

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

REGISTERED
FEDERAL ELECTION
COMMISSION

MAR 20 2 21 PM '98

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	COLUMN B
5. Covering Period <u>2/1/98</u> through <u>2/28/98</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>98</u>		\$ 552,404.78
(b)	Cash on Hand at Beginning of Reporting Period	\$ 574,180.03	
(c)	Total Receipts (from Line 19)	\$ 18,195.93	\$ 43,599.90
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 592,375.96	\$ 596,004.68
7.	Total Disbursements (from Line 30)	\$ 88,805.87	\$ 102,534.59
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 493,470.09	\$ 493,470.09
9.	Debits 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 20483 Toll Free 800-424-9530 Local 202-219-9420
10.	Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Noel Brazil, Assistant Treasurer

Signature of Treasurer: *Noel Brazil* Date: 3/20/98

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

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE American Optometric Association Political Action Committee	REPORT COVERING PERIOD	
	FROM	TO
	2/1/98	2/28/98
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
I. Itemized (use Schedule A)	\$1,537.50	\$10,921.25
II. Unitemized	\$0,011.29	\$27,767.54
III. Total (add i and ii) >	\$14,448.79	\$38,688.79
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) >	\$14,448.79	\$38,688.79
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	\$3,747.14	\$4,911.11
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$18,195.93	\$43,599.90
20. Total Federal Receipts (subtract line 18 from line 19) >	\$18,195.93	\$43,599.90
Disbursements		
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	\$305.87	\$934.59
c. Total Operating Expenditures (add a i, ii, and b) >	\$305.87	\$934.59
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$98,600.00	\$101,600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$98,905.87	\$102,534.59
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$98,905.87	\$102,534.59
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	\$14,448.79	\$38,688.79
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$14,448.79	\$38,688.79
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$305.87	\$934.59
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	\$305.87	\$934.59

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Rose Dickarhoof 8667 Springbriar Cir Clinton OH 44216-9503	Self Employed	02/02/98	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 Morton Eric Muir 214 W Sunflower Cleveland MS 38732-2638	Self Employed	02/02/98	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 Clifford A Lee 1907 Fillmore St San Francisco CA 94115	Self Employed	02/11/98	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 Gene D Calkins 946 N Western Avenue San Pedro CA 90732-2427	Self Employed	02/17/98	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 Larry L Forrest 2080 W. Main St Longmont CO 80501-1916	Self Employed	02/17/98	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 William Donner Mizelle 225 N College Road Lafayette LA 70506-4230	Self Employed	02/17/98	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 Harald E Olafsson Dept Of Ophthalmology 50 North Medical Drive Salt Lake City UT 84132	Self Employed	02/17/98	165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 530.00	

SUBTOTAL of Receipts This Page (optional) 2,240.00

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 Theron C Smith III 1014 M Poinsett St Greer SC 29650	Self Employed	02/17/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Hosea J Solleau Jr 221 West Cotton St Ville Platte LA 70586	Self Employed	02/17/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr Wendy A Naguespack 7932 Picardy Suite A Baton Rouge LA 70809-3535	Self Employed	02/17/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr George Allen Bradford Visionworks Optometrics 2525-165 Elcamino Real Carlsbad CA 92008	Self Employed	02/23/98	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 Mark D Pifer 105 West Main St Bellevue OK 44811-1329	Self Employed	02/23/98	182.50
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 Vanessa Leo Chang 401 East Newport Lane Mc Allen TX 78501	Self Employed	02/26/98	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 > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Receipt Date	Receipt Amount
Dr James Monroe Vaught 1406 Main St Conway SC 29526	Self Employed	02/27/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) 2,297.50

TOTAL This Period (last page this line number only) 4,537.50

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
First Union Bank, NA 1860 Tyson Boulevard McLean, VA 22102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Bearing CD Account Occupation Aggregate Year-to-Date > \$2,617.33	2/18/98	\$2,617.33
United Bank 3801 Wilson Boulevard Arlington, VA 22203 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Bearing Account Occupation Aggregate Year-to-Date > \$1,031.86	2/23/98	\$517.10
First Union Bank, NA 1860 Tyson Boulevard McLean, VA 22102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Bearing Account Occupation Aggregate Year-to-Date > \$868.57	2/27/98	\$423.57
NationsBank P O Box 790231 St. Louis MO 63179 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Bearing Account Occupation Aggregate Year-to-Date > \$383.25	2/27/98	\$189.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Disbursements This Page (optional) \$3,747.14

