

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

NO. 20 4 07 PM '99

1. NAME OF COMMITTEE (in full)  
American Optometric Association Political Action Committee

ADDRESS (number and street)  Check if different than previously reported  
1505 Prince Street, Suite 300

CITY, STATE and ZIP CODE  
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER  
C00024968

3.  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
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election 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>8/1/99</u> through <u>6/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 472,760.26
(b) Cash on Hand at Beginning of Reporting Period	\$ 428,202.31	
(c) Total Receipts (from Line 18)	\$ 107,888.85	\$ 220,069.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 536,091.16	\$ 692,829.67
7. Total Disbursements (from Line 30)	\$ 53,088.29	\$ 209,826.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 483,002.87	\$ 483,002.87
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 800-424-9530 Local 202-694-1100
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: 7/20/99

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

# 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 6/1/99 TO 6/30/99	
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Named (use Schedule A)	\$17,167.00	\$45,145.75
ii. Unnamed	\$90,443.19	\$168,681.86
iii. Total (add i and ii) >	\$107,610.19	\$213,827.61
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a ii, b and c) >	\$107,610.19	\$213,827.61
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	\$278.66	\$6,241.80
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$107,888.85	\$220,069.41
20. Total Federal Receipts (subtract line 18 from line 19) >	\$107,888.85	\$220,069.41
<b>Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	\$1,088.29	\$2,720.38
c. Total Operating Expenditures (add a i, a ii, and b) >	\$1,088.29	\$2,720.38
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$52,000.00	\$208,641.42
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0.00	\$385.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00
29. Other Disbursements	0.00	\$100.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$53,088.29	\$209,826.80
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$53,088.29	\$209,826.80
<b>Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	\$107,610.19	\$213,827.61
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from line 32)	\$107,610.19	\$213,827.61
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$1,088.29	\$2,720.38
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from line 35) >	\$1,088.29	\$2,720.38

**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 Timothy E Gordon 3501 E Main St Farmington NM 87402-5328	Self Employed	06/01/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr David Cash Hoadley 147 South Main Osceola IA 50213-1218	Self Employed	06/01/99	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 Carl Stephen Johnson 2551 San Ramon Valley, Ste 105 San Ramon CA 94583-1661	Self Employed	06/01/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Larry Pirmantgen 2042 Padre Staples Mall Corpus Christi TX 78411-4122	Self Employed	06/01/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Salvatore M De Canio Jr 211 E Boynton Beach Blvd Boynton Beach FL 33435-3839	Self Employed	06/04/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Kenneth John Krivacic 4040 N Mac Arthur #206 Irving TX 75038-6425	Self Employed	06/04/99 06/22/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Kathy L Allen-Aguilante 64 Matt's St Apt # 3 New York NY 10013	Self Employed	06/07/99	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	

**SUBTOTAL** of Receipts This Page (optional) ..... 2,080.00

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

**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	Receipt Date	Receipt Amount
Dr Coni L Bloomingcamp 805 West F Street Oakdale CA 95361	Self Employed	06/07/99	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 Charles B Brownlow 310 South Mill Street Box 10 Weyauwega WI 54983-0010	Self Employed	06/07/99	364.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 364.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr David C Eldridge 111 E 8 Po Box 520 Okmulgee OK 74447-0520	Self Employed	06/07/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Jeffrey E Schultz Derby Professional Bldg 5706 Turney #107 Garfield Hts OH 44125-3996	Self Employed	06/07/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Barry J Barresi Partner Provider Health, Inc 350 Main St #14 Commerce Place Malden MA 02148-5026	Self Employed	06/08/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Steven Kerry Birge 901 N Main Tompkinsville KY 42167-1004	Self Employed	06/08/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Gary T Coburn P.O. Box 278 725 N. Lincoln Road Rockville IN 47872-0278	Self Employed	06/10/99	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	

