

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Optometric Association Political Action Committee

ADDRESS (number and street) 1505 Prince Street
Suite 300
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00024968
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 28 2006 through 12 31 2006

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 Dorothy Hitchmoth, O.D.
Signature of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. Date 01 31 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		202047.35
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	323531.23									
(c) Total Receipts (from Line 19)	55743.04	750579.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	379274.27	952627.12								
7. Total Disbursements (from Line 31)	-1723.98	571628.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	380998.25	380998.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	44462.41	376246.87
(i) Itemized (use Schedule A)	11237.66	368587.76
(ii) Unitemized	55700.07	744834.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	55700.07	744834.63
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.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	42.97	3245.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	55743.04	750579.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55743.04	750579.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	1776.02	16498.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1776.02	16498.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1500.00	549750.00
24. Independent Expenditure (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) Individuals/Persons Other Than Political Committees	500.00	2830.47
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	2830.47
29. Other Disbursements.....	-2500.00	2550.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-1723.98	571628.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	-1723.98	571628.87

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	55700.07	744834.63
34. Total Contribution Refunds (from Line 28(d))	500.00	2830.47
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55200.07	742004.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1776.02	16498.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1776.02	16498.40

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 (Last, First, Middle Initial) A. Dr Richard J Favreau		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 33 Foxhill Rd		Transaction ID: 25037462	
City State Zip Code Lafayette NJ 07848-3135	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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		

Full Name (Last, First, Middle Initial) B. Dr James A Davis		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 839 16Th Ave East		Transaction ID: 25056611	
City State Zip Code Jerome ID 83338-1504	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Dr Robert Bruce Grill		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3359 Willow Way		Transaction ID: 25056612	
City State Zip Code Twin Falls ID 83301	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Steven Snapp		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 310 Tendoy		Transaction ID: 25056613	
City Bellevue	State ID	Zip Code 83313-5085	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Dr Frederick P Darin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 405 Tirrell Rd		Transaction ID: 25056614	
City Charlotte	State MI	Zip Code 48813	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.00		

Full Name (Last, First, Middle Initial) C. Dr Clifford Lynn Goodman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 1953 Marc		Transaction ID: 25056615	
City Andover	State KS	Zip Code 67002-9443	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	275.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Blaine A Littlefield		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 27 Wilderness Drive		Transaction ID: 25056618
City Freeport	State ME	Zip Code 04032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) B. Dr Donald E Stover		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 2558 W White Chapel Way		Transaction ID: 25057256
City Porterville	State CA	Zip Code 93257-6926
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr Beryl Christine Bechtold		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 8235 Tobiano Dr		Transaction ID: 25057259
City Sacramento	State CA	Zip Code 95829-6548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Colin J Kageyama		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 5873 Calpine Drive		Transaction ID: 25057260	
City State Zip Code San Jose CA 95123-3706	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Alan E French		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address P O Box 334		Transaction ID: 25057261	
City State Zip Code Hydesville CA 95547	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Richard W Baker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 11 Jason Street		Transaction ID: 25057262	
City State Zip Code Arlington MA 02476-6499	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Joseph C Mallinger

Mailing Address 28417 Tricia Pl

City Escondido State CA Zip Code 92026-6666

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057265

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr Paresh K Patel

Mailing Address 895 Oak Park Drive

City Morgan Hill State CA Zip Code 95037-4745

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057266

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Samuel Pesner

Mailing Address 573 Carla Court

City Mountain View State CA Zip Code 94040-3731

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057268

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr A. Saul Levine		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 1048 Savannah Drive		Transaction ID: 25057270
City State Zip Code San Jose CA 95117-3062	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Christopher Barry		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 910 N 32Nd Street		Transaction ID: 25057271
City State Zip Code Renton WA 98056-2131	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr Douglas R Weberling		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 455 Arlington Avenue		Transaction ID: 25057278
City State Zip Code Bristol VA 24201	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Barry A Wineinger

Mailing Address 107 Northwood Dr

City Cuero State TX Zip Code 77954-5007

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057283

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Morgan Brent Moore

Mailing Address 1520 Chaparral

City Burkburnett State TX Zip Code 76354

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057285

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Joseph F Wiggins

Mailing Address 1030 Satterwhite Pt Rd

City Henderson State NC Zip Code 27537-7892

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057291

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	765.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Constance S Mac Queen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 145 E Marion		Transaction ID: 25057292	
City State Zip Code Elmhurst IL 60126-3425	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr Clark Lee Seyboth		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 50 Cherrywood Ct		Transaction ID: 25057293	
City State Zip Code Hunt Valley MD 21030-1932	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr Anne K Matsushima		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 654 12Th Avenue		Transaction ID: 25057295	
City State Zip Code Honolulu HI 96816	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Dawn Hornberger

Mailing Address 247 E Penn Ave

City Wernersville State PA Zip Code 19565-1613

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057296

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
DR MARK W PITTALUGA

Mailing Address 2812 N University Dr

City Coral Springs State FL Zip Code 33065-5010

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057299

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Rhett Hamer Richardson

Mailing Address 373 Goss Lane

City Barnwell State SC Zip Code 29812-6435

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057300

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	765.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Nicholas A Radetzky		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 88 Piermont Rd		Transaction ID: 25057305
City Norwood	State NJ	Zip Code 07648-2318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr C. Dirk Titus		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 1200 Mt Brook Ct		Transaction ID: 25057306
City Greenwood	State IN	Zip Code 46143
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr Spencer Vidulich		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 4411 N Winchester		Transaction ID: 25057308
City Chicago	State IL	Zip Code 60640-5808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	765.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial)
Christopher Pau Davolos

Mailing Address 6 Appleton Acres Court

City State Zip Code
Elkton MD 21921-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057309

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jaime Blyskal Marcolini

Mailing Address 4 Village Gate Rd

City State Zip Code
Washington NJ 07882

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057310

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Mark S White

Mailing Address 12809 Houghton

City State Zip Code
Dewitt MI 48820

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 25057312

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr David Allan Rumpf		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 12720 Ne 72		Transaction ID: 25057315	
City State Zip Code Kirkland WA 98033	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr Eric H H Knutson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 2830 N W Duchess PI		Transaction ID: 25057318	
City State Zip Code Corvallis OR 97330-3207	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Leon A Renaud		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 174 Redwood Lane		Transaction ID: 25057321	
City State Zip Code Hoover AL 35226	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1030.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr John E Birchmeier		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 46760 Rockledge		Transaction ID: 25057322	
City State Zip Code Plymouth MI 48170-3430	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Self Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr Raymond K Greene		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 3207 N 22Nd St		Transaction ID: 25057325	
City State Zip Code Coeur D'Alene ID 83815	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr Steven Harry Kantor		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 4136 W Runion Dr		Transaction ID: 25057326	
City State Zip Code Glendale AZ 85308	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	665.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Joanne Kundl		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 7030 Sw 82 Ave		Transaction ID: 25057667	
City State Zip Code Miami FL 33143	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr Mark Gordon Ryan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 40 Glenwood Road		Transaction ID: 25057669	
City State Zip Code North Branford CT 06471	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr William W St Vincent, Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 60 Aaron Avenue		Transaction ID: 25057672	
City State Zip Code Bristol RI 02809-1248	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	815.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Wallace B Guerrant, Jr.

