

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

MAR 20 4 18 PM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Optometric Association Political Action Committee		2. FEC IDENTIFICATION NUMBER C00024968
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1505 Prince Street, Suite 300		
CITY, STATE and ZIP CODE Alexandria, VA 22314		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>2/01/97</u> through <u>2/28/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 441,109.56
(b) Cash on Hand at Beginning of Reporting Period	\$ 439,968.78	
(c) Total Receipts (from Line 18)	\$ 13,642.12	\$ 17,874.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 453,608.40	\$ 458,984.46
7. Total Disbursements (from Line 30)	\$ 86,227.05	\$ 91,603.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 367,381.35	\$ 367,381.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ .00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ .00	

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

Type or Print Name of Treasurer

Noel Brazil, Assistant Treasurer

Signature of Treasurer

*Noel Brazil*

Date

3/20/97

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

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
American Optometric Association Political Action Committee		FROM	TO:	
		2/01/87	2/28/97	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	\$1,070.00	\$1,320.00	11(a)
ii.	Unitemized	\$6,284.13	\$9,286.63	11(b)
iii.	Total (add i and ii) >	\$7,354.13	\$10,606.63	11(c)
b.	Political Party Committees	0.00	0.00	11(d)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(e)
d.	Total Contributions (add a iii, b and c) >	\$7,354.13	\$10,606.63	11(f)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	\$6,287.09	\$7,268.27	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$13,642.12	\$17,874.90	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	\$13,642.12	\$17,874.90	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)
ii.	Non-Federal Share	0.00	0.00	21(b)
b.	Other Federal Operating Expenditures	\$227.05	\$353.11	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	\$227.05	\$353.11	21(d)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	\$86,000.00	\$91,000.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	\$250.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$86,227.05	\$91,603.11	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$86,227.05	\$91,603.11	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	\$7,354.13	\$10,606.63	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	\$7,354.13	\$10,606.63	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$227.05	\$353.11	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	\$227.05	\$353.11	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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	Receipt Date	Receipt Amount
Dr Markus I Barth Allied Vision Svcs P.A. 2495 Rt #1 Ste #B Lawrenceville NJ 08648-9801	Self Employed	02/12/97	300.00
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. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Eric H Knutson 1505 NW Harrison Blvd Corvallis OR 97330-5816	Self Employed	02/12/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr David M Nelson M.B.A. 6369 Briarcliff Lane Middleton WI 53562-3832	Self Employed	02/12/97 02/12/97	100.00 200.00
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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Samuel F Wolfson 4124 Quebec Ave Suite 200 New Hope MN 55427	Self Employed	02/12/97	220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 220.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	

**SUBTOTAL** of Receipts This Page (optional) ..... 1,070.00

**TOTAL** This Period (last page this line number only) ..... 1,070.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

**American Optometric Association Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bostonian's P O Box 236 St. Louis MO 63166  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Bearing Account  Occupation:	2/1/97	943.95
B. Full Name, Mailing Address and ZIP Code  First Union Bank, NA 1660 Tyson Boulevard McLean, VA 22102  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$87.06 Name of Employer Interest Bearing Account  Occupation:	Date (month, day, year) 2/12/97  Amount of Each Receipt this Period \$6,347.85
C. Full Name, Mailing Address and ZIP Code  Patriot National Bank P O Box 2189 Reston, VA 22090  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Interest Bearing Account  Occupation:	Date (month, day, year) 2/18/97  Amount of Each Receipt this Period \$491.30
D. Full Name, Mailing Address and ZIP Code  First Union Bank, NA 1660 Tyson Boulevard McLean, VA 22102  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Interest Bearing Account  Occupation:	Date (month, day, year) 2/28/97  Amount of Each Receipt this Period \$404.89
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation:	Date (month, day, year)  Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation:	Date (month, day, year)  Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer  Occupation:	Date (month, day, year)  Amount of Each Receipt this Period

**SUBTOTAL of Disbursements This Page (optional)** ..... **46,287.98**

**TOTAL This Period (last page this line number only)** ..... **46,287.99**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

**American Optometric Association Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Service Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Operating Expense	Date (month, day, year) 2/12/97	Amount of Each Disbursement This Period \$119.95
B. Full Name, Mailing Address and ZIP Code Boatman's P O Box 238 St. Louis, MO 63166	Purpose of Disbursement Service Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Operating Expenses	Date (month, day, year) 2/28/97	Amount of Each Disbursement This Period \$107.10
C. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$227.05
<b>TOTAL</b> This Period (last page this line number only) .....	\$227.05

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Democratic Senatorial  
Campaign Committee  
430 South Capitol Street, S.E.  
Washington, DC 20003

Disbursement for:  Primary     General     Other

Disbursement Purpose: (D-00-00)    Date: 02/19/97    Amount: 10,000.00

Full Name and Address:

Democratic National Committee  
430 South Capitol Street, S.E.  
Washington, DC 20003

Disbursement for:    Primary     General     Other

Disbursement Purpose: (D-00-00)    Date: 02/16/97    Amount: 15,000.00

Full Name and Address:

DCCC  
430 South Capitol Street, S.E.  
Washington, DC 20003

Disbursement for:    Primary     General     Other

Disbursement Purpose: (D-00-00)    Date: 02/18/97    Amount: 15,000.00

Full Name and Address:

Republican National Committee  
310 First Street, S.E.  
Washington, DC 20003

Disbursement for:    Primary     General     Other

Disbursement Purpose: (D-00-00)    Date: 02/18/97    Amount: 15,000.00

Full Name and Address:

Republican Senatorial  
Campaign Committee  
425 Second Street, N.E.  
Washington, DC 20002

Disbursement for:    Primary     General     Other

Disbursement Purpose: (D-00-00)    Date: 02/18/97    Amount: 15,000.00

Full Name and Address:

NRCC  
320 First Street, S.E.  
Washington, DC 20003

Disbursement for:    Primary     General     Other

Disbursement Purpose: (D-00-00)    Date: 02/16/97    Amount: 15,000.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Friends of Senator D'Amato  
425 Second Street, N.E.  
Washington, DC 20002

Disbursement for: X Primary

General

Other  
Fundraiser

Disbursement Purpose: Senator D'Amato

(R-DC-NY)

Date: 02/25/97 Amount: 1,000.00

TOTAL DISBURSEMENTS FOR THIS PERIOD: \$6,600.00

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

3-20-97

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JCS*  
PREPARER

3-21-97  
DATE PREPARED