Courtney For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 38 Risley Road City Vernon State CT Zip Code 06066 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Joseph D. Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 26520619</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 Category/Type 011 Candidate Contribution
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<b>C. Giffords For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 27565 City Tucson State AZ Zip Code 85726 Purpose of Disbursement Candidate Contribution Candidate Name Rep. Gabrielle Giffords Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 8 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 26520573</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7 Amount of Each Disbursement this Period 1000.00 Category/Type 011 Candidate Contribution
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Arcuri For Congress</b>		<b>Transaction ID:</b> 26520699 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 1000.00
City Utica	State NY	
Zip Code 13505		Candidate Contribution
Purpose of Disbursement Candidate Contribution		
Candidate Name Rep. Michael Arcuri		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) ▼	
State: NY District: 24		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Phil Hare</b>		<b>Transaction ID:</b> 26520597 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 313 17th Street P.O. Box 4183		Amount of Each Disbursement this Period 2000.00
City Rock Island	State IL	
Zip Code 61202		Candidate Contribution
Purpose of Disbursement Candidate Contribution		
Candidate Name Mr. Philip Hare		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) ▼	
State: IL District: 17		

Full Name (Last, First, Middle Initial) <b>C. Castor For Congress</b>		<b>Transaction ID:</b> 26520697 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 301 W. Platt Street #385		Amount of Each Disbursement this Period 1000.00
City Tampa	State FL	
Zip Code 33606		Candidate Contribution
Purpose of Disbursement Candidate Contribution		
Candidate Name Rep. Katherine Castor		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) ▼	
State: FL District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Friends Of Mazie Hirono</b>		Transaction ID: 26520742 Date of Disbursement 09 / 12 / 2007
Mailing Address PO Box 677		Amount of Each Disbursement this Period 1000.00
City Honolulu State HI Zip Code 96809	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Mazie Hirono		
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>B. Harry Mitchell For Congress</b>		Transaction ID: 26520621 Date of Disbursement 09 / 12 / 2007
Mailing Address PO Box 23748		Amount of Each Disbursement this Period 1000.00
City Tempe State AZ Zip Code 85285	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Harry Mitchell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ 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>C. Loeb sack For Congress</b>		Transaction ID: 26520553 Date of Disbursement 09 / 12 / 2007
Mailing Address PO Box 1457		Amount of Each Disbursement this Period 1000.00
City Iowa City State IA Zip Code 52244	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Dave Loeb sack		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Akaka In 2012</b>		Transaction ID: 26520535 Date of Disbursement 09 / 12 / 2007	
Mailing Address PO Box 3129		Amount of Each Disbursement this Period 1000.00	
City Honolulu State HI Zip Code 96802	Purpose of Disbursement Candidate Contribution 011 Category/ Type	Candidate Contribution	
Candidate Name Mr. Daniel Akaka	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: HI District:			

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Barrasso</b>		Transaction ID: 26520600 Date of Disbursement 09 / 12 / 2007	
Mailing Address 6896 Casper Mountain Rd		Amount of Each Disbursement this Period 1000.00	
City Casper State WY Zip Code 82601	Purpose of Disbursement Candidate Contribution 011 Category/ Type	Candidate Contribution	
Candidate Name Mr. John Barrasso	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: WY District:			

Full Name (Last, First, Middle Initial) <b>C. Shore PAC</b>		Transaction ID: 26520705 Date of Disbursement 09 / 12 / 2007	
Mailing Address P O Box 3157		Amount of Each Disbursement this Period 5000.00	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Committee Contribution 011 Category/ Type	Committee Contribution	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input 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) <b>A. Independent Action, Inc.</b>		<b>Transaction ID:</b> 26520724 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address 1619 13th Street NW		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20009	Purpose of Disbursement Committee Contribution Candidate Name Category/Type 011	
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>B. Niki Tsongas Committee, The</b>		<b>Transaction ID:</b> 26520729 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 7
Mailing Address PO Box 1454		Amount of Each Disbursement this Period 2500.00
City Lowell State MA Zip Code 01853	Purpose of Disbursement Candidate Contribution Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 5		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General

Full Name (Last, First, Middle Initial) <b>C. Klein For Congress</b>		<b>Transaction ID:</b> 26522387 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 7
Mailing Address 21301 Powerline Road Suite 204		Amount of Each Disbursement this Period 2000.00
City Boca Raton State FL Zip Code 33433	Purpose of Disbursement Candidate Contribution Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Doggett For US Congress</b>		Transaction ID: 26515962 Date of Disbursement 09 / 17 / 2007	
Mailing Address 1157 San Bernard		Amount of Each Disbursement this Period -1000.00	
City Austin State TX Zip Code 78702	Purpose of Disbursement Void - Originally reported 10/08/1996	011 Category/Type	
Candidate Name Rep. Lloyd Doggett	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25		
Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Void - Originally reported 10/08/1996	

