

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 20
10/20/2000 14 : 14

1. NAME OF COMMITTEE (in full) American Optometric Association Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1505 Prince Street, Suite 300	2. FEC IDENTIFICATION NUMBER C00024988
CITY, STATE, and ZIP CODE 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 checked="" type="checkbox"/> October 20 |
| <input 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 Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>09/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		550605.20
(b) Cash on Hand at Beginning of Reporting Period	568250.47	
(c) Total Receipts (from line 19)	48745.20	384131.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	614995.67	935036.91
7. Total Disbursements (from line 30)	82354.84	402386.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	532640.73	532640.73
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 Electronically Filed by Noel Brazil, Assistant Treasurer	
Signature of Treasurer	Date 10/20/2000

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 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE American Optometric Association Political Action Committee		REPORT COVERING PERIOD FROM 09/01/2000 TO: 09/30/2000	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	16741.27	98746.56	11.a.i.
ii. Unitemized	29782.40	279526.03	11.a.ii.
iii. Total	46523.67	378272.59	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	46523.67	378272.59	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 ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	221.53	5859.12	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	46745.20	384131.71	19.
20. Total Federal Receipts	46745.20	384131.71	20.
II. Disbursements			
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	614.94	6484.21	21.b.
c. Total Operating Expenditures	614.94	6484.21	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	81500.00	395259.39	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	240.00	652.58	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	240.00	652.58	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	82354.94	402396.18	30.
31. Total Federal Disbursements	82354.94	402396.18	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	46523.67	378272.59	32.
33. Total Contribution Refunds (from line 28d)	240.00	652.58	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	46283.67	377620.01	34.
35. Total Federal Operating Expenditures	614.94	6484.21	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	614.94	6484.21	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 20
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11a
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, Mailing Address, and ZIP Code Dr John William Barnhart 275 Marshal East Warren OH 44483-1422 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 365.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 365.00	
Full Name, Mailing Address, and ZIP Code Dr Harold Lee Reber 400 East Baja Drive Hobbs NM 88240-3415 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 365.00	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 265.00	
Full Name, Mailing Address, and ZIP Code Dr Homer L Shrader 415 South Lincoln Greenville MI 48838-2234 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 362.50	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 80.00	
Full Name, Mailing Address, and ZIP Code Dr Roger R Seelye 5122 Lake Drive Owosso MI 48867-5711 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 110.00	
Full Name, Mailing Address, and ZIP Code Dr Carol Esther Van Scoyoc 330 Baxter Lane Fayetteville AR 72701-2105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 150.00	
Full Name, Mailing Address, and ZIP Code Dr Thomas J Overberg 411 Riverside Dr Fremont OH 43420-9495 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code Dr Kevin K Lu 1947 Halekoa Dr Honolulu HI 96821-1030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 200.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 20
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Dr Robert W Kirkpatrick 4273 N 350 W Madison IN 47250-8040 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr David Allan Rumpf 12720 Ne 72 Kirkland WA 98033-8314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr John J Costello 101 Briar Wood Path Clark NJ 07066-2000 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 158.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 315.50		
Full Name, Mailing Address, and ZIP Code Dr Charles J Stuckey, Jr 115 Parkview Rd New Cumberland PA 17070-1728 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 182.50
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Stephen A Ditts 18238 Beaverdel Tomball TX 77375-7925 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Charles B Brownlow P O Box 10 Weyauwega WI 54985-0010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 364.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 364.00		
Full Name, Mailing Address, and ZIP Code Dr Steven J Frank Po Box 1012 Sutter Creek CA 95695-1012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 150.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 350.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 20
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Dr Peter Shaw-McMinn 16327 Sally Lane Riverside CA 92504-5639 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 365.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 365.00
Full Name, Mailing Address, and ZIP Code Dr Richard L Sowby 1443 Campbell Glendale CA 91207-1405 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Dr Robert C England 1281 Rankin Drive Zanesville OH 43701-1458 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Dr Brenda C Floyd 3920 Promentory Pt Plano TX 75075-3645 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 365.00	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 365.00
Full Name, Mailing Address, and ZIP Code Dr Nelson C Klaus, Jr 833 Shinn Point Road Wilmington NC 28409-2113 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 365.00	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 365.00
Full Name, Mailing Address, and ZIP Code Dr William Joseph Steiner 826 Linden Avenue Los Altos CA 94022-1827 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 730.00	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 365.00
Full Name, Mailing Address, and ZIP Code Dr Martin J Sikorski 183 Kanilworth Glen Ellyn IL 60137-5384 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > \$ 365.00	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 365.00