**SUBTOTAL of Receipts This Page (optional)** ..... 2,464.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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	Name of Employer	Receipt Date	Receipt Amount
Dr Michael Allen Corben 1952 Shadow Ridge Way Northridge CA 91321	Self Employed	06/10/99 06/26/99	200.00 63.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	263.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Dr Donald W Lakin 42550 Garfield Rd Ste 101 Clinton Township MI 48038-1649	Self Employed	06/10/99	400.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Dr William Grant Lay 185 South State Street Westerville OH 43081	Self Employed	06/10/99 06/26/99	200.00 15.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	215.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Dr Raymond G Mans 535 9th St, Box 277 Florence OR 97439-9648	Self Employed	06/10/99 06/26/99	200.00 70.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	270.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Dr Rex Allen Newcomb Marshfield Center #5 P O Box 289 Marshfield MO 65706-2375	Self Employed	06/10/99	200.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Dr James David Rowe 2220 Haine Drive Ste # 49 Hartlingen TX 78550-8584	Self Employed	06/10/99 06/14/99	200.00 100.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Dr Edward F Stein 25015 Oakbrooke Drive Southfield MI 48034	Self Employed	06/10/99	200.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

**SUBTOTAL of Receipts This Page (optional)** ..... 1,848.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 7  
FOR LINE NUMBER 11a(f)

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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	Receipt Date	Receipt Amount
Dr Peter B Tacia 408 N State St Alma MI 48801	Self Employed	06/10/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Robert A Colon 1555 College Pkwy Elko NV 89801-5033	Self Employed	06/14/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Gary D Crowell 1291 N Highway Hwy 99M Mcminville OR 97128	Self Employed	06/14/99	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Jerry Samuel Hardison 576 Farmington Ave Hartford CT 06105-3050	Self Employed	06/14/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Spencer C Meckstroth 626 Belvedere Rd West Palm Beach FL 33405-1231	Self Employed	06/14/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Derrell R Spurlock II 421 Homer Road Minden LA 71055-2900	Self Employed	06/14/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Stephen F Phillips 950 1st Street, South Winter Haven FL 33880-3607	Self Employed	06/15/99	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	

**SUBTOTAL of Receipts This Page (optional)** ..... 2,430.00

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

**SCHEDULE A**

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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	Receipt Date	Receipt Amount
Dr Harvey P Hanlen 112 West Foster Avenue State College PA 16801-4805	Self Employed	06/16/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Randolph D Lee 700 N Raymond Street Boise ID 83704-9261	Self Employed	06/16/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Samuel C Rainey III Rainey Bldg 208 Smith St La Grange GA 30240-2744	Self Employed	06/16/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Clayton B Rhodes 5433 Hixson Pike Hixson TN 37343-3238	Self Employed	06/16/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Charles Clayton Wiggins 8500 Glenlake Ct Raleigh NC 27606-9369	Self Employed	06/17/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Rose Dickerhoof 8667 Springbriar Cir Clinton OH 44216-9503	Self Employed	06/22/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Anna Fong 6700 N First Street Suite 103 Fresno CA 93710	Self Employed	06/22/99	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	

**SUBTOTAL** of Receipts This Page (optional) ..... 2,330.00

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

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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	Receipt Date	Receipt Amount
Dr Ronald Luxenburg 348 Broad Ave Leonia NJ 07605-1703	Self Employed	06/22/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Thomas F Determan 2733 S Mary Ave Yuma AZ 85365-3003	Self Employed	06/24/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Nichela R Haranin Vision Quest Eye Care Center 820 Walker Rd Ste C Dover DE 19904-2796	Self Employed	06/25/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Donovan L Crouch 500 Ontario Box 1407 Storm Lake IA 50588-1845	Self Employed	06/26/99	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 230.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Mary E Jameson Opt T,R 3450 School Road Kintnersville PA 18930	Self Employed	06/26/99 06/26/99	725.00 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 800.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Roger Lynn Jordan Gillette Optometric Clinic 705 West 8th Street Gillette WY 82716-4109	Self Employed	06/26/99 06/26/99	825.00 275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 1,400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Peter H Kehoe Kehoe Eye Care P O Box 179 #35 4-L Plaza Galesburg IL 61402-0179	Self Employed	06/26/99	805.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 1,170.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 3,830.00