Full Name (Last, First, Middle Initial) <b>B. Doggett For US Congress</b>		Transaction ID: 26700970 Date of Disbursement 09 / 17 / 2007	
Mailing Address 1157 San Bernard		Amount of Each Disbursement this Period -2500.00	
City Austin State TX Zip Code 78702	Purpose of Disbursement Void -originally reported 7/3/1997	011 Category/Type	
Candidate Name Rep. Lloyd Doggett	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25		
Disbursement For: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Void -originally reported 7/3/1997	

Full Name (Last, First, Middle Initial) <b>C. Jay Dickey for Congress</b>		Transaction ID: 26516601 Date of Disbursement 09 / 17 / 2007	
Mailing Address 208 E 5th		Amount of Each Disbursement this Period -1500.00	
City Pine Bluff State AR Zip Code 71601	Purpose of Disbursement Void - Originally reported 7/30/1996	011 Category/Type	
Candidate Name Jay Dickey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4		
Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Void - Originally reported 7/30/1996	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-5000.00
<b>TOTAL</b> 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)

<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) <b>A. Friends Of Chris Dodd</b>		<b>Transaction ID:</b> 26518728 Date of Disbursement 09 / 17 / 2007
Mailing Address PO Box 270701		Amount of Each Disbursement this Period -1000.00
City West Hartford State CT Zip Code 06127	011 Category/Type	
Purpose of Disbursement Void - Originally reported 10/9/1998		
Candidate Name Sen. Christopher J. Dodd	Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Void - Originally reported 10/9/1998	

Full Name (Last, First, Middle Initial) <b>B. Durbin for Congress Committee</b>		<b>Transaction ID:</b> 26512762 Date of Disbursement 09 / 17 / 2007
Mailing Address 122 C Street, NW, #500A		Amount of Each Disbursement this Period -500.00
City Washington State DC Zip Code 20001	011 Category/Type	
Purpose of Disbursement Void - Originally reported 9/9/1994		
Candidate Name Dick Durbin	Disbursement For: 1994 <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: IL District: 20	Void - Originally reported 9/9/1994	

Full Name (Last, First, Middle Initial) <b>C. English for Congress</b>		<b>Transaction ID:</b> 26512759 Date of Disbursement 09 / 17 / 2007
Mailing Address P.O. Box 272		Amount of Each Disbursement this Period -500.00
City Flagstaff State AZ Zip Code 86002	011 Category/Type	
Purpose of Disbursement Void - Originally reported 6/22/1994		
Candidate Name Karan English	Disbursement For: 1994 <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: AZ District: 6	Void - Originally reported 6/22/1994	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s)  
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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) <b>A. Ewing for Congress</b>		<b>Transaction ID:</b> 26518713 Date of Disbursement 09 / 17 / 2007
Mailing Address 402 North Plum		Amount of Each Disbursement this Period -1000.00
City Pontiac State IL Zip Code 61764	Purpose of Disbursement Void - Originally reported 9/24/1998 Candidate Name Thomas W. Ewing Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15 Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Void - Originally reported 9/24/1998

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mark Foley</b>		<b>Transaction ID:</b> 26518726 Date of Disbursement 09 / 17 / 2007
Mailing Address 1316 Lake Victoria Dr		Amount of Each Disbursement this Period -1000.00
City Lake Worth State FL Zip Code 33461	Purpose of Disbursement Void - Originally reported 9/30/1998 Candidate Name Mr. Mark Foley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Void - Originally reported 9/30/1998

Full Name (Last, First, Middle Initial) <b>C. Re-Elect Tom Foley</b>		<b>Transaction ID:</b> 26554568 Date of Disbursement 09 / 17 / 2007
Mailing Address 555 New Jersey Ave., NW		Amount of Each Disbursement this Period -1000.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Void -originally reported 9/9/1994 Candidate Name Tom Foley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 5 Disbursement For: 1994 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Void -originally reported 9/9/1994

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-3000.00
<b>TOTAL</b> 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)

<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) <b>A. Franks for Congress</b>		<b>Transaction ID:</b> 26554163 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address P O Box 2743		Amount of Each Disbursement this Period -500.00
City Waterbury State CT Zip Code 06723	Void - Originally reported 8/16/1993	
Purpose of Disbursement Void - Originally reported 8/16/1993		011 Category/Type
Candidate Name Gary Franks		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 1994 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 5

Full Name (Last, First, Middle Initial) <b>B. Committee for Sam Gibbons</b>		<b>Transaction ID:</b> 26512790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address PO Box 2884		Amount of Each Disbursement this Period -2000.00
City Washington State DC Zip Code 20013	Void - Originally reported 10/24/1994	
Purpose of Disbursement Void - Originally reported 10/24/1994		011 Category/Type
Candidate Name Sam Gibbons		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 11

Full Name (Last, First, Middle Initial) <b>C. Congressman Bart Gordon Committee</b>		<b>Transaction ID:</b> 26518712 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period -500.00
City Murfreesboro State TN Zip Code 37133	Void - Originally reported 3/25/1998	
Purpose of Disbursement Void - Originally reported 3/25/1998		011 Category/Type
Candidate Name Rep. Bart Gordon		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 6

