

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

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

1999 DEC 11 12 12
2. FEC IDENTIFICATION NUMBER
C00024968

3. This committee has qualified as a multiband date 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	<u>11/01/99</u> through <u>11/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 472,760.26
(b) Cash on Hand at Beginning of Reporting Period		\$ 558,047.51	
(c) Total Receipts (from Line 19)		\$ 47,096.66	\$ 413,666.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 605,144.07	\$ 886,426.30
7. Total Disbursements (from Line 30)		\$ 46,102.97	\$ 326,385.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 560,041.10	\$ 560,041.10
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9600 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	

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

Type or Print Name of Treasurer
Noel Brazil, Assistant Treasurer

Signature of Treasurer
Noel Brazil

Date
12-15-99

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

FEC FORM 3X

(revised 8/99)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
American Optometric Association Political Action Committee	FROM: 11/01/99	TO: 11/30/99	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	19,178.75	110,416.55	11(a)(i)
ii. Unitemized	26,366.12	290,263.63	11(a)(ii)
iii. Total (add i and ii) >	45,544.87	400,680.18	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	45,544.87	400,680.18	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,551.69	12,986.86	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) >	47,096.56	413,666.04	19
20. Total Federal Receipts (subtract line 16 from line 19) >	47,096.56	413,666.04	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	617.97	7,058.78	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	617.97	7,058.78	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	44,000.00	317,791.42	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	950.00	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	950.00	28(d)
29. Other Disbursements	485.00	585.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	45,102.97	326,385.20	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	45,102.97	326,385.20	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11-d)	45,544.87	400,680.18	32
33. Total Contribution Refunds (from line 28d)	0.00	950.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	45,544.87	399,730.18	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	617.97	7,058.78	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	617.97	7,058.78	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 10
FOR LINE NUMBER 11a1

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

<p>A. Full Name, Mailing Address and ZIP Code Daniel K Fong 9060 Laguna Place Way Elk Grove, CA 95758-5389</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Doctor of Optometry</p> <p>Aggregate Year-to-Date > \$ 225.00</p>	<p>Date (month, day, year) 11/01/99</p>	<p>Amount of Each Receipt this Period 225.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Thomas E Bauer 117 Willow Run Dr Ottawa, OH 45375</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Doctor of Optometry</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 11/01/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Paul Louis Kropf 517 Peninsula Trail Traverse City, MI 49686-8406</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Doctor of Optometry</p> <p>Aggregate Year-to-Date > \$ 365.00</p>	<p>Date (month, day, year) 11/01/99</p>	<p>Amount of Each Receipt this Period 365.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Carolyn Maria Brug-Allender P O Box 26 320 Old Corinth Owenton Rd Corinth, KY 41010-0026</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Doctor of Optometry</p> <p>Aggregate Year-to-Date > \$ 365.00</p>	<p>Date (month, day, year) 11/01/99</p>	<p>Amount of Each Receipt this Period 365.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Richard E Dowdell 2965 Heath Road Macon, GA 31206-5268</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Doctor of Optometry</p> <p>Aggregate Year-to-Date > \$ 365.00</p>	<p>Date (month, day, year) 11/01/99</p>	<p>Amount of Each Receipt this Period 365.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Jerry L Mc Combs 802 Magnolia Street Teague, TX 75860-2220</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Doctor of Optometry</p> <p>Aggregate Year-to-Date > \$ 365.00</p>	<p>Date (month, day, year) 11/01/99</p>	<p>Amount of Each Receipt this Period 365.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Larry W Binford 1806 Hunt Friendswood, TX 77548-5136</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Doctor of Optometry</p> <p>Aggregate Year-to-Date > \$ 365.00</p>	<p>Date (month, day, year) 11/02/99</p>	<p>Amount of Each Receipt this Period 365.00</p>

SUBTOTAL of Receipts This Page (optional) **2,350.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 10
FOR LINE NUMBER 11 a 1

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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
John Cunningham Townsend 6772 Aviano Drive Camarillo, CA 93012-9374	Self Employed	11/04/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
John R Pfeiffer 2610 Sw 161St Pl Seattle, WA 98166-1639	Self Employed	11/05/99	50.00
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	
William D Sullins Sr 1724 Crestway Dr Athens, TN 37303-4046	Self Employed	11/05/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
Davis C Haire Box 427 Meshoppen, PA 16830-0427	Self Employed	11/05/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
Robert Lee Lofton 1560 Nw 19 St Homestead, FL 33030-2813	Self Employed	11/08/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
David E Parrish 7240 Red Oak Loop New Port Richey, FL 34854-5714	Self Employed	11/08/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
Frederick E Bodenhamer 1923 Timber Road Jefferson City, MO 65101-3851	Self Employed	11/08/99	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)