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



**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	Receipt Date	Receipt Amount
Dr Gary A Oslas 15600 Washington Ave, Ste B San Lorenzo CA 94580	Self Employed	06/26/99	74.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 274.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Wesley Edward Pittman 501 E Millam St Mexia TX 76667-2331	Self Employed	06/26/99	550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 550.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Charles R Pruden Jr P O Box 757 Wilson NC 27894-0757	Self Employed	06/26/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr James D Sandefur 219 Blue Bush Road Oakdale LA 71463-4911	Self Employed	06/26/99	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 395.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Roger R Seelye 307 N Ball Street Owosso MI 48867-2801	Self Employed	06/26/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 440.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Stephan Alan Van Cleve 101 N W 1st Street P O Box 20396 Evansville IN 47708-0396	Self Employed	06/26/99	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Barbara A Wohlk Opt T.R C/O Randall Hoch Od Po Box 59 Lewistown MT 59457	Self Employed	06/26/99	206.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 206.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 2,185.00

**TOTAL This Period (last page this line number only)** ..... 17,167.00

**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 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**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Bank 3801 Wilson Boulevard Arlington, VA 22203  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Bearing Account  Occupation		\$0.00
<b>Aggregate Year-to-Date</b> >		\$2,324.27	
B. Full Name, Mailing Address and ZIP Code  First Union Bank, NA 1650 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)  6/30/98	Amount of Each Receipt this Period  \$147.01
<b>Aggregate Year-to-Date</b> >		\$670.78	
C. Full Name, Mailing Address and ZIP Code  NationsBank P O Box 790231 St. Louis MO 63179  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)  8/30/98	Amount of Each Receipt this Period  \$131.65
<b>Aggregate Year-to-Date</b> >		\$946.53	
D. Full Name, Mailing Address and ZIP Code  First Union Bank, NA 1650 Tyson Boulevard McLean, VA 22102  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  CD Interest  Occupation	Date (month, day, year)	Amount of Each Receipt this Period  \$0.00
<b>Aggregate Year-to-Date</b> >		\$2,301.27	
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
<b>Aggregate Year-to-Date</b> >			
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
<b>Aggregate Year-to-Date</b> >			
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
<b>Aggregate Year-to-Date</b> >			

**SUBTOTAL of Disbursements This Page (optional)** ..... \$278.68

**TOTAL This Period (last page this line number only)** ..... \$278.68

**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	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank P O Box 790251 St. Louis, MO 63179	Service Fee for Jan 1999 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Operating Expenses</u>	6/3/99	\$681.19
First Union National Bank 1660 Tysons Boulevard McLean, VA 22102	Service Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Operating Expenses</u>	6/10/99	\$381.10
NationsBank P O Box 790251 St. Louis, MO 63179	Service Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Operating Expenses</u>	6/22/99	\$16.00
D. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

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

\$1,088.29

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

\$1,088.29

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Friends of Corrine Brown  
3109 River Bend Court  
D-102  
Laurel, MD 20724

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congresswoman Corrine Brown

(D-03-FL)

Date: 06/02/99 Amount: 1,000.00

Full Name and Address:

Gephardt in Congress Committee  
7435 Watson Road  
Suite 107  
St. Louis, MO 63119

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Gephardt

(D-03-MO)

Date: 06/08/99 Amount: 2,000.00

Full Name and Address:

Ensign for Senate  
P O Box 24562  
Las Vegas, NV 89126

Disbursement for:  Primary

General

Other

Disbursement Purpose: Senate Candidate John Ensign

(R-01-NV)

Date: 06/09/99 Amount: 1,000.00

Full Name and Address:

Rush Holt for Congress  
P O Box 782  
Parsippany, NJ 08534

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Holt

(D-12-NJ)

Date: 06/09/99 Amount: 1,000.00

Full Name and Address:

Friends of Jerry Kleczka  
3150A South 12th Street  
Milwaukee, WI 53215

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Kleczka

(D-04-WI)

Date: 06/10/99 Amount: 1,000.00

Full Name and Address:

Nelson for Senate  
P O Box 10962  
Tallahassee, FL 32302

Disbursement for:  Primary

General

Other

Disbursement Purpose: Senate Candidate Bill Nelson

(D-00-FL)

Date: 06/15/99 Amount: 5,000.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Becerra for Congress  
P O Box 261060  
Los Angeles, CA 90026

Disbursement for: X Primary

General

Other

Disbursement Purpose: Congressman Becerra (D-30-CA) Date: 06/16/99 Amount: 500.00

Full Name and Address:

Bingaman for Senate  
F O Box 2048  
Albuquerque, NM 87103

Disbursement for: X Primary

General

Other

Disbursement Purpose: Bingaman for Senate (D-00-NM) Date: 06/16/99 Amount: 2,500.00

Full Name and Address:

Bonior for Congress  
3270 Grandview Court  
Shelby TWP, MI 48316

Disbursement for: X Primary

General

Other

Disbursement Purpose: Congressman Bonior (D-10-MI) Date: 06/16/99 Amount: 1,000.00

Full Name and Address:

Cox for Congress  
P O Box 8088-C  
Newport Beach, CA 92658

Disbursement for: X Primary

General

Other

Disbursement Purpose: Congressman Cox (R-07-CA) Date: 06/16/99 Amount: 1,000.00

Full Name and Address:

Bob Filner for Congress  
P O Box 127868  
San Diego, CA 92112

Disbursement for: X Primary

General

Other

Disbursement Purpose: Congressman Filner (D-50-CA) Date: 06/16/99 Amount: 500.00

Full Name and Address:

Foley for U.S. Congress  
Box 30505  
Palm Beach Gardens, FL 33420

Disbursement for: X Primary

General

Other

Disbursement Purpose: Congressman Foley (R-16-FL) Date: 06/16/99 Amount: 1,000.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Charles A. Gonzalez  
Congressional Campaign  
151 E Lullwood  
San Antonio, TX 78212

Disbursement for: X Primary

General

Other

Disbursement Purpose: Congressman Gonzalez

(D-20-TX)

Date: 06/16/99 Amount: 1,000.00

Full Name and Address:

Darlens Hooley for Congress  
6565 Failing Street  
West Linn, OR 97068

Disbursement for: X PRIMARY

General

Other

Disbursement Purpose: Congresswoman Hooley

(D-05-OR)

Date: 06/16/99 Amount: 500.00

Full Name and Address:

Hulshof for Congress  
P O Box 1621  
Columbia, MD 21025

Disbursement for: X PRIMARY

General

Other

Disbursement Purpose: Congressman Hulshof

(R-09-MD)

Date: 06/16/99 Amount: 500.00

Full Name and Address:

John Lewis for Congress  
1520 Pinehurst Drive, S.W.  
Atlanta, GA 30311

Disbursement for: X Primary

General

Other

Disbursement Purpose: Congressman John Lewis

(D-05-GA)

Date: 06/16/99 Amount: 1,000.00

Full Name and Address:

Pease for Congress Committee  
P O Box 511  
Seelyville, IN 47878

Disbursement for: X Primary

General

Other

Disbursement Purpose: Congressman Pease

(R-07-IN)

Date: 06/16/99 Amount: 500.00

Full Name and Address:

The Rogan Campaign Committee  
P O Box 36  
Montrose, CA 91021

Disbursement for: X Primary

General

Other

Disbursement Purpose: Congressman Rogan

(R-27-CA)