Mailing Address 409 Indian Mound Drive

City State Zip Code
Mt Sterling KY 40353-1096

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25057675

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr G. Barnard Wilson

Mailing Address 3604 Atwood Pl

City State Zip Code
Modesto CA 95355-1304

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 6

Transaction ID: 25057680

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Dr C. Garry Collins

Mailing Address 409 Royal Crossing

City State Zip Code
Franklin TN 37064-8909

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 6

Transaction ID: 25087159

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	625.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Kent J Risk		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 216 Northstone Place		Transaction ID: 25087160	
City State Zip Code Fayetteville NC 28303-5494	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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 (Last, First, Middle Initial) B. Dr John P De Carlo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 983 Newfield Avenue		Transaction ID: 25087164	
City State Zip Code Stamford CT 06905-2594	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Dr Teresa A Erickson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address P O Box 670		Transaction ID: 25087240	
City State Zip Code Milton WA 98354-0670	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Gregory B Hagedorn

Mailing Address 2315 Sunset Lane

City State Zip Code
Henderson KY 42420

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25087242

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Phillip Maroudis

Mailing Address 1810 Creston Place

City State Zip Code
Ashland KY 41101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25087243

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Julie A Metzger

Mailing Address 72 Belmont Ct

City State Zip Code
Florence KY 41042-8986

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25087244

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Thomas L Lim

Mailing Address 1136 Thorntree Court

City State Zip Code
San Jose CA 95120

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092247

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Eleanor Wong Hattori

Mailing Address 10 Del Robles Ave

City State Zip Code
Monterey CA 93940

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092249

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Gary L Williams

Mailing Address 5001 Follgatter Drive

City State Zip Code
Bakersfield CA 93308

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092251

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	765.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 86		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
Dr Peter Jeffery Shoji

Mailing Address 1910 Puu Nanea Place

City State Zip Code
Honolulu HI 96822-1760

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092256

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Robert Carl Carl Layman

Mailing Address 4937 Homerdale Avenue

City State Zip Code
Toledo OH 43623-2930

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092258

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Daniel J Gordon

Mailing Address 19 Sunset Terr

City State Zip Code
Tenafly NJ 07670

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092261

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Teruo Watanabe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 3311 S Olaf Hill Dr		Transaction ID: 25092266	
City State Zip Code Hacienda Heights CA 91745-6142	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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 (Last, First, Middle Initial) B. Dr Mark F Gotcher		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address P O Box 626		Transaction ID: 25092271	
City State Zip Code Cottage Grove OR 97424-0027	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) C. Dr James Rex Prince		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 2171 Taylors Creek Rd		Transaction ID: 25092272	
City State Zip Code Weems VA 22516	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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		

SUBTOTAL of Receipts This Page (optional) ▶	1065.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Joseph Michael Hooks

Mailing Address 1629 Kestwick Drive

City Birmingham State AL Zip Code 35226-2382

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092273

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr G. Chad Green

Mailing Address 5960 Co Rd 19

City Linden State AL Zip Code 36748

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092274

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr David Philip Duval

Mailing Address 6108 Timberly Rd N

City Mobile State AL Zip Code 36609

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25092275

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Michael Lee Roetman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 1002 S Carroll		Transaction ID: 25092276	
City State Zip Code Rock Rapids IA 51246-2045	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr James Mikeal Wohlgemuth		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 210 Betty L Lane P O Box 609		Transaction ID: 25092277	
City State Zip Code Burleson TX 76028-3721	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr Stewart F Gooderman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 1385 Cayuga Avenue		Transaction ID: 25092278	
City State Zip Code San Francisco CA 94112-3317	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1095.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr Diana Wicks Hamm Mailing Address 637 Abo City Hobbs State NM Zip Code 88240-3405 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 25107659 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation O.D. Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr HEIDE L SCHEFFERLY Mailing Address 5868 Springport Road City Jackson State MI Zip Code 49201 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6 Transaction ID: 25107664 Amount of Each Receipt this Period 50.00
Name of Employer Self Employed 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 (Last, First, Middle Initial) Dr Larry J Bonderud Mailing Address 497 Ohaire Blvd City Shelby State MT Zip Code 59474-1960 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6 Transaction ID: 25108177 Amount of Each Receipt this Period 750.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Linda T Arakaki

Mailing Address 99-923 Hulumanu Street

City State Zip Code
Aiea HI 96701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25108178

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Robert A Turcios, Jr

Mailing Address 367 Marti Marie Dr

City State Zip Code
Martinez CA 94553

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25108179

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Keith Carl Miller

Mailing Address 11270 Lima St

City State Zip Code
Henderson CO 80640

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: 25108184

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Jon Q Montoya		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 1401 Aztec Rd Nw		Transaction ID: 25108189	
City State Zip Code Albuquerque NM 87107-2715	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Dr David B Burnett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 174 Oakridge Dr		Transaction ID: 25108190	
City State Zip Code Farmington UT 84025	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr Shonda D Achord		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 41129 Hwy 931		Transaction ID: 25108195	
City State Zip Code Gonzales LA 70737-6910	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	965.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Thomas Edward Dunlap, Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 809 Lauras Lane Po Drawer 1249		Transaction ID: 25108196	
City State Zip Code Albemarle NC 28002-1249	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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		

Full Name (Last, First, Middle Initial) B. Dr Cedric H Mitsui		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 95-054 Hokuwa St # 222		Transaction ID: 25108919	
City State Zip Code Mililani HI 96789-1515	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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		