SUBTOTALS of Receipts This Page (Optional)

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

Full Name, Mailing Address, and ZIP Code Dr Larry W Binford 1806 Hunt Friendswood TX 77546-5135	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr William John Lapple 8663 East Main Road Le Roy NY 14482-9717	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Gomesindo Edwar Hendricks 1039 Chanterelle Drive Henderson NV 89015-3033	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Randolph D Lee 8620 West Atwater Boise ID 83714-1289	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Wiley Curtis 3340 Thornbree Court Arlington TX 76016-2065	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Riley F Uglum P O Box 470 New Hampton IA 50859-0470	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr Glenn Aaron Kirk 3375 Buckmoor Pkwy Greenwood IN 46143-9244	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 273.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
SUBTOTALS of Receipts This Page (Optional)			
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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 20
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Dr David A Wolf 2940 Wolf Meadows Lane Eugene OR 97408-7180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Terri A Wolf 3650 Powderhorn Drive Okemos MI 48864-5924 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 300.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 300.00		
Full Name, Mailing Address, and ZIP Code Dr Ray Vance Odom, Jr. 2304 Michael Road Muskogee OK 74403-1831 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 250.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr Lowell C Ware 566 D Lost Circle Bowling Green KY 42101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/13/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Leif E Erickson Rt 8 Hayward WI 54843-9808 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 730.00		
Full Name, Mailing Address, and ZIP Code Dr John D Shackle 6451 N Sherman Dr Indianapolis IN 46220-4441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 250.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr Daniel F Colino Rd #5 Box 322A Frankfort NY 13340-9755 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 208.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 319.50		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

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

Full Name, Mailing Address, and ZIP Code Dr Edward F Stein 25015 Oakbrooke Drive Southfield MI 48034-2519 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 165.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Gary R Golden P.O. Box 100 Hemphill TX 75948-0100 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 182.50
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Roger R Seelye 5122 Lake Drive Orono MI 48867-9711 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 110.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 330.00		
Full Name, Mailing Address, and ZIP Code Dr Gary D Crowel 1291 N. Highway 9900 McMinnville OR 97128-2720 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 350.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Dr Donald G Davison 7235 Northwest Highway Fairview TN 37062-9842 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 250.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr Donald H Lakin 652 Holly Road Cadillac MI 49801-2420 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Joseph Green Goldberg 1315 Delaware Ave. Wilmington DE 19806-4796 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 100.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 291.25		

SUBTOTALS of Receipts This Page (Optional)

