

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 20 1 13 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C00024968

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

4. TYPE OF REPORT

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

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	9/1/97 through 9/30/97		
6. (a) Cash on Hand January 1, 19 97			\$ 441,109.56
(b) Cash on Hand at Beginning of Reporting Period		\$ 343,555.03	
(c) Total Receipts (from Line 19)		\$ 73,894.44	\$ 166,581.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 417,449.47	\$ 607,691.22
7. Total Disbursements (from Line 30)		\$ 17,416.25	\$ 207,658.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 400,033.22	\$ 400,033.22
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer Noel Brazil, Assistant Treasurer		Date	
Signature of Treasurer <i>Noel Brazil</i>		10/20/97	

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

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE American Optometric Association Political Action Committee	REPORT COVERING PERIOD		
	FROM	TO	
	9/1/87	9/30/87	
I. Receipts	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$54,533.37	\$109,805.71	11(a)
ii. Unitemized	\$18,476.00	\$43,777.63	11(b)
iii. Total (add i and ii) >	\$73,009.37	\$153,383.34	11(c)
b. Political Party Committees	0.00	0.00	11(d)
c. Other Political Committees (such as PACs)	0.00	0.00	11(e)
d. Total Contributions (add a iii, b and c) >	\$73,009.37	\$153,383.34	11(f)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$885.07	\$13,198.32	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$73,894.44	\$166,581.66	19
20. Total Federal Receipts (subtract line 18 from line 19) >	\$73,894.44	\$166,581.66	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)
ii. Non-Federal Share	0.00	0.00	21(b)
b. Other Federal Operating Expenditures	\$166.25	\$2,908.00	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	\$166.25	\$2,908.00	21(d)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$17,250.00	\$204,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	250.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$17,416.25	\$207,658.00	30
31. Total Federal Disbursements (subtract line 21 ii from line 30) >	\$17,416.25	\$207,658.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$73,009.37	\$153,383.34	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$73,009.37	\$153,383.34	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$166.25	\$2,908.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 35 from 35) >	\$166.25	\$2,908.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr David Robert Anderson 2807 N Main St P O Box 4001 Tarboro NC 27886	Self Employed	09/02/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Laura R Lewis 5736 Mariposa Avenue Citrus Heights CA 95610	Self Employed	09/02/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr James E Adams Jr 183 Keys Ferry St Mc Donough GA 30253-3224	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Thomas E Bauer P O Box 348 1518 N Perry Ottawa OH 45875-0348	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Ezra E Cohen 154 Ave T Brooklyn NY 11223	Self Employed	09/03/97	201.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 208.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Steven P Consoer 287 Marshall Rd P O Box 102 Shakopee MN 55379-1678	Self Employed	09/03/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Eric L Crowder 1201 Hickory Mills Drive Hurricane WV 25526	Self Employed	09/03/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 2,411.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr David Samuel Davis 404 S Maryland Parkway Las Vegas NV 89101	Self Employed	09/03/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Thomas F Determan 2733 S Mary Ave Yuma AZ 85365-3003	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Louise Di Chiara Pastore 1150 Reservoir Ave Cranston RI 02920-6043	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Richard K Driver 110 W 10Th Goodland KS 67735-2921	Self Employed	09/03/97 09/17/97	200.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr David C Eldridge 111 E 8 Po Box 520 Okmulgee OK 74447-0520	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Joe Ernest Ellis P O Box 256 Benton KY 42025	Self Employed	09/03/97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Jeffrey A Forray 85Th St Professional Center 16375 Ne 85Th Street Redmond WA 98053	Self Employed	09/03/97 09/26/97	200.00 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 565.00	

SUBTOTAL of Receipts This Page (optional) 2,710.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Stephen Hestall Harrell 1328 N Bridge St Etkin NC 28621-2304	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Paul A Henriksen 212 West Main Box 686 Pipestone MN 56164-1641	Self Employed	09/03/97 09/24/97	200.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 450.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Margaret Placentra Johnston 6406 Springfield Plaza Springfield VA 22150-3428	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Gary Michael Kjome 1000 E Diamond Blvd, #101 Anchorage AK 99515-2029	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Kim Martin Kron 1098 Alder Ave Marysville WA 98270-4318	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Dennis E Mathews 1320 Carr Avenue Memphis TN 38104	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Jerry L Mc Combs 313 Main St P O Box 831 Teague TX 75860-0831	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	

SUBTOTAL of Receipts This Page (optional) 2,640.00

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American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Donald Owen Mutt1 197 S Hillwood Hercules CA 94547-3588	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Anne Carole Ream 760 Kentucky Street West Plains MO 65775-2013	Self Employed	09/03/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Roxann Laine Robinson 7138 Hull St Rd Richmond VA 23235-5802	Self Employed	09/03/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Frederick Roger Rosebrook 132 West Lima Findlay OH 45839	Self Employed	09/03/97 09/23/97	200.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Hugh A Stickse1 Jr 2801 Paramount Amarillo TX 79109-3347	Self Employed	09/03/97 09/29/97	365.00 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 665.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Penelope Scholes Suter 4600 American Avenue West Suite 104 Bakersfield CA 93309-4066	Self Employed	09/03/97 09/30/97	250.00 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 550.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Theodore W Kassalov 30 East 60th Street New York NY 10022-1008	Self Employed	09/17/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 307.50	