Full Name (Last, First, Middle Initial) C. Dr Hulon Houston Pass		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 1901 Sunset		Transaction ID: 25108922	
City State Zip Code Ft Stockton TX 79735	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Samuel D Pierce		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address 4212 Waterford Lane		Transaction ID: 25108924
City State Zip Code Trussville AL 35173	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Mitchell Todd Munson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address 9940 S Ashleigh Way		Transaction ID: 25161809
City State Zip Code Highlands Rnch CO 80126-4244	Amount of Each Receipt this Period 218.75	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr Jane Ellen Compton		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address P O Box 1877		Transaction ID: 25161811
City State Zip Code Taos NM 87571-1877	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	818.75
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Maurice William Geldert		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 604 N Kentucky		Transaction ID: 25161812	
City State Zip Code Roswell NM 88201-4820	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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 (Last, First, Middle Initial) B. Dr Jeffrey A Myers		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 4089 Marlowa Drive P O Box 116		Transaction ID: 25161815	
City State Zip Code Groveport OH 43125	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) C. Dr John J Mertzluft		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 9304 Woodbay Drive		Transaction ID: 25161816	
City State Zip Code Tampa FL 33626	Amount of Each Receipt this Period 91.25		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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) ▶	316.25
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Dennis M Brtva		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 57 Pebblebrook Ct		Transaction ID: 25161825	
City Bloomington	State IL	Amount of Each Receipt this Period 50.00	
Zip Code 61704-6300		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00			

Full Name (Last, First, Middle Initial) B. Dr Freddie M Mayes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 117 Magnolia Drive		Transaction ID: 25161826	
City Central City	State KY	Amount of Each Receipt this Period 50.00	
Zip Code 42330		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00			

Full Name (Last, First, Middle Initial) C. Dr. Andrea P Thau		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 170 East 83 Street		Transaction ID: 25161827	
City New York	State NY	Amount of Each Receipt this Period 50.00	
Zip Code 10028-1920		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr James Maxwell Ernst

Mailing Address 14 Bittersweet Dr

City State Zip Code
Alexandria KY 41001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161828

Amount of Each Receipt this Period
85.00

B. Full Name (Last, First, Middle Initial)
Dr Clarke D Newman

Mailing Address 9325 Stratford Way

City State Zip Code
Dallas TX 75220-5084

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161829

Amount of Each Receipt this Period
84.00

C. Full Name (Last, First, Middle Initial)
Dr Lynn Smith Hammonds

Mailing Address 2725 Smyer Road

City State Zip Code
Birmingham AL 35216-1026

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161831

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	219.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr William W Hatley

Mailing Address 23560 E Moraine Place

City State Zip Code
Aurora CO 80016-7055

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161832

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr John D Coble

Mailing Address 1501 Sunset Hill

City State Zip Code
Rockwall TX 75087

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161834

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Mike L Korhals

Mailing Address 2111 N 8Th St

City State Zip Code
Clear Lake IA 50428-1499

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161837

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Alice Sterling

Mailing Address 5727 Canton Cove #111

City State Zip Code
Winter Springs FL 32708-5033

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161841

Amount of Each Receipt this Period
45.00

B. Full Name (Last, First, Middle Initial)
Dr Steven F Tronnes

Mailing Address 1689 N W Hopper St

City State Zip Code
Roseburg OR 97470

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161843

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Scott L Nehring

Mailing Address 32840 S Meridian Road

City State Zip Code
Woodburn OR 97071-8768

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161845

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	145.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Randy L Andregg

Mailing Address 11368 W Hickory Hill Ct

City	State	Zip Code
Boise	ID	83704

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	6

Transaction ID: 25161846

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)
Dr John Rush

Mailing Address Po Box 1108

City	State	Zip Code
Gold Beach	OR	97444-1108

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	6

Transaction ID: 25161847

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
Dr Robert A Sorensen

Mailing Address 11528 N Avondale Loop

City	State	Zip Code
Hayden	ID	83835-9142

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	0	6

Transaction ID: 25161848

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Ronald Ray Guiley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 1848 Se Bronzewood Ave		Transaction ID: 25161849	
City State Zip Code Bend OR 97702-3303	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) B. Dr LeeAnn Barrett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 1199 E Morgan		Transaction ID: 25161854	
City State Zip Code Boonville MO 65233-1336	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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		

Full Name (Last, First, Middle Initial) C. Dr Terry L Bolen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address P O Drawer A		Transaction ID: 25161856	
City State Zip Code Schurz NV 89427	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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) ▶	130.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Thomas Annunziato		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address 11700 Northview Dr		Transaction ID: 25161857
City Aledo	State TX	Zip Code 76008-5223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Douglas J Walker		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address P O Box 988		Transaction ID: 25161858
City Brookings	State OR	Zip Code 97415-0021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr Jack L Hostetler		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address 2862 E Canyon Creek Court		Transaction ID: 25161860
City Gilbert	State AZ	Zip Code 85234
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr C. Thomas Crooks, III

Mailing Address 1229 Highland Lakes Trail

City Birmingham State AL Zip Code 35242-6886

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161861

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Charlotte F Nielsen

Mailing Address 118 Whitehall Court

City Grayslake State IL Zip Code 60030-3492

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161862

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Teresa M Seim

Mailing Address 7328 Glade Trail

City Kalamazoo State MI Zip Code 49009-5921

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 6

Transaction ID: 25161865

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Mira B B Swiecicki		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 450 F Street		Transaction ID: 25161866	
City Blaine	State WA	Zip Code 98230-4201	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) B. Dr Gilbert E E Pierce		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 8639 Olenbrook Drive		Transaction ID: 25161867	
City Lewis Center	State OH	Zip Code 43035-8702	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Dr Norman C Johnson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 154 Willow Cove Drive		Transaction ID: 25161868	
City Scottsboro	State AL	Zip Code 35769-6222	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

SUBTOTAL of Receipts This Page (optional) ▶	95.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Kevin L Alexander		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address 8830 Walnut Trail		Transaction ID: 25161869
City State Zip Code Sylvania OH 43560	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr Beth A Kneib		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address 1515 N 150Th Street		Transaction ID: 25161870
City State Zip Code Shoreline WA 98133-6301	Amount of Each Receipt this Period 41.66	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 458.26	