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-3000.00
<b>TOTAL</b> 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)

<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) <b>A. Grassley Committee Inc</b>		<b>Transaction ID:</b> 26554179 Date of Disbursement 09 / 17 / 2007
Mailing Address PO Box 1000		Amount of Each Disbursement this Period -1000.00
City Des Moines	State IA Zip Code 50304	
Purpose of Disbursement Void - Originally reported 3/3/1995		
Candidate Name Sen. Charles E. Grassley		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 3/3/1995
State: IA District:		

Full Name (Last, First, Middle Initial) <b>B. Lee Hamilton for Congress</b>		<b>Transaction ID:</b> 26516548 Date of Disbursement 09 / 17 / 2007
Mailing Address P O Box 99		Amount of Each Disbursement this Period -500.00
City Jeffersonville	State IN Zip Code 47131	
Purpose of Disbursement Void - Originally reported 8/1/1996		
Candidate Name Lee Hamilton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 8/1/1996
State: IN District: 9		

Full Name (Last, First, Middle Initial) <b>C. Hastert For Congress Committee</b>		<b>Transaction ID:</b> 26518734 Date of Disbursement 09 / 17 / 2007
Mailing Address P. O. Box 625		Amount of Each Disbursement this Period -2500.00
City Batavia	State IL Zip Code 60510	
Purpose of Disbursement Void - Originally reported 10/9/1998		
Candidate Name Rep. J. Dennis Hastert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 10/9/1998
State: IL District: 14		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Hattery for Congress</b>		<b>Transaction ID:</b> 26512668 Date of Disbursement 09 / 17 / 2007
Mailing Address P.O. Box 127		Amount of Each Disbursement this Period -1000.00
City Mt. Airy State MD Zip Code 21771	Purpose of Disbursement Void -originally reported 10/28/1992 Candidate Name Tom Hattery Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 6	Disbursement For: 1992 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void -originally reported 10/28/1992

Full Name (Last, First, Middle Initial) <b>B. Committee To Re-Elect Congressman Duncan Hunter</b>		<b>Transaction ID:</b> 26512750 Date of Disbursement 09 / 17 / 2007
Mailing Address 9340 Fuerte Drive Suite 302		Amount of Each Disbursement this Period -500.00
City La Mesa State CA Zip Code 91941	Purpose of Disbursement Void - Originally reported 03/28/1994 Candidate Name Rep. Duncan L. Hunter Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 03/28/1994

Full Name (Last, First, Middle Initial) <b>C. Asa Hutchinson for Senate</b>		<b>Transaction ID:</b> 26515905 Date of Disbursement 09 / 17 / 2007
Mailing Address 1415 W 7th Street Attn: Front Office		Amount of Each Disbursement this Period -2500.00
City Little Rock State AR Zip Code 72202	Purpose of Disbursement Void - Originally reported 10/16/1996 Candidate Name Asa Hutchinson Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 10/16/1996

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-4000.00
<b>TOTAL</b> 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)

<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) <b>A. Abraham for Senate Committee</b>		Transaction ID: 26554180 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 425 Second Street, N.W.		Amount of Each Disbursement this Period -1000.00	
City Washington State DC Zip Code 20002	011 Category/ Type		
Purpose of Disbursement Void - Originally reported 3/22/1995			
Candidate Name Spencer Abraham			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 1994 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement	Void - Originally reported 3/22/1995	

Full Name (Last, First, Middle Initial) <b>B. Andrews For Congress Committee</b>		Transaction ID: 26512783 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 215 Fourth Avenue Suite 200		Amount of Each Disbursement this Period -1500.00	
City Haddon Heights State NJ Zip Code 08035	011 Category/ Type		
Purpose of Disbursement Void - Originally reported 9/29/1994			
Candidate Name Rep. Robert E. Andrews			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 1	Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 9/29/1994	

Full Name (Last, First, Middle Initial) <b>C. Mike Andrews for Congress Committee</b>		Transaction ID: 26554161 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 808 Winbern		Amount of Each Disbursement this Period -1000.00	
City Houston State TX Zip Code 77002	011 Category/ Type		
Purpose of Disbursement Void - Originally reported 10/28/1992			
Candidate Name Mike Andrews			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 1992 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 10/28/1992	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-3500.00
<b>TOTAL</b> 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)

<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) <b>A. Dick Arney Campaign Committee</b>		Transaction ID: 26518796 Date of Disbursement 09 / 17 / 2007	
Mailing Address P O Box 85		Amount of Each Disbursement this Period -2500.00	
City Lewisville State TX Zip Code 75067	Purpose of Disbursement Void - Originally reported 10/19/2000	011 Category/ Type	
Candidate Name Richard K. Arney	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void - Originally reported 10/19/2000	

