FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-S

Roger Pabst, Treasurer
American Optometric Association
Political Action Committee
1505 Prince Street, Ste. 300
Alexandria, VA 22314

SEP 22 1995

Identification Number: C00024968

Reference: May Monthly Report (4/1/95-4/30/95)

Dear Mr. Pabst:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses contribution(s) which may have been drawn on a corporate account(s). 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations unless made from separate segregated funds established by the corporations.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a contribution(s) from a corporation(s), you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of the committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action on your part to transfer-out or refund any such prohibited contributions will be taken into consideration.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

T. Suzanne Shaw

T. Suzanne Shaw
Reports Analyst
Reports Analysis Division

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Any information copied from such Reports and Statements may not be 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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Receipt Date	Receipt Amount
Dr Michel A Gaynor Keizer Vision Clinic 4705 River Rd N Keizer OR 97303-4535	Self Employed Doctor of Optometry $ 250.00	04/05/95	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Receipt Date	Receipt Amount
Dr John R Pfeifer 18631 Alderwood Mall Blvd Lynnwood WA 98037-8057	Self Employed Doctor of Optometry $ 300.00	04/10/95	200.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Receipt Date	Receipt Amount
Dr Michael K Estes 278 N W Quarr Rd Albany OR 97321	Self Employed Doctor of Optometry $ 300.00	04/11/95	300.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Receipt Date	Receipt Amount
Dr Roger L Jordan 706 West 8Th St Gillette WY 82716-4109	Self Employed Doctor of Optometry $ 500.00	04/12/95	500.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Receipt Date	Receipt Amount
Mr David S Mc Bride Exc Dir Nebraska Opt Assoc, Inc. P O Box 81706 Lincoln NE 68501-1706	Self Employed Doctor of Optometry $ 400.00	04/14/95	400.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Receipt Date	Receipt Amount
Dr John D Hudkins 4008 S Elm Pl #A Broken Arrow OK 74011-2021	Self Employed Doctor of Optometry $ 250.00	04/21/95	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Receipt Date	Receipt Amount
Dr Robert B Wilkinson 6221 14Th St W Ste 102 Bradenton FL 34207-4612	Self Employed Doctor of Optometry $ 300.00	04/21/95	300.00
Receipt For: [ ] Primary [ ] General [ ] Other (Specify):			

SUBTOTAL of Receipts This Page (optional)	2,200.00
TOTAL This Period (last page this line number only)	

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