Full Name (Last, First, Middle Initial) C. Dr Keith C Eldred		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6
Mailing Address 2619 Foothills Road		Transaction ID: 25161872
City State Zip Code Cheyenne WY 82009	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) ▶	111.66
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Peter H Kehoe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 789 N Broad		Transaction ID: 25161873	
City State Zip Code Galesburg IL 61401	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) B. Dr Markus I Barth		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 6	
Mailing Address 1346 Heller Drive		Transaction ID: 25161874	
City State Zip Code Yardley PA 19067-2714	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Dr John R Pfeifer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 2610 Sw 151St PI		Transaction ID: 25161880	
City State Zip Code Burien WA 98166-1639	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David M Eads		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6	
Mailing Address 314 College Street		Transaction ID: 25161881	
City State Zip Code Somerset KY 42501-1312	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr Thomas A Mebane		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 200 Walter Ave		Transaction ID: 25161884	
City State Zip Code Roanoke Rapids NC 27870	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) C. Dr Richard Stephan Deutch		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	
Mailing Address 9549 Country Trail		Transaction ID: 25162000	
City State Zip Code Loveland OH 45140-5566	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Robert G Le Sage		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 1027 Averly Street		Transaction ID: 25162004	
City State Zip Code Ft Myers FL 33919	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr Donald J Koets		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 124 W 5Th Street South		Transaction ID: 25162006	
City State Zip Code Summerville SC 29483	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. Dr Richard L Wallingford, Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 3843 Rockwood Road P O Box 159		Transaction ID: 25162057	
City State Zip Code Rockwood ME 04478	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	590.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Ronald P Snyder

Mailing Address 2200 Nw 57 St

City State Zip Code
Boca Raton FL 33496-3427

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 25162061

Amount of Each Receipt this Period
91.25

B. Full Name (Last, First, Middle Initial)
Dr Robert L Jarrell, III

Mailing Address 50 Cedar Hill Rd

City State Zip Code
Albuquerque NM 87122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 6

Transaction ID: 25162066

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Zoey K Loomis

Mailing Address 3750 Highway 144

City State Zip Code
Weldona CO 80653-9107

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Transaction ID: 25162072

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	341.25
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr David A Wolf		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 6129 Churchill Downs Dr		Transaction ID: 25162073
City State Zip Code West Linn OR 97068-2535	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Dr Bonnie Marie Gauer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 1802 Flournoy Valley Rd		Transaction ID: 25162074
City State Zip Code Roseburg OR 97470-9792	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr Scott M Walters		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 1025 Nw Regent Drive		Transaction ID: 25162075
City State Zip Code Grants Pass OR 97526-0075	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. James E Powers		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 3727 Camelot Drive		Transaction ID: 25162076	
City State Zip Code Annandale VA 22003-1306	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Dr Lawrence A Froland		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 14110 Se Fair Oaks Way		Transaction ID: 25162077	
City State Zip Code Milwaukie OR 97267-7634	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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		

Full Name (Last, First, Middle Initial) C. Dr Pamela A Lowe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6	
Mailing Address 6835 Concord Lane		Transaction ID: 25162078	
City State Zip Code Niles IL 60714-4431	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Arthur B Epstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 501 W Port Royale Ln		Transaction ID: 25162079
City State Zip Code Phoenix AZ 85023	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 563.50	

Full Name (Last, First, Middle Initial) B. Dr Daniel J Vidlak		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 3883 Riverbanks Rd		Transaction ID: 25162080
City State Zip Code Grants Pass OR 97527-9648	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr Roger R Seelye		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 5122 Lake Drive		Transaction ID: 25162081
City State Zip Code Owosso MI 48867-8711	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Paul J Lobby

Mailing Address Rd 2
Box 245

City State Zip Code
Ford City PA 16226-9802

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 25162087

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dr Donald B Bogue

Mailing Address 217 Trailwood Circle

City State Zip Code
Lufkin TX 75904-4372

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
565.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: 25163950

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Tad Robert Kosanovich

Mailing Address 322 Sunset Road

City State Zip Code
Osprey FL 34229-9207

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 6

Transaction ID: 25163954

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	690.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Cheryl Sikorski Meyers

Mailing Address 713 Morton St

City State Zip Code
Batavia IL 60510

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 6

Transaction ID: 25163956

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Bradley David Bearden

Mailing Address 4026 Springland Lane

City State Zip Code
Bellingham WA 98226-6840

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 6

Transaction ID: 25163958

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Randall K Thomas

Mailing Address 6017 Havencrest Court

City State Zip Code
Concord NC 28027

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 6

Transaction ID: 25163965

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1565.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Steven D Koch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 1204 Madison		Transaction ID: 25163972	
City State Zip Code Wenatchee WA 98801-1937	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation O.D. Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) B. Dr Richard L L Powell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 820 Manchester Circle		Transaction ID: 25164305	
City State Zip Code Lincoln NE 68528-1043	Amount of Each Receipt this Period 12.50		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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		

Full Name (Last, First, Middle Initial) C. Dr Anthony S Diecidue		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 300 Mcmichaels Drive		Transaction ID: 25164408	
City State Zip Code Stroudsburg PA 18360-9149	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed 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) ▶	562.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Matthew Allan Jones		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address E 2320 39Th		Transaction ID: 25164411	
City Spokane	State WA	Zip Code 99223	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Michael Douglas Jones		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 565 Autumn Bluff Drive		Transaction ID: 25164412	
City Ellisville	State MO	Zip Code 63021-5962	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr Mark C Ward		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 625 Grabruck		Transaction ID: 25164413	
City Danville	State KY	Zip Code 40422-2200	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Nathalie Cassis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 611 Raleigh Ave #1		Transaction ID: 25164415
City State Zip Code Norfolk VA 23507-2014	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr Lawrence Jay Jay Barger		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 4593 Stagecoach Trail		Transaction ID: 25164416
City State Zip Code Copley OH 44321	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr Joseph Bannon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 211 Greentree Dr		Transaction ID: 25164458
City State Zip Code Saint Clairsville OH 43950-1443	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	475.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Jamie Archer Bennett