2,080.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 10
FOR LINE NUMBER 11 a 1

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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
Carl F Maschauer 205 North Front Street Georgetown, DE 19947-1129	Self Employed	11/08/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
Joseph L Rowley 5 Franklin Way North Smithfield, RI 02896-6952	Self Employed	11/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 250.00	
Albert J Hoffman 966 Lincoln Drive Conneaut, OH 44030-2169	Self Employed	11/09/99	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 240.00	
Samuel D Pierce 162 Twin Lakes Road Trussville, AL 35173-2718	Self Employed	11/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 250.00	
Scott R Ream 209 Wildwood Terrace West Plains, MO 66775-2547	Self Employed	11/09/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
David S Mora 1818 Fremont Laredo, TX 78043-2605	Self Employed	11/09/99	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	
Robert W Anderson Jr 1004 Brentwood Dr Lufkin, TX 75901-9816	Self Employed	11/09/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	

SUBTOTAL of Receipts This Page (optional)

2,035.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 10
FOR LINE NUMBER 11a

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

A. Full Name, Mailing Address and ZIP Code Douglas Gerard Herriott 980 Nw High Point Dr Lees Summit, MO 64081-1986	Name of Employer Self Employed	Date (month, day, year) 11/09/99	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Brenda C Floyd 3920 Promontory Pt Plano, TX 75075-3545	Name of Employer Self Employed	Date (month, day, year) 11/09/99	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Peter W Hollis 605 Queen Annes Road Greenville, NC 27858-6538	Name of Employer Self Employed	Date (month, day, year) 11/09/99	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code James Rax Prince Route Box 1198 Weems, VA 22676	Name of Employer Self Employed	Date (month, day, year) 11/09/99	Amount of Each Receipt this Period 300.00
	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Wesley D Kemp P O Box 937 Bolivar, MO 65613-0937	Name of Employer Self Employed	Date (month, day, year) 11/09/99	Amount of Each Receipt this Period 300.00
	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Lesley L Walls 2021 Woodbriar Court Fullerton, CA 92631-1341	Name of Employer Self Employed	Date (month, day, year) 11/09/99	Amount of Each Receipt this Period 365.00
	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code John M Nametz 15489 Howard Spring Lake, MI 49458-1526	Name of Employer Self Employed	Date (month, day, year) 11/09/99	Amount of Each Receipt this Period 266.00
	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,325.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 10
FOR LINE NUMBER 11

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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
J. Eric Paulsen 1801 Memorial Dr Sturgeon Bay, WI 54235-1084	Self Employed	11/09/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 730.00	
Mark P Williams 328 Plymouth Ct Davison, MI 48423-2802	Self Employed	11/15/99	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	
David Neil Moore 2235 Ridgemoor Ct Burton, MI 48509-1391	Self Employed	11/15/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 500.00	
James Harold Seals Jr 2181 Cheesman Road Alma, MI 48801-9760	Self Employed	11/15/99	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	
John M Nametz 15489 Howard Spring Lake, MI 49455-1528	Self Employed	11/15/99	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 > \$ 565.00	
Stephen Harold Spencer 1872 Meadowbrook Ave Yuma, AZ 85364-5116	Self Employed	11/15/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
Robert C England 1291 Rankin Drive Zanesville, OH 43701-1458	Self Employed	11/15/99	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 > \$ 450.00	

SUBTOTAL of Receipts This Page (optional)

2,030.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **6** OF **10**
FOR LINE NUMBER **11 a**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Naomi Harriet Nsubuga 8201 North 10Th Street #521 Philadelphia, PA 19141-3826	Self Employed	11/15/99	91.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 273.75	
Kenneth R Hall 39556 Benauenta Place Fremont, CA 94539	Self Employed	11/15/99	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	
Michel A Gaynor 1743 Springtime Ct Ne Kelzer, OR 97303-2052	Self Employed	11/15/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 300.00	
Robert Vernon Glaze Jr 5097 165Th Pl, Se Bellevue, WA 98006-5511	Self Employed	11/15/99	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	
De Ann Fitzgerald 1800 Mary Beth Ave Nw Cedar Rapids, IA 52405-5267	Self Employed	11/15/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 730.00	
Robert L Davis 2506 Braeburn Floersmoor, IL 60422-1810	Self Employed	11/15/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	
Neil W Dralsin 21 Fairway Village Lane Isle Of Palms, SC 29451-2732	Self Employed	11/15/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	