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

Full Name, Mailing Address, and ZIP Code Dr Markus I Barth 1346 Heller Drive Yardley PA 19067-2714 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Ron W Roelfs 600 3Rd St Se Waverly IA 50877-3516 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 125.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 290.00		
Full Name, Mailing Address, and ZIP Code Dr Stephen H Cruse 3174 Skylight Drive East York PA 17402-9256 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Michael Lee Roetman 1002 S Carroll Rock Rapids IA 51246-2045 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 300.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 300.00		
Full Name, Mailing Address, and ZIP Code Dr Gary A Osias 18517 Redwood Road Castro Valley CA 94546-2362 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 32.52
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 560.12		
Full Name, Mailing Address, and ZIP Code Dr Daniel Richard Eckenmann 5436 Linda Lane Roanoke VA 24018-3823 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Frederick E Bodenhamer 1923 Timber Road Jefferson City MO 65101-3851 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 400.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date \gg \$ 400.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 20
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Dr Harry E Fagedes 2830 Blackberry Tr Cincinnati OH 45233-1722 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Michael A Hattan 3501 Fairway Hays KS 67801-1546 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr Fred L Zahnder 7576 S Block Rd Frankenmuth MI 48734-9520 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr Rose Dickerhoof 8687 Springcreek Cir Clinton OH 44216-9503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr Gregory A Foster N 4585 Cawley Avenue Neillsville WI 54456 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 365.00		
Full Name, Mailing Address, and ZIP Code Dr John A McCall, Jr Rt 1 Box 1450 Grapeland TX 75844-7727 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 730.00		
Full Name, Mailing Address, and ZIP Code Dr Coni L Bloomingcamp 164 Alison Circle Livermore CA 94550-8111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 300.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$ 300.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 20
			FOR LINE NUMBER 11a
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, Mailing Address, and ZIP Code Dr Karl J Kleinau 108 N Padall Court Mount Holly NC 28120-1182 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > 5 250.00	Date (month, day, year) 08/28/2008	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr David Scott Crist 3480 E Easter Pl Littleton CO 80122-1912 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Doctor of Optometry Aggregate Year-to-Date > 5 250.00	Date (month, day, year) 09/29/2008	Amount of Each Receipt this Period 250.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			16741.27

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 20
			FOR LINE NUMBER 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, Mailing Address, and ZIP Code First Union Bank, NA 1650 Tyson Blvd. McLean VA 22102-3815 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > 5 1462.08	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 170.83
Full Name, Mailing Address, and ZIP Code Bank of America PO Box 750231 Saint Louis MD 83179-0231 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > 8 851.06	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 50.70
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			221.53

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	13 / 20
					FOR LINE NUMBER 21B
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, Mailing Address, and ZIP Code Bank of America PO Box 790251 St. Louis MO 63179		Purpose of Disbursement Service Fee Bank of America 9/2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/01/2000	Amount of Each Disbursement This Period 253.02
Full Name, Mailing Address, and ZIP Code Bank of America PO Box 790251 St. Louis MO 63179		Purpose of Disbursement Service Fee Discover 9/2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period 2.00
Full Name, Mailing Address, and ZIP Code First Union Bank, NA 1650 Tyson Blvd. McLean VA 22102		Purpose of Disbursement Service Fee First Union 9/2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 316.43
Full Name, Mailing Address, and ZIP Code Bank of America PO Box 790251 St. Louis MO 63179		Purpose of Disbursement Service Fee American Express 8/2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/13/2000	Amount of Each Disbursement This Period 7.13
Full Name, Mailing Address, and ZIP Code Bank of America PO Box 790251 St. Louis MO 63179		Purpose of Disbursement Service Fee American Express 8/2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/18/2000	Amount of Each Disbursement This Period 11.40
Full Name, Mailing Address, and ZIP Code Bank of America PO Box 790251 St. Louis MO 63179		Purpose of Disbursement Service Fee Bank of America 9/2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Date (month, day, year) 09/22/2000	Amount of Each Disbursement This Period 24.96
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					614.94