Mailing Address 946 Briarwood

City State Zip Code
Bartlesville OK 74006

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2006

Transaction ID: 25164459

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Dr Marie Tartibi

Mailing Address 1218 Northern Way

City State Zip Code
Winter Springs FL 32708

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2006

Transaction ID: 25164460

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Charles P Gilchrist, III

Mailing Address P O Box 1137

City State Zip Code
Tappahannock VA 22560-1137

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 18 / 2006

Transaction ID: 25164461

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Erin Rene Miller		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 9570 S Vandecar Road		Transaction ID: 25164637
City State Zip Code Shepherd MI 48883-9548	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Paul William Heersink		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 2094 West Hwy 160		Transaction ID: 25164638
City State Zip Code Monte Vista CO 81144	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr Albert J Hoffman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6
Mailing Address 966 Lincoln Drive		Transaction ID: 25164639
City State Zip Code Conneaut OH 44030	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 86						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Dr Matthew R Cannon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 242 Vista Falls Road		Transaction ID: 25164642	
City State Zip Code Arden NC 28704-7415	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr Michael A Chaglasian		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 1121 Terrace Ct		Transaction ID: 25164643	
City State Zip Code Deerfield IL 60015-4832	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr E. Dennis Chinn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 2067 W Via Lante		Transaction ID: 25164644	
City State Zip Code Fresno CA 93711	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	965.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Nelson C Klaus, Jr

Mailing Address 833 Shinn Point Road

City State Zip Code
Wilmington NC 28409-2113

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 6

Transaction ID: 25164648

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Larry J Motacek

Mailing Address 230 19Th Ave Ne

City State Zip Code
Jamestown ND 58401-3935

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 25170801

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Gregory M O'Connor

Mailing Address 5785 Oak Bank Trail, #101

City State Zip Code
Agoura Hills CA 91377-5632

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 6

Transaction ID: 25170803

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	865.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Julie Kay Kueker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 11901 Westwood Lane		Transaction ID: 25170810	
City State Zip Code Highland IL 62249-3863	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr Richard C Edlow		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 6	
Mailing Address 8913 Griffin Way		Transaction ID: 25191720	
City State Zip Code Baltimore MD 21208-1424	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr David B Seibel		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 5649 Butler Hill Road		Transaction ID: 25207784	
City State Zip Code St Louis MO 63128	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Craig M Brawley

Mailing Address 2615 Wessex Dr

City State Zip Code
St Louis MO 63125

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25207785

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Christina W Lam

Mailing Address 3132 Seaport Circle

City State Zip Code
Anchorage AK 99515

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25207787

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms Noel Brazil

Mailing Address 1505 Prince Street Suite 300

City State Zip Code
Alexandria VA 22314-2852

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed O.D.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25207788

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Douglas Curtis Clark

Mailing Address 2530 Woodfern Cir

City Birmingham State AL Zip Code 35244-6405

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation O.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25207790

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Douglas Walter Batchelder

Mailing Address 830 Meadowbrook Drive

City Mt Pleasant State MI Zip Code 48858-9594

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation O.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25207795

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mr Larry Benton, Exc Dir

Mailing Address 25095 Homedale Road

City Wilder State ID Zip Code 83676

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 25208694

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	915.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Blaine A Littlefield

Mailing Address 27 Wilderness Drive

City State Zip Code
Freeport ME 04032

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 25208697

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Hulon Houston Pass

Mailing Address 1901 Sunset

City State Zip Code
Ft Stockton TX 79735

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25215495

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Earl M Pollock

Mailing Address 3005 Meredith Dr.

City State Zip Code
Portsmouth VA 23703-4516

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation O.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25215510

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Ezra E Cohen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 861 East 9Th Street		Transaction ID: 25215517	
City State Zip Code Brooklyn NY 11223	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr Barbara L Marcussen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 1148 Huntsmoor Drive		Transaction ID: 25215529	
City State Zip Code Gastonia NC 28054-7205	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Joel T Postma		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 8806 53Rd Street Court W		Transaction ID: 25215542	
City State Zip Code University Plc WA 98467-1748	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Amy M Postma

Mailing Address 8806 53Rd Street Court W

City State Zip Code
University Plc WA 98467

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 6

Transaction ID: 25215543

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Maurice E Zadeh

Mailing Address 4498 Chattahoochee Pln Dr

City State Zip Code
Marietta GA 30067-4672

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 25216590

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Anne F Meccariello

Mailing Address 9415 Onion Patch Drive

City State Zip Code
Burke VA 22015

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 25216592

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Forrest B Messerschmidt

Mailing Address 4104 Blackerby Street

City State Zip Code
Juneau AK 99801-9535

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 25216593

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Alan Kyle Bugg

Mailing Address 1022 S Miles Avenue

City State Zip Code
Union City TN 38261-5432

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 25216597

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr Alan G Peaslee

Mailing Address 4507 Wellington Woods Dr

City State Zip Code
Hahira GA 31632-3109

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 25216599

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1615.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Ron W Roelfs		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 600 3Rd St Se		Transaction ID: 25216677	
City Waverly	State IA	Zip Code 50677-3516	Amount of Each Receipt this Period 93.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 341.00		

Full Name (Last, First, Middle Initial) B. Dr Edmundo C Fimbres		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 25 San Juan Dr		Transaction ID: 25216679	
City Salinas	State CA	Zip Code 93901-3036	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Dr Joseph H Phillips		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 0 6	
Mailing Address 13308 Cedar Trail		Transaction ID: 25394357	
City Oklahoma City	State OK	Zip Code 73131	Amount of Each Receipt this Period 0.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$750.00

SUBTOTAL of Receipts This Page (optional)	343.00
TOTAL This Period (last page this line number only)	44462.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 86

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 25320867 Date of Disbursement 11 / 28 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 5.70
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 11/28/06 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 11/2-8/06

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 25086962 Date of Disbursement 12 / 01 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 36.30
City St. Louis State MO Zip Code 63179	Purpose of Disbursement Discover Fee 12/1/06 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Discover Fee 12/1/06

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 25320864 Date of Disbursement 12 / 01 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 811.90
City St. Louis State MO Zip Code 63179	Purpose of Disbursement Bank of America Service Fee 12/01/06 Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank of America Service Fee 12/01/06

SUBTOTAL of Disbursements This Page (optional) ▶	853.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 25320865 Date of Disbursement 12 / 01 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 0.01
City St. Louis State MO Zip Code 63179	Purpose of Disbursement Bank of America Service Fee 12/01/06 Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank of America Service Fee 12/01/06

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 25320868 Date of Disbursement 12 / 06 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 109.44
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 12/06/06 Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 12/0- 6/06

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 25320870 Date of Disbursement 12 / 11 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 19.13
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 12/11/06 Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 12/1- 1/06

