

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

<b>1. NAME OF COMMITTEE (in full)</b> <b>American Optometric Association Political Action Committee</b>	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1505 Prince Street, Suite 300	<b>2. FEC IDENTIFICATION NUMBER</b> C00024988
<b>CITY, STATE, and ZIP CODE</b> Alexandria                      VA    22314	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report                      Monthly Report Due On:
- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20         | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input checked="" type="checkbox"/> March 20 | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20            | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20              | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Twelfth day report preceding \_\_\_\_\_  
(election type) \_\_\_\_\_  
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>02/01/2001</u> through <u>02/28/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u> .....		360789.11
(b) Cash on Hand at Beginning of Reporting Period .....	366486.75	
(c) Total Receipts (from line 19) .....	11831.88	21124.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	378118.43	381913.36
7. Total Disbursements (from line 30) .....	102210.45	106005.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	275907.98	275607.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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 <b>Electronically Filed by Noel Brazil, Assistant Treasurer</b>	
Signature of Treasurer	Date 03/16/2001

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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**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>American Optometric Association Political Action Committee</b>		REPORT COVERING PERIOD FROM 02/01/2001 TO: 02/28/2001	
<b>I. Receipts</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	1900.00	4750.00	11.a.i.
ii. Unitemized .....	3470.37	10040.09	11.a.ii.
iii. Total .....	5430.37	14790.09	11.a.iii.
b. Political Party Committees .....	0.00	0.00	11.b.
c. Other Political Committees (such as PACs) .....	0.00	0.00	11.c.
d. Total Contributions .....	5430.37	14790.09	11.d.
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 ..	4500.00	4500.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1701.31	1834.16	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	11631.68	21124.25	19.
20. Total Federal Receipts .....	11631.68	21124.25	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.i.
ii. Non-Federal Share .....	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures .....	210.45	505.38	21.b.
c. Total Operating Expenditures .....	210.45	505.38	21.c.
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	102000.00	105500.00	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 Sch. 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 Contributions Refunds .....	0.00	0.00	28.d.
29. Other Disbursements .....	0.00	0.00	29.
30. Total Disbursements .....	102210.45	106005.38	30.
31. Total Federal Disbursements .....	102210.45	106005.38	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	5430.37	14790.09	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	5430.37	14790.09	34.
35. Total Federal Operating Expenditures .....	210.45	505.38	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	210.45	505.38	37.

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 8</b>
			<b>FOR LINE NUMBER 11a</b>

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>Full Name, Mailing Address, and ZIP Code</b> Dr John N Brelwa  2032 Honeysuckle Court  Bowling Green KY 42104-3804  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 02/06/2001	Amount of Each Receipt this Period 500.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr Kim Martin Kron  7604 77Th Street Ne  Marysville WA 98270  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 02/06/2001	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr Chris D Cheyne  1510 Berry Patch  Granbury TX 76048-2700  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 02/07/2001	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr Russell W Purdy  P O Box 258  Keysville UT 84037-0258  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 02/13/2001	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr Gary A Eagle  363 Walnut Street  Livingston NJ 07039-5011  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 02/21/2001	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		

<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>1960.00</b>

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>4 / 8</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>16</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>American Optometric Association Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Mac Collins  P O Box 35  Jonesboro GA 30237-0035	<b>Name of Employer</b> Mac Collins for Congress	<b>Date (month, day, year)</b> 02/05/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > 5    1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Christopher Cox  P O Box 8088 C  Newport Beach CA 92858	<b>Name of Employer</b> Christopher Cox Congressi- onal Committe	<b>Date (month, day, year)</b> 02/05/2001	<b>Amount of Each Receipt this Period</b> 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > 5    1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Adam Schiff  555 Capitol Mall Suite 1425 Sacramento CA 95814-4504	<b>Name of Employer</b> Schiff for Congress	<b>Date (month, day, year)</b> 02/05/2001	<b>Amount of Each Receipt this Period</b> 2500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	<b>Occupation</b>	<b>Aggregate Year-to-Date</b> > 5    2500.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>4500.00</b>

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>5 / 8</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>17</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>American Optometric Association Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> United Bank  3801 Wilson Blvd.  Arlington VA 22203-1819	<b>Name of Employer</b>   <b>Occupation</b>	<b>Date (month, day, year)</b> 02/14/2001	<b>Amount of Each Receipt This Period</b> 1598.03	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> <b>5</b> 1598.03			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				<b>1598.03</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>6 / 8</b>
			FOR LINE NUMBER <b>21B</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>American Optometric Association Political Action Committee</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> First Union Bank, NA  1650 Tyson Blvd.  McLean VA 22102	<b>Purpose of Disbursement</b> Service Fee First Union  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 02/09/2001	<b>Amount of Each Disbursement This Period</b> 151.40
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>151.40</b>

<b>SCHEDULE B</b>		<b>ITEMIZED DISBURSEMENTS</b>		<b>7 / 8</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>23</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>American Optometric Association Political Action Committee</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Republican National Committee  310 First Street, S.E.  Washington DC 20003	<b>Purpose of Disbursement</b> Republican National Committee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 02/13/2001	<b>Amount of Each Disbursement This Period</b> 15000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> NRSC  425 2nd Street, N.E.  Washington DC 20002	<b>Purpose of Disbursement</b> Nat'l Republican Senatorial Committee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 02/13/2001	<b>Amount of Each Disbursement This Period</b> 15000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> National Republican Congressional Committee  430 South Capitol Street, S.E.  Washington DC 20003	<b>Purpose of Disbursement</b> Nat'l Republican Congressional Committee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 02/13/2001	<b>Amount of Each Disbursement This Period</b> 15000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Democratic National Committee  430 South Capitol Street, S.E.  Washington DC 20003	<b>Purpose of Disbursement</b> Democratic National Committee  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 02/13/2001	<b>Amount of Each Disbursement This Period</b> 15000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Democratic Senatorial Campaign Committee  430 South Capitol Street, S.E.  Washington DC 20003	<b>Purpose of Disbursement</b> Democratic Senatorial Campaign Comm  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 02/13/2001	<b>Amount of Each Disbursement This Period</b> 15000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Democratic Congressional Campaign Committee  430 S. Capitol Street, S.E.  Washington DC 20003	<b>Purpose of Disbursement</b> Democratic Cong. Campaign Comm.  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2001	<b>Date (month, day, year)</b> 02/13/2001	<b>Amount of Each Disbursement This Period</b> 15000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> McConnell Senate Committee '02  Three Gardiner Lane  Louisville KY 40205	<b>Purpose of Disbursement</b> Mitch McConnell, U.S. SENATE KY (Senate - KY - )  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 02/20/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> JANE HARMAN CA 36  601 S. Figueroa Street 41ST Floor Los Angeles CA 90017	<b>Purpose of Disbursement</b> Jane Harman's Debt Retirement 2000 (House - CA - 36)  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 2000 Debt Retirement	<b>Date (month, day, year)</b> 02/20/2001	<b>Amount of Each Disbursement This Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Napolitano for Congress  555 Capitol Mall Suite 1425 Sacramento CA 95814	<b>Purpose of Disbursement</b> Grace F. Napolitano, U.S. HOUSE 34th CA (House - CA - 34)  Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	<b>Date (month, day, year)</b> 02/20/2001	<b>Amount of Each Disbursement This Period</b> 500.00	
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