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 20
			FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code Friends for Jim Saxton P O Box 795 Mount Holly NJ 08060	Purpose of Disbursement Jim Saxton, U.S. HOUSE 13th NJ (House - NJ - 13) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/05/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Citizens To Elect Rick Larsen 1407 90th Ave Ne Everett WA 98205	Purpose of Disbursement Richard Larsen, U.S. HOUSE 2nd WA (House - WA - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Doggett for Congress PO Box 5843 Austin TX 78763	Purpose of Disbursement Lloyd Doggett, U.S. HOUSE 10th TX (House - TX - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/07/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Walsh for Congress Committee P.O. Box 1974 Syracuse NY 13201	Purpose of Disbursement James T. Walsh, U.S. HOUSE 25th NY (House - NY - 25) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/07/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Melissa Hart for Congress P O Box 435 Wexford PA 15090	Purpose of Disbursement Melissa Hart, U.S. HOUSE 4th PA (House - PA - 4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/07/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code William Clay Jr. for Congress 6023 Waterman Unit 1W St. Louis MO 63112	Purpose of Disbursement William Clay, U.S. HOUSE 1st MO (House - MO - 1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/09/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Ted House For Congress Comm. P O Box 457 St Charles MO 63302	Purpose of Disbursement Ted House, U.S. HOUSE 2nd MO (House - MO - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/09/2000	Amount of Each Disbursement This Period 1500.00
Full Name, Mailing Address, and ZIP Code Ike Skelton for Congress Comm- ittee P O Box A Harrisonville MO 64701	Purpose of Disbursement Ike Skelton, U.S. HOUSE 4th MO (House - MO - 4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/09/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Citizens For Danner 1601 S 169 Hwy Suite E PO Box 638 Smithville MO 64089	Purpose of Disbursement Steve Danner, U.S. HOUSE 6th MO (House - MO - 6) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/09/2000	Amount of Each Disbursement This Period 2000.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	15 / 20
			FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code Connelly For Congress Po Box 280 Farwood NJ 07023	Purpose of Disbursement Maryanne Connelly, U.S. HOUSE 7th NJ (House - NJ - 7) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 3000.00
Full Name, Mailing Address, and ZIP Code J D Hayworth For Congress 19047 N 91st Way Scottsdale AZ 85255	Purpose of Disbursement J.D. Hayworth, U.S. HOUSE 6th AZ (House - AZ - 6) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Tammy Baldwin For Congress 525 Riverside Dr Madison WI 53704	Purpose of Disbursement Tammy Baldwin, U.S. HOUSE 2nd WI (House - WI - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Hoeffel for Congress Committee 700 East Johnson Highway Norristown PA 19401	Purpose of Disbursement Joseph M. Hoeffel, U.S. HOUSE 13th PA (House - PA - 13) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 4000.00
Full Name, Mailing Address, and ZIP Code KERNS FOR CONGRESS COMMITTEE POST OFFICE BOX 87 PRAIRIETON IN 47870	Purpose of Disbursement KERNS, U.S. HOUSE 7th IN (- IN - 7) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Wally Herger for Congress PO Box 40175 Washington DC 20016	Purpose of Disbursement Wally Herger, U.S. HOUSE 2nd CA (House - CA - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code John D. Dingell for Congress Committee P O Box 15522 Washington DC 20003-0522	Purpose of Disbursement John D Dingell, U.S. HOUSE 16th MI (House - MI - 16) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Baldacci for Congress Committ- ee P O Box 623 Bangor ME 04402	Purpose of Disbursement John Elias Baldacci, U.S. HOUSE 2nd ME (House - ME - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Jeffords for Vermont Committee 517 2nd Street, NE Washington DC 20002	Purpose of Disbursement James M. Jeffords, U.S. SENATE VT (Senate - VT -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	16 / 20
			FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code Friends Of Tim Johnson 2151 County Road 1100 N Sidney IL 31877	Purpose of Disbursement Timothy Johnson, U.S. HOUSE 15- th IL (House - IL - 15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Tiberi 2000 5208 Honeytree Loop West Columbus OH 43229	Purpose of Disbursement Patrick Tiberi, U.S. HOUSE 12th OH (House - OH - 12) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Ed Schrock For Congress Po Box 61480 Virginia Beach VA 23466	Purpose of Disbursement Edward Schrock, U.S. HOUSE 2nd VA (House - VA - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Chip Pickering for Congress P O Box 6440 Laurel MS 39441	Purpose of Disbursement Chip Pickering, U.S. HOUSE 3rd MS (House - MS - 3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Norwood for Congress P O Box 499 Evans GA 30809	Purpose of Disbursement Charlie Norwood, U.S. HOUSE 10- th GA (House - GA - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Terry Everett For Congress Po Box 1460 Enterprise AL 36331	Purpose of Disbursement Terry Everett, U.S. HOUSE 2nd AL (House - AL - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Friends of Connie Morella 7101 Wisconsin Avenue Suite 102 Bethesda MD 20814	Purpose of Disbursement Connie Morella, U.S. HOUSE 8th MD (House - MD - 8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code DeWine for U.S. Senate Box 340188 Columbus OH 43234	Purpose of Disbursement Mike DeWine, U.S. SENATE OH (Senate - OH -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Ensign for Senate P O Box 26568 Las Vegas NV 89126	Purpose of Disbursement John Ensign, U.S. SENATE NV (Senate - NV -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		17 / 20
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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, Mailing Address, and ZIP Code A Lot of People for Dave Obey P O Box 75214 Washington DC 20013	Purpose of Disbursement Dave Obey, U.S. HOUSE 7th WA (House - WA - 7) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Tom Sawyer Committee P O Box 2884 Washington DC 20013	Purpose of Disbursement Thomas C. Sawyer, U.S. HOUSE 14th OH (House - OH - 14) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Joe Pitts Congress Committee F & M Building First Floor High and Market Streets Westchester PA 19382	Purpose of Disbursement Joe Pitts, U.S. HOUSE 18th PA (House - PA - 18) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Roth Senate Committee P O Box 105 Wilmington DE 19899	Purpose of Disbursement William V. Roth, U.S. SENATE DE (Senate - DE -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Wisconsin State Democratic Party 222 State Street, Suite 400 Madison WI 53703	Purpose of Disbursement Wisconsin State Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 2000 Other Election	Date (month, day, year) 09/19/2000	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code Friends of Lois Capps P O Box 23940 Santa Barbara CA 93121	Purpose of Disbursement Lois Capps, U.S. HOUSE 22nd CA (House - CA - 22) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Kevin Brady for Congress P O Bo 8277 The Woodlands TX 77387	Purpose of Disbursement Kevin Brady, U.S. HOUSE 8th TX (House - TX - 8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Lampson for Congress P O Box 21578 Beaumont TX 77720	Purpose of Disbursement Nick Lampson, U.S. HOUSE 9th TX (House - TX - 9) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/20/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Mike McIntyre for Congress P O Box 1 Lumberton NC 28358	Purpose of Disbursement Mike McIntyre, U.S. HOUSE 7th NC (House - NC - 7) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 500.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	18 / 20
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name, Mailing Address, and ZIP Code People for Phil English P O Box 1940 Eric PA 16519	Purpose of Disbursement Phil English, U.S. HOUSE 21st PA (House - PA - 21) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Grucci For Congress 4 Valencia Court E Patchogue NY 11772	Purpose of Disbursement Felix Grucci, U.S. HOUSE 1st NY (House - NY - 1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Mike Honda For Congress 4300 The Woods Dr #2122 San Jose CA 95138	Purpose of Disbursement Michael Honda, U.S. HOUSE 15th CA (House - CA - 15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 2000.00
Full Name, Mailing Address, and ZIP Code Mike Ross For Congress Comm. 416 Manor Po Box 374 Prescott AR 71857	Purpose of Disbursement Michael Ross, U.S. HOUSE 4th AR (House - AR - 4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Jeff Flake For Congress 4222 E Brown Rd #32 Mesa AZ 85205	Purpose of Disbursement Jeffry Flake, U.S. HOUSE 1st AZ (House - AZ - 1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/21/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Kind for Congress 505 King Street, Suite 105 La Crosse WI 54601	Purpose of Disbursement Ron Kind, U.S. HOUSE 3rd WI (House - WI - 3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Phelps for Congress 35 Dewey Road Eldorado IL 62930	Purpose of Disbursement David D. Phelps, U.S. HOUSE 19th IL (House - IL - 19) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code DOYLE FOR CONGRESS COMMITTEE P O Box 17426 Pittsburgh PA 15235	Purpose of Disbursement Michael F. Doyle, U.S. HOUSE 18th PA (House - PA - 18) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Friends of Tim Holden P O Box 37 St. Clair PA 17970	Purpose of Disbursement Tim Holden, U.S. HOUSE 6th PA (House - PA - 6) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 500.00