TOTAL This Period (last page this line number only) \$3,747.14

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in full)

American Optometric Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NationsBank P O Box 790251 St. Louis, MO 63179	Service Fee for January 1998 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Operating Expense	2/3/98	\$94.20
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	2/10/98	\$16.72
First Union National Bank 1650 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	2/11/98	\$194.95
D. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)

\$306.87

TOTAL This Period (last page this line number only)

\$306.87

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Galleghy for Congress
P O Box 3789
Simi Valley, CA 93065

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Galleghy

(R-23-CA)

Date: 02/13/98 Amount: 600.00

Full Name and Address:

Minaka for Congress
417 Edward Street
Verona, NJ 08593

Disbursement for: Primary

General

Other

Disbursement Purpose: Candidate Minaka

(D-02-NJ)

Date: 02/18/98 Amount: 500.00

Full Name and Address:

Cardin for Congress
P O Box 65056
Baltimore, MD 21209

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Cardin

(D-03-MD)

Date: 02/18/98 Amount: 500.00

Full Name and Address:

Mike Crapo for U.S. Congress
P O Box 1013
Boise, ID 83701

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Crapo

(R-02-ID)

Date: 02/18/98 Amount: 1,000.00

Full Name and Address:

Diane DeGette for Congress
770 Grant
Suite 238
Denver, CO 80203

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman DeGette

(D-01-CO)

Date: 02/18/98 Amount: 500.00

Full Name and Address:

Inouye for Senate
841 Bishop Street
Suite 1601
Honolulu, HI 96813

Disbursement for: Primary

General

Other

Disbursement Purpose: Senator Inouye

(D-05-HI)

Date: 02/18/98 Amount: 1,000.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

Luther for Congress
1399 Geneva Avenue, North
Suite 103
Oakdale, MN 55128

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Luther

(D-06-MN)

Date: 02/18/98 Amount: \$500.00

Full Name and Address:

Phelps for Congress
35 Dewey Road
Eldorado, IL 62938

Disbursement for: Primary

General

Other

Disbursement Purpose: Candidate Phelps

(D-19-IL)

Date: 02/18/98 Amount: 1,500.00

Full Name and Address:

Schakowsky for Congress
1101 Ridge Road
Evanston, IL 60202

Disbursement for: Primary

General

Other

Disbursement Purpose: Candidate Schakowsky

(D-09-IL)

Date: 02/18/98 Amount: 1,500.00

Full Name and Address:

Jerry Solomon for Congress
P O Box 459
Saratoga Springs, NY 12866

Disbursement for: Primary

General

Other

Disbursement Purpose: Congressman Solomon

(R-22-NY)

Date: 02/18/98 Amount: 1,000.00

Full Name and Address:

Democratic National Committee
430 South Capitol Street, S.E.
Washington, DC 20003

Disbursement for: Primary

General

Other

Disbursement Purpose: Democratic Nat'l Committee

(D-00-DC)

Date: 02/18/98 Amount: 15,000.00

Full Name and Address:

Democratic Senatorial
Campaign Committee
430 South Capitol Street, S.E.
Washington, DC 20003

Disbursement for: Primary

General

Other

Disbursement Purpose: Democratic Sen. Candidates

(D-00-DC)

Date: 02/18/98 Amount: 15,000.00

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NAME OF COMMITTEE: American Optometric Association Political Action Committee

Full Name and Address:

DCCC Disbursement for: Primary General Other
 430 South Capital Street, S.E.
 Washington, DC 20003

Disbursement Purpose: Democratic Senate Candidates (D-00-DC) Date: 02/18/98 Amount: 15,000.00

Full Name and Address:

Republican Senatorial Disbursement for: Primary General Other
 Campaign Committee
 425 Second Street, N.E.
 Washington, DC 20002

Disbursement Purpose: Republican Sen. Candidates (R-00-DC) Date: 02/18/98 Amount: 15,000.00

Full Name and Address:

NRCC Disbursement for: Primary General Other
 320 First Street, S.E.
 Washington, DC 20003

Disbursement Purpose: Republican Cong. Candidates (R-00-DC) Date: 02/18/98 Amount: 15,000.00

Full Name and Address:

Republican National Committee Disbursement for: Primary General Other
 310 First Street, S.E.
 Washington, DC 20003


Disbursement Purpose: Republican National Committee (R-00-DC) Date: 02/18/98 Amount: 15,000.00

TOTAL DISBURSEMENTS FOR THIS PERIOD: 98,600.00

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 3-20-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	3-20-98 DATE PREPARED