Full Name (Last, First, Middle Initial) <b>B. BAC-PAC</b>		Transaction ID: 26518789 Date of Disbursement 09 / 17 / 2007	
Mailing Address 227 Massachusetts Avenue, N.E. Suite 302		Amount of Each Disbursement this Period -1000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Void - Originally reported 10/30/1998	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) ▼ Void - Originally reported 10/30/1998	

Full Name (Last, First, Middle Initial) <b>C. Bill Baker for Congress</b>		Transaction ID: 26512660 Date of Disbursement 09 / 17 / 2007	
Mailing Address P O Box 16021		Amount of Each Disbursement this Period -1000.00	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Void - Originally reported 9/24/1992	011 Category/ Type	
Candidate Name Bill Baker	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 1992 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Void - Originally reported 9/24/1992	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-4500.00
<b>TOTAL</b> 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)

<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) <b>A. Evan Bayh Committee</b>		<b>Transaction ID:</b> 26516801 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7	
Mailing Address 850 Ft Wayne Avenue		Amount of Each Disbursement this Period -1000.00	
City Indianapolis State IN Zip Code 46204	Void - Originally reported 12/12/1997		
Purpose of Disbursement Void - Originally reported 12/12/1997			011 Category/ Type
Candidate Name Sen. Evan Bayh			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:

Full Name (Last, First, Middle Initial) <b>B. Sanford D. Bishop Jr. For Congress</b>		<b>Transaction ID:</b> 26516382 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7	
Mailing Address P. O. Box 909		Amount of Each Disbursement this Period -500.00	
City Columbus State GA Zip Code 31902	Void - Originally reported 9/11/1996		
Purpose of Disbursement Void - Originally reported 9/11/1996			011 Category/ Type
Candidate Name Rep. Sanford D. Bishop, Jr.			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 2

Full Name (Last, First, Middle Initial) <b>C. Bliley for Congress Committee</b>		<b>Transaction ID:</b> 26512651 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7	
Mailing Address 3830 Ingalls Avenue		Amount of Each Disbursement this Period -500.00	
City Alexandria State VA Zip Code 22302	Void originally reported 08/31/1992		
Purpose of Disbursement Void originally reported 08/31/1992			011 Category/ Type
Candidate Name Thomas J. Bliley			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 1992 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 7

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-2000.00
<b>TOTAL</b> 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) <b>A. Jay Bradford Congressional Committee</b>		Transaction ID: 26512779 Date of Disbursement 09 / 17 / 2007
Mailing Address 901 B West 6th Ave.		Amount of Each Disbursement this Period -1000.00
City Pine Bluff	State AR Zip Code 71611	
Purpose of Disbursement Void - Originally reported 9/28/1994		
Candidate Name Jay Bradford		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 9/28/1994
State: AR District: 4		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Sherrod Brown</b>		Transaction ID: 26512734 Date of Disbursement 09 / 17 / 2007
Mailing Address PO Box 76187 Suite 800		Amount of Each Disbursement this Period -500.00
City Washington	State DC Zip Code 20013	
Purpose of Disbursement Void - Originally reported 7/27/1993		
Candidate Name Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 7/27/1993
State: OH District: 13		

Full Name (Last, First, Middle Initial) <b>C. Mac Collins for Congress</b>		Transaction ID: 26516481 Date of Disbursement 09 / 17 / 2007
Mailing Address P O Box 35		Amount of Each Disbursement this Period -500.00
City Jonesboro	State GA Zip Code 30237	
Purpose of Disbursement Void - Originally reported 9/11/1996		
Candidate Name Mac Collins		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 9/11/1996
State: GA District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-2000.00
<b>TOTAL</b> 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)

PAGE 69 / 87

<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) <b>A. Costello For Congress Committee</b>		Transaction ID: 26512758 Date of Disbursement 09 / 17 / 2007
Mailing Address P. O. Box 8250		Amount of Each Disbursement this Period -300.00
City Belleville	State IL Zip Code 62222	
Purpose of Disbursement Void - Originally reported 5/17/1994		
Candidate Name Rep. Jerry F. Costello		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 5/17/1994
State: IL District: 12		

Full Name (Last, First, Middle Initial) <b>B. Craig For U S Senate</b>		Transaction ID: 26515756 Date of Disbursement 09 / 17 / 2007
Mailing Address PO Box 2754 802 W Bannock Suite Lp101		Amount of Each Disbursement this Period -2500.00
City Boise	State ID Zip Code 83701	
Purpose of Disbursement Void - Originally reported 10/16/1996		
Candidate Name Sen. Larry E. Craig		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 10/16/1996
State: ID District:		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Duke Cunningham</b>		Transaction ID: 26512751 Date of Disbursement 09 / 17 / 2007
Mailing Address 2003 Bayview Heights Dr #30		Amount of Each Disbursement this Period -500.00
City San Diego	State CA Zip Code 92105	
Purpose of Disbursement Void - Originally reported 03/28/1994		
Candidate Name Mr. Duke Cunningham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 03/28/1994
State: CA District: 51		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-3300.00
<b>TOTAL</b> 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)