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SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 20
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name, Mailing Address, and ZIP Code Bart Stupak for Congress 3610 38th St., NW Unit F270 Washington DC 20016	Purpose of Disbursement Bart Stupak, U.S. HOUSE 1st MI (House - MI - 1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Eleanor Jordan For Congress 2704 Grand Avenue Unit No 2 Louisville KY 40211	Purpose of Disbursement Eleanor Jordan, U.S. HOUSE 3rd KY (House - KY - 3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Brannen For Congress Inc 255 Main Street Po Box 3872 Nashua NH 03061	Purpose of Disbursement Barney Brannen, U.S. HOUSE 2nd NH (House - NH - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Largent for Congress 124 East 4th Street Tulsa OK 74103	Purpose of Disbursement Steve Largent, U.S. HOUSE 1st OK (House - OK - 1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Duncan for Congress L'Enfant Plaza P O Box 23500 Washington DC 20026-3500	Purpose of Disbursement John Duncan, U.S. HOUSE 2nd TN (House - TN - 2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Hastert for Congress Committee 15 E Wilson Box 625 Batavia IL 60510	Purpose of Disbursement Dennis J. Hastert, U.S. HOUSE 14th IL (House - IL - 14) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Levin for Congress Committee P O Box 6196 Falls Church VA 22046	Purpose of Disbursement Gander Levin, U.S. HOUSE 17th MI (House - MI - 17) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Steve Rothman for Congress P O Box 714 Hackensack NJ 07602	Purpose of Disbursement Steve Rothman, U.S. HOUSE 9th NJ (House - NJ - 9) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Friends of Jerry Kieczka 4200 Christine Place Alexandria VA 22311	Purpose of Disbursement Jerry Kieczka, U.S. HOUSE 4th VA (House - VA - 4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 1000.00