SUBTOTAL of Receipts This Page (optional) 2,845.00

TOTAL This Period (last page this line number only)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Jordan Beller 100 Calendar Ct La Grange IL 60525-2325 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed	09/18/97 09/29/97	500.00 365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	865.00	
Dr John P Cummings 316 South Main Sheridan WY 82801-4224 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed	09/18/97	200.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	300.00	
Dr Mark L Davis Total Eye Health Center 603 E. Main Street Anamosa IA 52205-0398 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed	09/18/97	200.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	400.00	
Dr Randall Hoch Box 59 821 W. Main Street Lewistown MT 59457-2403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed	09/18/97 09/25/97	200.00 150.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	350.00	
Dr Jeffrey A Larson 412 Girard St Po Box 5566 Bellingham WA 98225-5566 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed	09/18/97	365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	365.00	
Dr Kenneth S Larenda 8102 Santa Monica Blvd Los Angeles CA 90046-4913 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed	09/18/97 09/25/97	200.00 200.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	400.00	
Dr David S Mora 1601 Corpus Christi St Laredo TX 78043-3302 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Self Employed	09/18/97	365.00
	Occupation Doctor of Optometry		
	Aggregate Year-to-Date > \$	365.00	

SUBTOTAL of Receipts This Page (optional) 2,745.00

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Riley F Uglum P O Box 470 New Hampton IA 50659	Self Employed	09/18/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Todd Jeffrey Harter 450 N Mcpherson St Fort Bragg CA 95437-3314	Self Employed	09/19/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 275.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Paul WBeaver P O Box 365 105 S. Main Sioux Center IA 51250	Self Employed	09/23/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Lawrence A Rountt 107 S Natchez Kosciusko MS 39090-0460	Self Employed	09/23/97	265.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr John Philip Brandt Jr 947 Bellefonte Avenue Lock Haven PA 17745-3033	Self Employed	09/25/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Matthew E Groshart Groshart Eye Clinic 25 Grinnell Ave-Box 786 Sheridan WY 82801-3930	Self Employed	09/25/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Edgar F Josephsen 29 East Lindsay Road Stanwood WA 98292-8725	Self Employed	09/25/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 1,780.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Alva S Pack III 399 East Henry Street Spartanburg SC 29302-2639	Self Employed	09/25/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr William D Becker 103 East Washington Crandon WI 54520-1392	Self Employed	09/26/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Harry E Fagedes Diversified Ophthalmics Inc 250 Mc Cullough Street Cincinnati OH 45226	Self Employed	09/26/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Harold Burton Freeman Jr. 316 North Labree Box 505 Thier River Fls MN 56701	Self Employed	09/26/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Ronald D Frame Rt 1 Box 316 Little Hocking OH 45742-9802	Self Employed	09/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Paul J Lobby 159 Butler Rd Po Box 891 Kittanning PA 16201-0891	Self Employed	09/29/97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Edward Weaver Jr Azalea Eye Center 3901 Oleander Drive Wilmington NC 28403-6712	Self Employed	09/29/97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 2,015.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Erwin G Braun 1100 E Walnut Ave, Ste 1 Dalton GA 30721-4171	Self Employed	09/30/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Edward S Campbell 1420 Greenwood Ave Tranton NJ 08609-2210	Self Employed	09/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Bobby W Madden Locust St Manchester KY 40962	Self Employed	09/30/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr J Eric Paulsen Door County Eye Assoc Inc 165 North Third Avenue Sturgeon Bay WI 54235-2415	Self Employed	09/30/97	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 1,330.00

TOTAL This Period (last page this line number only) 18,476.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

American Optometric Association Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>United Bank 3801 Wilson Boulevard Arlington, VA 22203</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Bearing Account Occupation</p> <p>Aggregate Year-to-Date > \$4,298.36</p>	<p>Date (month, day, year) 9/23/97</p>	<p>Amount of Each Receipt this Period \$508.12</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>First Union Bank, NA 1650 Tysons Boulevard McLean, VA 22102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Bearing Account Occupation</p> <p>Aggregate Year-to-Date > \$2,761.61</p>	<p>Date (month, day, year) 9/30/97</p>	<p>Amount of Each Receipt this Period \$276.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>NationsBank P O Box 790231 St. Louis MO 63179</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Bearing Account Occupation</p> <p>Aggregate Year-to-Date > \$701.95</p>	<p>Date (month, day, year) 9/30/97</p>	<p>Amount of Each Receipt this Period \$102.95</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date ></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>\$885.07</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$885.07</p>