SUBTOTAL of Disbursements This Page (optional) ▶	128.58
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Wachovia Non Corporate		Transaction ID: 25255332	
Mailing Address 1650 Tyson Blvd.		Date of Disbursement MM / DD / YYYY 12 / 11 / 2006	
City McLean	State VA	Zip Code 22102	Amount of Each Disbursement this Period 730.50
Purpose of Disbursement Wachovia Bank Fee 12/11/06		Category/ Type 001	Wachovia Bank Fee 12/11/06
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 25320872	
Mailing Address PO Box 790251		Date of Disbursement MM / DD / YYYY 12 / 12 / 2006	
City St. Louis	State MO	Zip Code 63179	Amount of Each Disbursement this Period 6.73
Purpose of Disbursement American Express Fee 12/12/06		Category/ Type 001	American Express Fee 12/1-2/06
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 25320866	
Mailing Address PO Box 790251		Date of Disbursement MM / DD / YYYY 12 / 15 / 2006	
City St. Louis	State MO	Zip Code 63179	Amount of Each Disbursement this Period 27.33
Purpose of Disbursement Bank of America Service Fee 12/15/06		Category/ Type 001	Bank of America Service Fee 12/15/06
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	764.56
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 25325130 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 2.85
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 12/15/06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 12/1-5/06

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 25325135 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 1.19
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 12/16/06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 12/1-6/06

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 25320875 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 24.94
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Fee 12/20/06 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Fee 12/2-0/06

SUBTOTAL of Disbursements This Page (optional) ▶	28.98
TOTAL This Period (last page this line number only) ▶	1776.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends Of Sherrod Brown		Transaction ID: 25037873 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 2280 Kresge Drive Suite 800		Amount of Each Disbursement this Period 5000.00
City Amherst State OH Zip Code 44001		
Purpose of Disbursement 2006 Debt Retirement	011 Category/ Type	
Candidate Name Rep. Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retirement	2006 Debt Retirement

Full Name (Last, First, Middle Initial) B. Friends Of Baron Hill		Transaction ID: 25087100 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address P O Box 1071		Amount of Each Disbursement this Period 2000.00
City Seymour State IN Zip Code 47274		
Purpose of Disbursement 2006 Primary Debit Retirement	011 Category/ Type	
Candidate Name Baron P. Hill		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Debt Re	2006 Primary Debit Retirement

Full Name (Last, First, Middle Initial) C. Tom Allen For Congress Committee		Transaction ID: 25087099 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 17766		Amount of Each Disbursement this Period 1500.00
City Portland State ME Zip Code 04112		
Purpose of Disbursement 2008 Primary Election	011 Category/ Type	
Candidate Name Rep. Thomas H. Allen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Mark Pryor For Us Senate		Transaction ID: 25087101 Date of Disbursement 12 / 05 / 2006	
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 1000.00	
City Little Rock State AR Zip Code 72203	Purpose of Disbursement 2008 Primary Election Candidate Name Sen. Mark L. Pryor	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 2	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2008 Primary Election	

Full Name (Last, First, Middle Initial) B. Friends Of John Barrow		Transaction ID: 25087178 Date of Disbursement 12 / 05 / 2006	
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 2500.00	
City Savannah State GA Zip Code 31412	Purpose of Disbursement 2004 Debt Relief Candidate Name Rep. John Barrow	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Debt Relief	2004 Debt Relief	

Full Name (Last, First, Middle Initial) C. Democratic National Committee		Transaction ID: 25152255 Date of Disbursement 12 / 13 / 2006	
Mailing Address 430 South Capitol Street, S.E		Amount of Each Disbursement this Period 15000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution to National Party Committee Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to National Party Committee	

SUBTOTAL of Disbursements This Page (optional) ▶	18500.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Whitehouse 06		Transaction ID: 25152248 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6
Mailing Address PO Box 40280		Amount of Each Disbursement this Period 1000.00 2006 Debt Retirement
City Providence State RI Zip Code 02940	Purpose of Disbursement 2006 Debt Retirement Candidate Name Mr. Sheldon Whitehouse Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retirement State: RI District: 2	
Category/Type 011		
State: RI District: 2		

Full Name (Last, First, Middle Initial) B. Tom Allen For Congress Committee		Transaction ID: 25163180 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 17766		Amount of Each Disbursement this Period 3500.00 2008 Primary Election
City Portland State ME Zip Code 04112	Purpose of Disbursement 2008 Primary Election Candidate Name Rep. Thomas H. Allen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
State: ME District: 1		

Full Name (Last, First, Middle Initial) C. Citizens For Harkin		Transaction ID: 25189321 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00 2008 Primary Election
City Des Moines State IA Zip Code 50304	Purpose of Disbursement 2008 Primary Election Candidate Name Sen. Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
State: IA District: 2		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. DeWine for U.S. Senate		Transaction ID: 25337145 Date of Disbursement 12 / 31 / 2006
Mailing Address Box 340188		Amount of Each Disbursement this Period -1000.00
City Columbus State OH Zip Code 43234	011 Category/ Type	
Purpose of Disbursement Void - Lost Originally Reported 03/16/05		
Candidate Name Mike DeWine		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Void - Lost Originally Re- ported 03/16/05 - DeWine for U.S. Senate

Full Name (Last, First, Middle Initial) B. DeWine for U.S. Senate		Transaction ID: 25337166 Date of Disbursement 12 / 31 / 2006
Mailing Address Box 340188		Amount of Each Disbursement this Period -1000.00
City Columbus State OH Zip Code 43234	011 Category/ Type	
Purpose of Disbursement Void - Lost Originally Reported 06/08/05		
Candidate Name Mike DeWine		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Void - Lost Originally Re- ported 06/08/05- DeWine for U.S. Senate

Full Name (Last, First, Middle Initial) C. People With Hart Inc		Transaction ID: 25337142 Date of Disbursement 12 / 31 / 2006
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period -1000.00
City Wexford State PA Zip Code 15090	011 Category/ Type	
Purpose of Disbursement Void - Lost Originally Reported 03/31/04		
Candidate Name Rep. Melissa A. Hart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Lost Originally Re- ported 03/31/04 - Hart For Congress

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Jd Hayworth For Congress		Transaction ID: 25337112 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period -1000.00
City State Zip Code Scottsdale AZ 85260	Purpose of Disbursement Void - Lost Originally Reported 10/29/20 Candidate Name J Hayworth Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 6	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Lost Originally Reported 10/29/2004 - J D Hayworth For Congress