<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) <b>A. Jim Davis For Congress</b>		Transaction ID: 26516694 Date of Disbursement 09 / 17 / 2007	
Mailing Address PO Box 18143		Amount of Each Disbursement this Period -1000.00	
City Tampa	State FL		011 Category/ Type
Zip Code 33679			
Purpose of Disbursement Void - Originally reported 5/12/1997			
Candidate Name Mr. Jim Davis		Void - Originally reported 5/12/1997	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 11			

Full Name (Last, First, Middle Initial) <b>B. Tom Delay Congressional Committee</b>		Transaction ID: 26518776 Date of Disbursement 09 / 17 / 2007	
Mailing Address 1606 Brookstone Lane		Amount of Each Disbursement this Period -3000.00	
City Sugar Land	State TX		011 Category/ Type
Zip Code 77479			
Purpose of Disbursement Void - Originally reported 10/14/1998			
Candidate Name Rep. Tom DeLay		Void - Originally reported 10/14/1998	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 22			

Full Name (Last, First, Middle Initial) <b>C. Walter Jones For Congress Committee</b>		Transaction ID: 26554168 Date of Disbursement 09 / 17 / 2007	
Mailing Address PO Box 99667		Amount of Each Disbursement this Period -500.00	
City Raleigh	State NC		011 Category/ Type
Zip Code 27624			
Purpose of Disbursement Void - Originally reported 3/3/1995			
Candidate Name Rep. Walter B. Jones, Jr.		Void - Originally reported 3/3/1995	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1996 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NC District: 3			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-4500.00
<b>TOTAL</b> 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)

<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) <b>A. Sue Kelly For Congress</b>		<b>Transaction ID: 26518718</b> Date of Disbursement 09 / 17 / 2007
Mailing Address PO Box 599		Amount of Each Disbursement this Period -1000.00
City Katonah	State NY	
Zip Code 10536	Purpose of Disbursement Void - Originally reported 9/30/1998 Candidate Name Rep. Sue W. Kelly Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Void - Originally reported 9/30/1998		

Full Name (Last, First, Middle Initial) <b>B. Pete King For Congress Committee</b>		<b>Transaction ID: 26516101</b> Date of Disbursement 09 / 17 / 2007
Mailing Address Post Office Box 1428		Amount of Each Disbursement this Period -500.00
City Seaford	State NY	
Zip Code 11783	Purpose of Disbursement Void - Originally reported 09/18/1996 Candidate Name Rep. Peter T. King Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 3	Disbursement For: 1996 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Void - Originally reported 09/18/1996		

Full Name (Last, First, Middle Initial) <b>C. Klug for Congress</b>		<b>Transaction ID: 26554182</b> Date of Disbursement 09 / 17 / 2007
Mailing Address PO Box 5619		Amount of Each Disbursement this Period -2000.00
City Madison	State WI	
Zip Code 53705	Purpose of Disbursement Void - Originally reported 6/4/1996 Candidate Name Scott Klug Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 2	Disbursement For: 1996 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Void - Originally reported 6/4/1996		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Kuchinich for Congress</b>		Transaction ID: 26518783 Date of Disbursement 09 / 17 / 2007
Mailing Address 609 E Smith Street		Amount of Each Disbursement this Period -1500.00
City Hicksville	State OH	
Zip Code 43526	Category/Type 011	
Purpose of Disbursement Void - Originally reported 10/21/1998		
Candidate Name Dennis Kuchinich		Void - Originally reported 10/21/1998
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 10		

Full Name (Last, First, Middle Initial) <b>B. Jon Kyl For U S Senate</b>		Transaction ID: 26518790 Date of Disbursement 09 / 17 / 2007
Mailing Address PO Box 10246		Amount of Each Disbursement this Period -1000.00
City Phoenix	State AZ	
Zip Code 85064	Category/Type 011	
Purpose of Disbursement Void - Originally reported 11/9/1999		
Candidate Name Sen. Jon Kyl		Void - Originally reported 11/9/1999
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District:		