Date: 06/16/99 Amount: 500.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Committee to Re-Elect  
Loretta Sanchez  
9531 Via Ricardo  
Los Angeles, CA 91564

Disbursement for:  Primary      General      Other

Disbursement Purpose: Congresswoman Sanchez      (D-46-CA)      Date: 06/16/99      Amount: 500.00

Full Name and Address:

Mike Thompson for Congress  
P O Box 1999  
St. Helena, CA 94574

Disbursement for:  Primary      General      Other

Disbursement Purpose: Congressman Mike Thompson      (D-01-CA)      Date: 06/16/99      Amount: 1,000.00

Full Name and Address:

Weygand Committee  
P O Box 7818  
235 Promenade Street  
Warwick, RI 02887

Disbursement for:  Primary      General      Other

Disbursement Purpose: Senate Candidate Weygand      (D-02-RI)      Date: 06/16/99      Amount: 1,000.00

Full Name and Address:

Friends of Roy Blunt  
P O Box 278  
Strafford, MO 65157

Disbursement for:  Primary      General      Other

Disbursement Purpose: Congressman Blunt      (R-07-MO)      Date: 06/21/99      Amount: 1,000.00

Full Name and Address:

DASH-PAC  
424 C Street, N.E.  
First Floor  
Washington, DC 20004

Disbursement for:  Primary      General      Other

Disbursement Purpose: Senator Daschle Leadership PAC (D-30-SD)      Date: 06/21/99      Amount: 5,000.00

Full Name and Address:

DeWine for U.S. Senate  
Box 340188  
Columbus, OH 43234

Disbursement for:  Primary      General      Other

Disbursement Purpose: Candidate DeWine      (R-00-OH)      Date: 06/21/99      Amount: 1,000.00

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: American Optometric Association Political Action Committee

Full Name and Address:

Frost for Congress  
4 E Street, S.E.  
Washington, DC 20003

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Frost

(D-24-TX)

Date: 06/21/99 Amount: 1,000.00

Full Name and Address:

Mark Green for Congress  
Box 12571  
Green Bay, WI 54307

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Green

(R-08-WI)

Date: 06/21/99 Amount: 1,000.00

Full Name and Address:

Inslee for Congress  
Box 33027  
Seattle, WA 98133

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Inslee

(D-01-WA)

Date: 06/21/99 Amount: 1,000.00

Full Name and Address:

Friends of Patrick Kennedy  
In 98, Inc.  
Box 1356  
Providence, RI 02901

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Patrick Kennedy

(D-01-RI)

Date: 06/21/99 Amount: 1,000.00

Full Name and Address:

Lampson for Congress  
P O Box 21978  
Beaumont, TX 77720

Disbursement for:  Primary

General

Other

Disbursement Purpose: Lampson For Congress

(D-09-TX)

Date: 06/21/99 Amount: 1,000.00

Full Name and Address:

Lezio for Congress  
Box 5063  
Bayshore, NY 11706

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Lezio

(R-32-NY)

Date: 06/21/99 Amount: 1,000.00



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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Mussle for Congress  
P O Box 324  
Manchester, IA 52051

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Mussle

(R-02-IA)

Date: 06/21/99 Amount: 1,000.00

Full Name and Address:

Pomeroy for Congress  
Box 75214  
Washington, DC 20013

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Pomeroy

(D-01-MD)

Date: 06/21/99 Amount: 500.00

Full Name and Address:

Louise Slaughter Committee  
Box 2884  
Washington, DC 20013

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Slaughter

(D-28-NY)

Date: 06/21/99 Amount: 1,000.00

Full Name and Address:

Sweeney for Congress  
Box 4137  
Clifton Park, NY 12065

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Sweeney

(R-22-NY)

Date: 06/21/99 Amount: 500.00

Full Name and Address:

Ellen Tauscher for Congress  
20 Park Road Suite B  
Burlingame, CA 94010

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Tauscher

(D-10-CA)