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank P O Box 790251 St. Louis, MO 63179	Service Fee for August 1997 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Operating Expense	9/4/97	\$39.34
First Union National Bank 1860 Tysons Boulevard McLean, VA 22102	Service Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Operating Expenses	8/11/97	\$110.35
NationsBank P O Box 790251 St. Louis, MO 63179	Service Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Operating Expenses	9/11/97	\$16.68
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	\$188.25
TOTAL This Period (last page this line number only)	\$188.25

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Ewing for Congress
P O Box 766
Postiac, IL 61764

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Ewing

(R-15-IL)

Date: 09/02/97 Amount: 1,000.00

Full Name and Address:

Royce Campaign Committee
P O Box 5765
Fullerton, CA 92634

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Royce

(R-39-CA)

Date: 09/15/97 Amount: 1,000.00

Full Name and Address:

CFA PAC
Inaugural Golf Tournament
P O Box 22614
Alexandria, VA 22304

Disbursement for: Primary

General

Other

Disbursement Purpose: Jim McCrery Leadership PAC

(D-00-DC)

Date: 09/20/97 Amount: 2,500.00

Full Name and Address:

Joe Barton for Congress
P O Box 1444
Barks, TX 75119

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Barton

(R-06-TX)

Date: 09/30/97 Amount: 1,000.00

Full Name and Address:

Ken Bentsen for Congress
5615 Mockingside
Suite 301
Houston, TX 77005

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Bentsen

(D-25-TX)

Date: 09/30/97 Amount: 500.00

Full Name and Address:

Chris Cox Congressional
Committee
P O Box 8088
Newport Beach, CA 92658

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Cox

(R-47-CA)

Date: 08/30/97 Amount: 500.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Chris Cox Congressional
Committee
P O Box 8088
Newport Beach, CA 92688

Disbursement for: Primary General Other

Disbursement Purpose: Congressman Cox (R-47-CA) Date: 09/30/97 Amount: 500.00

Full Name and Address:

Fillner for Congress
P O Box 127868
San Diego, CO 92112

Disbursement for: Primary General Other

Disbursement Purpose: Congressman Fillner (D-50-CA) Date: 09/30/97 Amount: 1,000.00

Full Name and Address:

Martin Frost Campaign Comm.
P O Box 75214
Washington, DC 20013

Disbursement for: Primary General Other

Disbursement Purpose: Congressman Frost (D-24-TX) Date: 09/30/97 Amount: 1,000.00

Full Name and Address:

Friends of Newt Gingrich
P O Box 1399
Roswell, GA 30077

Disbursement for: Primary General Other

Disbursement Purpose: Congressman Gingrich (R-06-GA) Date: 09/30/97 Amount: 1,000.00

Full Name and Address:

Neatest for Congress
Committee
P O Box 625
Batavia, IL 60510

Disbursement for: Primary General Other

Disbursement Purpose: Congressman Neatest (R-14-IL) Date: 09/30/97 Amount: 1,250.00

Full Name and Address:

Walden for Congress
P O Box 37
Saint Clair, PA 17970

Disbursement for: Primary General Other

Disbursement Purpose: Congressman Walden (D-06-PA) Date: 09/30/97 Amount: 500.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Kilpatrick for U.S. Congress Disbursement for: Primary General Other
300 E Grand Boulevard
Detroit, MI 48202

Disbursement Purpose: Cong. Cheeks Kilpatrick (D-15-MI) Date: 09/30/97 Amount: 500.00

Full Name and Address:

Citizens for Ron Klink Disbursement for: Primary General Other
P O Box 75214
Washington, DC

Disbursement Purpose: Congressman Klink (D-04-PA) Date: 09/30/97 Amount: 500.00

Full Name and Address:

Buck McKeon for Congress Disbursement for: Primary General Other
27228 Camp Plenty Road
Suite 5
Santa Clarita, CA 91350

Disbursement Purpose: Congressman McKeon (R-25-CA) Date: 09/30/97 Amount: 500.00

Full Name and Address:

Friends of Jim Saxton Disbursement for: Primary General Other
P O Box 795
Mount Holly, NJ 08060

Disbursement Purpose: Congressman Saxton (R-03-NJ) Date: 09/30/97 Amount: 500.00

Full Name and Address:

Thompson for Congress Disbursement for: Primary General Other
P O Box 1998
Saint Helena, CA 94574

Disbursement Purpose: Candidate Thompson (D-07-CA) Date: 09/30/97 Amount: 1,000.00

Full Name and Address:

Ed Whitfield for Congress Disbursement for: Primary General Other
P O Box 391
Hopkinsville, KY 42241

Disbursement Purpose: Congressman Whitfield (R-01-KY) Date: 09/30/97 Amount: 500.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

The Freedom Project
8862 Cincinnati-Dayton Road
West Chester, OH 45069

Disbursement for: Primary General Other

Disbursement Purpose: John Boehner Leadership PAC (D-OO-DC) Date: 09/30/97 Amount: 2,500.00

TOTAL DISBURSEMENTS FOR THIS PERIOD: 17,750.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-20-97</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SES</i> PREPARER	<i>10-20-97</i> DATE PREPARED