Full Name (Last, First, Middle Initial) <b>C. Lampson for Congress</b>		Transaction ID: 26515855 Date of Disbursement 09 / 17 / 2007
Mailing Address P O Box 21578		Amount of Each Disbursement this Period -1500.00
City Beaumont	State TX	
Zip Code 77720	Category/Type 011	
Purpose of Disbursement Void - Originally reported 10/16/1996		
Candidate Name Nick Lampson		Void - Originally reported 10/16/1996
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 9		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Largent for Congress</b>		<b>Transaction ID:</b> 26518769 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 124 East 4th Street		Amount of Each Disbursement this Period -1000.00
City Tulsa State OK Zip Code 74103	Void - Originally reported 10/14/1998	
Purpose of Disbursement Void - Originally reported 10/14/1998		011 Category/ Type
Candidate Name Steve Largent		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 1
Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Joe Lieberman</b>		<b>Transaction ID:</b> 26512749 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address PO Box 231294 State House Square		Amount of Each Disbursement this Period -1000.00
City State House Square State CT Zip Code 06123	Void - Originally reported 03/28/1994	
Purpose of Disbursement Void - Originally reported 03/28/1994		011 Category/ Type
Candidate Name Sen. Joseph I. Lieberman		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:
Disbursement For: 1994 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Linder For Congress</b>		<b>Transaction ID:</b> 26516181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address P. O. Box 4026		Amount of Each Disbursement this Period -500.00
City Duluth State GA Zip Code 30096	Void - Originally reported 09/12/1996	
Purpose of Disbursement Void - Originally reported 09/12/1996		011 Category/ Type
Candidate Name Rep. John Linder		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 7
Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Trent Lott For Mississippi</b>		Transaction ID: 26512738 Date of Disbursement 09 / 17 / 2007	
Mailing Address PO Box 22824		Amount of Each Disbursement this Period -1000.00	
City Jackson State MS Zip Code 39225	Purpose of Disbursement Void - Originally reported 10/26/1993	011 Category/Type	
Candidate Name Sen. Trent Lott	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 1994 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District:		
		Void - Originally reported 10/26/1993	

Full Name (Last, First, Middle Initial) <b>B. Carrie Meek for Congress</b>		Transaction ID: 26512740 Date of Disbursement 09 / 17 / 2007	
Mailing Address 149 West Plaza Ste. 236		Amount of Each Disbursement this Period -500.00	
City Miami State FL Zip Code 33147	Purpose of Disbursement Void - Originally reported 11/11/1993	011 Category/Type	
Candidate Name Carrie P. Meek	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 17		
		Void - Originally reported 11/11/1993	

Full Name (Last, First, Middle Initial) <b>C. Mikulski For Senate Committee</b>		Transaction ID: 26512736 Date of Disbursement 09 / 17 / 2007	
Mailing Address P O B 13147		Amount of Each Disbursement this Period -1000.00	
City Baltimore State MD Zip Code 21203	Purpose of Disbursement Void - Originally reported 9/16/1993	011 Category/Type	
Candidate Name Sen. Barbara A. Mikulski	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:		
		Void - Originally reported 9/16/1993	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-2500.00
<b>TOTAL</b> 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)

<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) <b>A. Friends Of Senator Frank Murkowski</b>		Transaction ID: 26512662 Date of Disbursement 09 / 17 / 2007
Mailing Address C/O Vanness Feldman 7th Floor 1050 Thomas Jefferson St Nw		Amount of Each Disbursement this Period -500.00
City Washington State DC Zip Code 20007	Purpose of Disbursement Void -originally reported 9/30/1992 Category/Type 011	
Candidate Name Mr. Frank Murkowski	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District:	Disbursement For: 1992 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void -originally reported 9/30/1992

Full Name (Last, First, Middle Initial) <b>B. Peterson For Congress</b>		Transaction ID: 26512743 Date of Disbursement 09 / 17 / 2007
Mailing Address 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period -500.00
City Detroit Lakes State MN Zip Code 56501	Purpose of Disbursement Void - Originally reported 03/28/1994 Category/Type 011	
Candidate Name Rep. Collin C. Peterson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 7	Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Originally reported 03/28/1994

Full Name (Last, First, Middle Initial) <b>C. Earl Pomeroy For Congress</b>		Transaction ID: 26512761 Date of Disbursement 09 / 17 / 2007
Mailing Address P.O. Box 9336		Amount of Each Disbursement this Period -500.00
City Fargo State ND Zip Code 58106	Purpose of Disbursement Void - Originally reported 6/22/1994 Category/Type 011	
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: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Originally reported 6/22/1994

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-1500.00
<b>TOTAL</b> 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)

PAGE 76 / 87

<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) <b>A. Shelby For U S Senate</b>		<b>Transaction ID:</b> 26516849 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address Post Office Box 1091		Amount of Each Disbursement this Period -2500.00
City Tuscaloosa      State AL      Zip Code 35403		
Purpose of Disbursement Void - Originally reported 12/12/1997		Void - Originally reported 12/12/1997
Candidate Name Sen. Richard C. Shelby		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL      District:		

Full Name (Last, First, Middle Initial) <b>B. Joe Skeen for Congress</b>		<b>Transaction ID:</b> 26554181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address P O Box 2445		Amount of Each Disbursement this Period -500.00
City Roswell      State NM      Zip Code 88202		
Purpose of Disbursement Void - Originally reported 6/3/1996		Void - Originally reported 6/3/1996
Candidate Name Joe Skeen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1996 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM      District: 2		