Date: 06/21/99 Amount: 500.00

Full Name and Address:

Opton for All of Us  
Box 490  
St. Joseph, MI 49085

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Opton

(R-06-MI)

Date: 06/21/99 Amount: 1,000.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Friends of Roger Wicker  
P O Box 874  
Tupelo, MS 38802

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Wicker

(R-01-MS)

Date: 06/21/99 Amount: 1,000.00

Full Name and Address:

Friends of Bud Cramer  
P O Box 2621  
Buntsville, AL 35801

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Cramer

(D-05-AL)

Date: 06/28/99 Amount: 1,300.00

Full Name and Address:

Bonior for Congress  
3270 Grandview Court  
Shelby INB, MI 48316

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Bonior

(C-10-MI)

Date: 06/30/99 Amount: 1,000.00

Full Name and Address:

Doyle for Congress Committee  
2227 Hampton Street  
Pittsburgh, PA 15218

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Doyle

(D-18-PA)

Date: 06/30/99 Amount: 500.00

Full Name and Address:

Forbes for Congress  
240 Beckwith Avenue  
P O Box 500  
Southold, NY 11971

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressmen Forbes

(R-01-NY)

Date: 06/30/99 Amount: 500.00

Full Name and Address:

Hoeffel for Congress Committee  
24 W Biry Street  
Harrisburg, PA 17101

Disbursement for:  Primary

General

Other

Disbursement Purpose: Congressman Hoeffel

(D-13-PA)

Date: 06/30/99 Amount: 500.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Sue Kelly for Congress  
560 White Plains Road  
#410  
Tarrytown, NY 10591

Disbursement for:  Primary      General      Other

Disbursement Purpose: Congresswoman Kelly      (R-19-NY)      Date: 06/30/99      Amount: 500.00

Full Name and Address:

Ted Kennedy for Senate  
426 C Street, N.E.  
Rear Building  
Washington, DC 20002

Disbursement for:  Primary      General      Other

Disbursement Purpose: Senator Kennedy      (D-00-MA)      Date: 06/30/99      Amount: 2,000.00

Full Name and Address:

Luther for Congress Committee  
1399 Geneva Avenue North  
Suite 202  
Oakdale, MN 55128

Disbursement for:  Primary      General      Other

Disbursement Purpose: Congressman Luther      (D-06-MN)      Date: 06/30/99      Amount: 500.00

Full Name and Address:

Doug Ose for Congress '98  
455 Capitol Mall  
Suite 455  
Sacramento, CA 95814

Disbursement for:  Primary      General      Other

Disbursement Purpose: Congressman Ose      (R-03-CA)      Date: 06/30/99      Amount: 500.00

Full Name and Address:

Friends of John Peterson  
114 W State Street  
P O Box 395  
Pleasantville, PA 16341

Disbursement for:  Primary      General      Other

Disbursement Purpose: Congressman Peterson      (R-05-PA)      Date: 06/30/99      Amount: 1,000.00

Full Name and Address:

Phelps for Congress  
225 Jacob Road  
Eldorado, IL 62930

Disbursement for:  Primary      General      Other

Disbursement Purpose: Congressman Phelps      (D-19-IL)      Date: 06/30/99      Amount: 500.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Quinn for Congress  
P O Box 3012  
Blasdell, NY 14219

Disbursement for: Primary X General Other

Disbursement Purpose: Congressman Quinn

(R-30-NY)

Date: 06/30/99 Amount: 500.00

Full Name and Address:

Senn 2000  
P O Box 12274  
Seattle, WA 98102

Disbursement for: X Primary General Other

Disbursement Purpose: Candidate Deborah Senn

(D-20-WA)

Date: 06/30/99 Amount: 500.00

TOTAL DISBURSEMENTS FOR THIS PERIOD: 52,000.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7-20-97</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JM (3)</i> PREPARER	<i>7-20-97</i> DATE PREPARED