Full Name (Last, First, Middle Initial) B. Friends for Houghton		Transaction ID: 25337128 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address P O Box 1107		Amount of Each Disbursement this Period -1000.00
City State Zip Code Corning NY 14830	Purpose of Disbursement Void - Lost- Originally Reported 06/20/0 Candidate Name Amo Houghton Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 31	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Lost- Originally Reported 06/20/01 -Friends for Houghton-

Full Name (Last, First, Middle Initial) C. Akaka In 2006		Transaction ID: 25337120 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address C/O 904 Nana Honua Street		Amount of Each Disbursement this Period -1000.00
City State Zip Code Honolulu HI 96825	Purpose of Disbursement Void - Lost Originally Reported 11/10/20 Candidate Name Sen. Daniel Kahikina Akaka Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Void - Lost Originally Reported 11/10/2005 - Akaka in 2006

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Brady For Congress		Transaction ID: 25336427 Date of Disbursement 12 / 31 / 2006
Mailing Address P.O. Box 8277		Amount of Each Disbursement this Period -1000.00
City The Woodlands	State TX	
Zip Code 77387	Purpose of Disbursement Void - Lost Originally Reported 09/28/20	Void - Lost Originally Reported 09/28/2004 - Kevin Brady for Congress
Candidate Name Rep. Kevin Brady	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 8	

Full Name (Last, First, Middle Initial) B. Hoosiers Supporting Buyer For Congress		Transaction ID: 25337137 Date of Disbursement 12 / 31 / 2006
Mailing Address 200 North Main St. P.O. Box 712		Amount of Each Disbursement this Period -2500.00
City Monticello	State IN	
Zip Code 47960	Purpose of Disbursement Void - Lost Originally Reported 08/12/03	Void - Lost Originally Reported 08/12/03 - Buyer for Congress
Candidate Name Rep. Steve Buyer	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 4	

Full Name (Last, First, Middle Initial) C. Crane For Congress Committee		Transaction ID: 25335983 Date of Disbursement 12 / 31 / 2006
Mailing Address 6302 Massachusetts Ave		Amount of Each Disbursement this Period -1000.00
City Bethesda	State MD	
Zip Code 20816	Purpose of Disbursement Void - Lost Originally Reported 10/08/20	Void - Lost Originally Reported 10/08/2002 - Crane for Congress Committee
Candidate Name Mr. Philip Crane	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD	District: 8	

SUBTOTAL of Disbursements This Page (optional)	-4500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Insee For Congress		Transaction ID: 25337118 Date of Disbursement 12 / 31 / 2006
Mailing Address PO Box 33027		Amount of Each Disbursement this Period -1000.00
City Seattle State WA Zip Code 98133	011 Category/ Type	
Purpose of Disbursement Void - Lost Originally Reported 10/28/20		
Candidate Name Rep. Jay Insee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Void - Lost Originally Re- ported 10/28/2005 - Jay Insee for Congress

Full Name (Last, First, Middle Initial) B. Istook For Congress		Transaction ID: 25337117 Date of Disbursement 12 / 31 / 2006
Mailing Address 712 N Broadway Avenue 3501 N.W. 63rd Street Suite 601		Amount of Each Disbursement this Period -1000.00
City Oklahoma City State OK Zip Code 73102	011 Category/ Type	
Purpose of Disbursement Void - Lost Originally Reported 06/28/20		
Candidate Name Rep. Ernest J. Istook, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Void - Lost Originally Re- ported 06/28/2005 - Istook for Congress

Full Name (Last, First, Middle Initial) C. Johnson For Congress Committee		Transaction ID: 25337138 Date of Disbursement 12 / 31 / 2006
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period -1000.00
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement Void - Originally Reported 02/13/03 - Na		
Candidate Name Nancy Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Originally Reported 02/13/03 - Nancy Johnson for Congress

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 79 / 86

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Johnson For Congress Committee		Transaction ID: 25337158 Date of Disbursement 12 / 31 / 2006	
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period -1000.00	
City New Britain	State CT	Zip Code 06050	011 Category/ Type
Purpose of Disbursement Void - Lost - Originally Reported - 07/0			
Candidate Name Nancy Johnson		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 6		
Void - Lost - Originally Reported - 07/05/02			

Full Name (Last, First, Middle Initial) B. Lampson for Congress		Transaction ID: 25337134 Date of Disbursement 12 / 31 / 2006	
Mailing Address P O Box 21578		Amount of Each Disbursement this Period -1000.00	
City Beaumont	State TX	Zip Code 77720	011 Category/ Type
Purpose of Disbursement Void - Lost Originally Reported 09/26/02			
Candidate Name Nick Lampson		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 9		
Void - Lost Originally Reported 09/26/02 -Lampson for Congress			

Full Name (Last, First, Middle Initial) C. Oxley For Congress		Transaction ID: 25337107 Date of Disbursement 12 / 31 / 2006	
Mailing Address PO Box 2006		Amount of Each Disbursement this Period -1500.00	
City Findlay	State OH	Zip Code 45839	011 Category/ Type
Purpose of Disbursement Void - Lost Originally Reported 10/12/20			
Candidate Name Rep. Michael G. Oxley		Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 4		
Void - Lost Originally Reported 10/12/2004 - Oxley for Congress			

SUBTOTAL of Disbursements This Page (optional) ▶	-3500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Pascrell For Congress Inc.		Transaction ID: 25337139 Date of Disbursement 12 / 31 / 2006	
Mailing Address Pob 640		Amount of Each Disbursement this Period -500.00	
City Totowa State NJ Zip Code 07511	Purpose of Disbursement Void - Lost Originally Reported 11/21/03	011 Category/Type	
Candidate Name Rep. William J. Pascrell, Jr.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 8	Void - Lost Originally Reported 11/21/03 - Pascrell for Congress		

Full Name (Last, First, Middle Initial) B. Portman For Congress Committee		Transaction ID: 25337135 Date of Disbursement 12 / 31 / 2006	
Mailing Address P.O. Box 550		Amount of Each Disbursement this Period -2500.00	
City Milford State OH Zip Code 45150	Purpose of Disbursement Void - Lost Originally Reported 10/07/02	011 Category/Type	
Candidate Name Mr. Robert Portman	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 2	Void - Lost Originally Reported 10/07/02 - Portman For Congress Committee		