Full Name (Last, First, Middle Initial) <b>C. Re-Elect Don Sundquist Committee</b>		<b>Transaction ID:</b> 26512675 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 67 Madison Avenue 12th Floor		Amount of Each Disbursement this Period -1000.00
City Memphis      State TN      Zip Code 38108		
Purpose of Disbursement Void - Originally reported 10/28/1992		Void - Originally reported 10/28/1992
Candidate Name Don Sundquist		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1992 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN      District: 7		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s)  
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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) <b>A. Ellen Tauscher For Congress</b>		<b>Transaction ID: 26518775</b> Date of Disbursement 09 / 17 / 2007
Mailing Address 20 Park Road, Suite E Suite E		Amount of Each Disbursement this Period -1500.00
City Burlingame State CA Zip Code 94010	Void - Originally reported 10/14/1998	
Purpose of Disbursement Void - Originally reported 10/14/1998		
Candidate Name Rep. Ellen O. Tauscher		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 10		

Full Name (Last, First, Middle Initial) <b>B. Tejada for Congress</b>		<b>Transaction ID: 26516040</b> Date of Disbursement 09 / 17 / 2007
Mailing Address c/o Ellen Mazer 3610 38th St, N.W., #F270		Amount of Each Disbursement this Period -500.00
City Washington State DC Zip Code 20016	Void - Originally reported 09/18/1996	
Purpose of Disbursement Void - Originally reported 09/18/1996		
Candidate Name Frank Tejada		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 28		

Full Name (Last, First, Middle Initial) <b>C. Mike Thompson For Congress</b>		<b>Transaction ID: 26518720</b> Date of Disbursement 09 / 17 / 2007
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period -1500.00
City Sacramento State CA Zip Code 95841	Void - Originally reported 9/30/1998	
Purpose of Disbursement Void - Originally reported 9/30/1998		
Candidate Name Rep. Michael Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 1998 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-3500.00
<b>TOTAL</b> 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)

<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) <b>A. Victory USA</b>		<b>Transaction ID:</b> 26518768 Date of Disbursement 09 / 17 / 2007
Mailing Address P O Box 990		Amount of Each Disbursement this Period -500.00
City Washington State DC Zip Code 20044	Purpose of Disbursement Void - Originally reported 10/14/1998 Candidate Name Category/Type 011	
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) ▼	Void - Originally reported 10/14/1998

Full Name (Last, First, Middle Initial) <b>B. People for Weiland</b>		<b>Transaction ID:</b> 26516263 Date of Disbursement 09 / 17 / 2007
Mailing Address P O Box 761		Amount of Each Disbursement this Period -500.00
City Sioux City State SD Zip Code 57101	Purpose of Disbursement Void - Originally reported 09/12/1996 Candidate Name Richard H Weiland Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 1996 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 09/12/1996

Full Name (Last, First, Middle Initial) <b>C. Woolsey For Congress</b>		<b>Transaction ID:</b> 26512769 Date of Disbursement 09 / 17 / 2007
Mailing Address P.O. Box 750176		Amount of Each Disbursement this Period -500.00
City Petaluma State CA Zip Code 94975	Purpose of Disbursement Void - Originally reported 9/9/1994 Candidate Name Rep. Lynn C. Woolsey Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 6	Disbursement For: 1994 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 9/9/1994

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-1500.00
<b>TOTAL</b> 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)

<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) <b>A. Friends of Tom Andrews</b>		<b>Transaction ID:</b> 26512674 Date of Disbursement 09 / 17 / 2007
Mailing Address P O Box 4400		Amount of Each Disbursement this Period -1000.00
City Portland State ME Zip Code 04101	Purpose of Disbursement Void - Originally reported 10/30/1992 Candidate Name Thomas H Andrews Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 1992 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally reported 10/30/1992

Full Name (Last, First, Middle Initial) <b>B. Whitfield For Congress Committee</b>		<b>Transaction ID:</b> 26546465 Date of Disbursement 09 / 18 / 2007
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 1000.00
City Hopkinsville State KY Zip Code 42241	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Edward Whitfield Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

Full Name (Last, First, Middle Initial) <b>C. Whitfield For Congress Committee</b>		<b>Transaction ID:</b> 26568260 Date of Disbursement 09 / 24 / 2007
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 2000.00
City Hopkinsville State KY Zip Code 42241	Purpose of Disbursement Candidate Contribution Candidate Name Rep. Edward Whitfield Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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  
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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Congressman Bart Gordon Committee</b>		<b>Transaction ID:</b> 26615024 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 5000.00  Candidate Contribution
City Murfreesboro State TN Zip Code 37133		
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Bart Gordon Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 6		

Full Name (Last, First, Middle Initial) <b>B. Larson For Congress</b>		<b>Transaction ID:</b> 26615034 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 1000.00  Candidate Contribution
City Glastonbury State CT Zip Code 06033		
Purpose of Disbursement Candidate Contribution Candidate Name Rep. John B. Larson Category/Type 011		
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: CT District: 1		

Full Name (Last, First, Middle Initial) <b>C. Moore For Congress</b>		<b>Transaction ID:</b> 26615169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 2500.00  Candidate Contribution
City Shawnee Mission State KS Zip Code 66285		
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Dennis Moore Category/Type 011		
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: KS District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> 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)