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SCHEDULE B		ITEMIZED DISBURSEMENTS		20 / 20
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee				
Full Name, Mailing Address, and ZIP Code Robert Aderholt For Congress Po Box 1158 Haleyville AL 35565	Purpose of Disbursement Robert B. Aderholt, U.S. HOUSE 4th AL (House - AL - 4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code Alaskans for Don Young P O Box 100298 Anchorage AK 99503	Purpose of Disbursement Don Young, U.S. HOUSE 1st AK (House - AK - 1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Spratt For Congress Committee 233 Kings Mountain Street York SC 29745	Purpose of Disbursement John M. Spratt, U.S. HOUSE 5th SC (House - SC - 5) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Nelson for Senate P O Box 258 Boys Town NE 68010	Purpose of Disbursement E Benjamin Nelson, U.S. SENATE NE (Senate - NE -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code Scotty Baesler for Congress 250 W Main Street Suite 415 Lexington KY 40507	Purpose of Disbursement Baesler, U.S. HOUSE 6th KY (- KY - 6) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/28/2000	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code Weygand Committee 155 Midway Road Cranston RI 02920	Purpose of Disbursement Robert Weygand, U.S. SENATE RI (Senate - RI -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/29/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Kent Conrad for Senate PO Box 812 Bismark ND 58502	Purpose of Disbursement Kent Conrad, U.S. SENATE ND (Senate - ND -) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2000	Date (month, day, year) 09/29/2000	Amount of Each Disbursement This Period 2000.00	
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