Full Name (Last, First, Middle Initial) C. Pryce For Congress		Transaction ID: 25336409 Date of Disbursement 12 / 31 / 2006	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period -2000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement Void - Lost Originally Reported 09/24/20	011 Category/Type	
Candidate Name Rep. Deborah Pryce	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 15	Void - Lost Originally Reported 09/24/2004 -Pryce For Congress		

SUBTOTAL of Disbursements This Page (optional) ▶	-5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Rogers For Congress		Transaction ID: 25337123 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period -1000.00
City Brighton State MI Zip Code 48116	011 Category/ Type	
Purpose of Disbursement Void - Lost Originally Reported 02/09/20		
Candidate Name Rep. Michael J. Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	Void - Lost Originally Re- ported 02/09/2006 - Rogers For Congress

Full Name (Last, First, Middle Initial) B. Stupak For Congress		Transaction ID: 25337146 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143		Amount of Each Disbursement this Period -1000.00
City Menominee State MI Zip Code 49858	011 Category/ Type	
Purpose of Disbursement Void - Lost Originally Reported 10/20/04		
Candidate Name Rep. Bart Stupak		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Lost Originally Re- ported 10/20/04 - Bart St- upak for Congress

Full Name (Last, First, Middle Initial) C. Bill Thomas Campaign Committee		Transaction ID: 25337143 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address PO Box 395		Amount of Each Disbursement this Period -1000.00
City Bakersfield State CA Zip Code 93302	011 Category/ Type	
Purpose of Disbursement Void - Lost Originally Reported 09/28/04		
Candidate Name Mr. William Thomas		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Lost Originally Re- ported 09/28/04 -Bill Tho- mas Campaign Committee

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Committe To Re-Elect Ed Towns		Transaction ID: 25337108 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period -1000.00
City Brooklyn State NY Zip Code 11233	Void - Lost Originally Re- ported 10/20/2004 - Commi- tte To Re-Elect Ed Towns	
Purpose of Disbursement Void - Lost Originally Reported 10/20/20		011 Category/ Type
Candidate Name Rep. Edolphus Towns		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tom Feeney For Congress		Transaction ID: 25337130 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 1420 Alafaya Trail #103		Amount of Each Disbursement this Period -500.00
City Oviedo State FL Zip Code 32765	Void - Lost - Originally Reported 11/08/01 - Tom Feeney Congressional Expl- oratory Committee	
Purpose of Disbursement Void - Lost - Originally Reported 11/08/		011 Category/ Type
Candidate Name Rep. Tom Feeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tom Feeney For Congress		Transaction ID: 25337131 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 1420 Alafaya Trail #103		Amount of Each Disbursement this Period -500.00
City Oviedo State FL Zip Code 32765	Void - Lost - Originally Reproted 11/28/01 -Tom Fe- eney Congressional Explor- atory Committee	
Purpose of Disbursement Void - Lost - Originally Reproted 11/28/		011 Category/ Type
Candidate Name Rep. Tom Feeney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	-2000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Tom Feeney For Congress		Transaction ID: 25337170 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address 1420 Alafaya Trail #103		Amount of Each Disbursement this Period -500.00	
City Oviedo State FL Zip Code 32765	Void - Lost Originally Reported 11/28/01 - Tom Feeney Congressional Exploratory Committee		
Purpose of Disbursement Void - Lost Originally Reported 11/28/01			011 Category/Type
Candidate Name Rep. Tom Feeney			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 24

Full Name (Last, First, Middle Initial) B. Tim Murphy For Congress		Transaction ID: 25335894 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address PO Box 24551		Amount of Each Disbursement this Period -1000.00	
City Pttsburgh State PA Zip Code 15234	Void - Lost Originally Reported 10/07/2002 -Tim Murphy for Congress		
Purpose of Disbursement Void - Lost Originally Reported 10/07/20			011 Category/Type
Candidate Name Rep. Tim F. Murphy			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18

Full Name (Last, First, Middle Initial) C. Denise Majette For Senate		Transaction ID: 25337136 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6	
Mailing Address P O Box 2318 Suite 335		Amount of Each Disbursement this Period -1500.00	
City Stone Mountain State GA Zip Code 30086	Void -Lost Originally Reported 08/29/03 - Majette for Congress		
Purpose of Disbursement Void -Lost Originally Reported 08/29/03			011 Category/Type
Candidate Name Denise Majette			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 2

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. CARE PAC		Transaction ID: 25337140 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 228 S. Washington Street Suite 340		Amount of Each Disbursement this Period -1000.00
City Alexandria State VA Zip Code 22314	Void - Lost Originally Reported 12/04/03 - CARE PAC	
Purpose of Disbursement Void - Lost Originally Reported 12/04/03		011 Category/ Type
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Carnahan In Congress		Transaction ID: 25337114 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 7370 Manchester Rd Ste 20		Amount of Each Disbursement this Period -1000.00
City St. Louis State MO Zip Code 63143	Void - Lost Originally Reported 05/20/2005 - Russ Carnahan In Congress Committee	
Purpose of Disbursement Void - Lost Originally Reported 05/20/20		011 Category/ Type
Candidate Name Rep. Russ Carnahan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MO District: 3 2006 Primary Electio		

Full Name (Last, First, Middle Initial) C. Carole Green For Congress		Transaction ID: 25336374 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 5260 S Landings Drive #1601		Amount of Each Disbursement this Period -2000.00
City Fort Myers State FL Zip Code 33919	Void - Lost Originally Report 04/28/2004 - Carole Green For Congress	
Purpose of Disbursement Void - Lost Originally Report 04/28/2004		011 Category/ Type
Candidate Name Carole Green Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 14 2004		

SUBTOTAL of Disbursements This Page (optional) ▶	-4000.00
TOTAL This Period (last page this line number only) ▶	-1500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 86

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
Dr Joseph H Phillips

Mailing Address 13308 Cedar Trail

City Oklahoma City State OK Zip Code 73131

Purpose of Disbursement
Refund originally reported 9/18/06

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 25329889
Date of Disbursement

12 / 03 / 2006

Amount of Each Disbursement this Period

500.00

Refund originally reported
9/18/06

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 / 86

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kentucky State Democratic Party Committee

Mailing Address P O Box 694

City Frankfort State KY Zip Code 40602

Purpose of Disbursement
Void -Lost Originally Reported 09/24/02

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 25337133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Void -Lost Originally Reported 09/24/02 - Kentucky State Democratic Party Committee

SUBTOTAL of Disbursements This Page (optional) ►

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