<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) <b>A. Pascrell For Congress Inc.</b>		Transaction ID: 26615035 Date of Disbursement 09 / 26 / 2007	
Mailing Address POB 640		Amount of Each Disbursement this Period 1000.00	
City Totowa State NJ Zip Code 07511	Purpose of Disbursement Candidate Contribution 011 Category/ Type	Candidate Contribution	
Candidate Name Rep. William J. Pascrell, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nancy Pelosi For Congress</b>		Transaction ID: 26615165 Date of Disbursement 09 / 26 / 2007	
Mailing Address 235 Montgomery Street Suite 610		Amount of Each Disbursement this Period 1500.00	
City San Francisco State CA Zip Code 94104	Purpose of Disbursement Candidate Contribution 011 Category/ Type	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Schakowsky For Congress</b>		Transaction ID: 26615019 Date of Disbursement 09 / 26 / 2007	
Mailing Address P.O. Box 5130		Amount of Each Disbursement this Period 4000.00	
City Evanston State IL Zip Code 60204	Purpose of Disbursement Candidate Contribution 011 Category/ Type	Candidate Contribution	
Candidate Name Rep. Janice D. Schakowsky	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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) <b>A. Priority PAC</b>		Transaction ID: 26615003 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 818 Connecticut Ave., NW Suite 1100		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20006	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) <b>B. Allyson Schwartz For Congress</b>		Transaction ID: 26615022 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 2232		Amount of Each Disbursement this Period 1000.00
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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 13

Full Name (Last, First, Middle Initial) <b>C. Boren For Congress</b>		Transaction ID: 26615051 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address PO Box 149		Amount of Each Disbursement this Period 5000.00
City Okemah State OK Zip Code 74859	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Daniel Boren		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: OK District: 2

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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) <b>A. Heath Shuler For Congress</b>		<b>Transaction ID:</b> 26615036 Date of Disbursement 09 / 26 / 2007
Mailing Address PO Box 8446		Amount of Each Disbursement this Period 2500.00
City Asheville State NC Zip Code 28814	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Mr. Joseph H Shuler	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	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>B. Braley For Congress</b>		<b>Transaction ID:</b> 26614967 Date of Disbursement 09 / 26 / 2007
Mailing Address 300 Walnut Suite 5		Amount of Each Disbursement this Period 2500.00
City Des Moines State IA Zip Code 50309	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Mr. Bruce Braley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA 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>C. Kagen 4 Congress</b>		<b>Transaction ID:</b> 26615029 Date of Disbursement 09 / 26 / 2007
Mailing Address 100 W. College Ave. 50 D		Amount of Each Disbursement this Period 2500.00
City Appleton State WI Zip Code 54911	Purpose of Disbursement Candidate Contribution 011 Category/ Type	
Candidate Name Mr. Steven Kagen	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 8	Candidate Contribution
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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)

<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) <b>A. Zack Space For Congress Committee</b>		<b>Transaction ID: 26615163</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 714 N Wooster Avenue		Amount of Each Disbursement this Period 2500.00
City Dover State OH Zip Code 44622	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Rep. Zachary Space		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: OH District: 18		

Full Name (Last, First, Middle Initial) <b>B. Udall For Colorado Inc</b>		<b>Transaction ID: 26615032</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 8690 Wolff Court #200		Amount of Each Disbursement this Period 1000.00
City Westminster State CO Zip Code 80031	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Mr. Mark Udall		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:		

Full Name (Last, First, Middle Initial) <b>C. Tim Johnson For South Dakota Inc</b>		<b>Transaction ID: 26615836</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address PO Box 1859		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101	Candidate Contribution	
Purpose of Disbursement Candidate Contribution		011 Category/ Type
Candidate Name Sen. Tim Johnson		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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)

<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) <b>A. Solis For Congress</b>		Transaction ID: 26615842 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1500.00
City Los Angeles State CA Zip Code 90048	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Hilda L. Solis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32		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>B. Mike Rogers For Congress</b>		Transaction ID: 26615837 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 123 East 13th Street		Amount of Each Disbursement this Period 1000.00
City Anniston State AL Zip Code 36201	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Michael D. Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 3		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>C. Carney For Congress</b>		Transaction ID: 26615832 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address PO Box A		Amount of Each Disbursement this Period 1000.00
City Clarks Summit State PA Zip Code 18411	Candidate Contribution	
Purpose of Disbursement Candidate Contribution Candidate Name Mr. Christopher Carney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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 Phil Hare

Mailing Address 313 17th Street  
P.O. Box 4183

City State Zip Code  
Rock Island IL 61202

Purpose of Disbursement  
Candidate Contribution

Candidate Name  
Mr. Philip Hare

Office Sought:  House  
 Senate  
 President

State: IL District: 17

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 26615834

Date of Disbursement

09 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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

45200.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr Aharon Sternberg</b>		Transaction ID: 26640113 Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 3231 Sleeping Lady Lane		Amount of Each Disbursement this Period 1000.00	
City Anchorage State AK Zip Code 99515-2419	Purpose of Disbursement Contribution Refund 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 010 Contribution Refund	

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