SUBTOTAL of Receipts This Page (optional) **1,836.25**

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 Gary M Freestone 6473 Escana St San Bernardino, CA 92407-5103		Name of Employer Self Employed	Date (month, day, year) 11/16/99	Amount of Each Receipt this Period 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 Ronald Curtiss Mazingo Sr 106 South Lake Drive Hattiesburg, MS 39401-9387		Name of Employer Self Employed	Date (month, day, year) 11/18/99	Amount of Each Receipt this Period 281.25
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	
C. Full Name, Mailing Address and ZIP Code J. Kevin Cunningham 1010 E 15Th Ada, OK 74820-6919		Name of Employer Self Employed	Date (month, day, year) 11/16/99	Amount of Each Receipt this Period 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code Thomas V Casella Sr 5 Briellecone Way Augusta, GA 30909-1846		Name of Employer Self Employed	Date (month, day, year) 11/18/99	Amount of Each Receipt this Period 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 Mikela D Kwan 6010 Roma Ne Albuquerque, NM 87108-1353		Name of Employer Self Employed	Date (month, day, year) 11/18/99	Amount of Each Receipt this Period 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	
F. Full Name, Mailing Address and ZIP Code Bob Lee Lazer 120 West Penn St Bedford, PA 15522-1223		Name of Employer Self Employed	Date (month, day, year) 11/18/99	Amount of Each Receipt this Period 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	
G. Full Name, Mailing Address and ZIP Code Peter Shaw-McMinn 16327 Sally Lane Riverside, CA 92804-5639		Name of Employer Self Employed	Date (month, day, year) 11/18/99	Amount of Each Receipt this Period 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 365.00	

SUBTOTAL of Receipts This Page (optional) **1,668.25**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **8** OF **10**
FOR LINE NUMBER **11 a**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Gerard Cunningham 8746 Grange Hall Tecumseh, MI 49286-9622	Self Employed Occupation Doctor of Optometry	11/24/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Kevin Lee Glancy 2505 Berchira Drive Champaign, IL 61821-5700	Self Employed Occupation Doctor of Optometry	11/24/99	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
Terri A Wolf 3690 Powderham Drive Okemos, MI 48864-5924	Self Employed Occupation Doctor of Optometry	11/24/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Robert Leroy Mills 907 Pioneer Avenue Gillette, WY 82718-7526	Self Employed Occupation Doctor of Optometry	11/24/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 365.00		
David Allan Rumpf 12720 Ne 72 Kirkland, WA 98033-8314	Self Employed Occupation Doctor of Optometry	11/24/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 365.00		
Sandra L Swaringen 171 Lakewood Drive Wilkesboro, NC 28697-8458	Self Employed Occupation Doctor of Optometry	11/24/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
Peter K Dunn 5411 Deer Trail Summerfield, NC 27358-9070	Self Employed Occupation Doctor of Optometry	11/24/99	182.50
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) **1,987.50**

TOTAL This Period (last page has line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **9** OF **10**
FOR LINE NUMBER **11 a i**

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

A. Full Name, Mailing Address and ZIP Code Martin J Siegel 37 Pine Grove Ave Summit, NJ 07901-2431	Name of Employer Self Employed	Date (month, day, year) 11/26/99	Amount of Each Receipt this Period 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 458.25
B. Full Name, Mailing Address and ZIP Code Lee E Rigel 5995 E Lake Drive Haslett, MI 48840-8938		Name of Employer Self Employed	Date (month, day, year) 11/26/99
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 Marc Terry Babin 1604 Raleigh Dr Carrollton, TX 75007-2901		Name of Employer Self Employed	Date (month, day, year) 11/30/99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 270.00
D. Full Name, Mailing Address and ZIP Code Kevin Mc Daid 1526 Scenic Shore Dr Kingwood, TX 77346-1804		Name of Employer Self Employed	Date (month, day, year) 11/30/99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 385.00
E. Full Name, Mailing Address and ZIP Code Lawrence J Alto 3 Pinehurst Marquette, MI 49855-9447		Name of Employer Self Employed	Date (month, day, year) 11/30/99
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 Lloyd Perry Britt Jr 4217 Ridgeway Belden, MS 38828-9758		Name of Employer Self Employed	Date (month, day, year) 11/30/99
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 Scott R Ream 209 Wildwood Terrace West Plains, MO 66775-2547		Name of Employer Self Employed	Date (month, day, year) 11/30/99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 730.00

SUBTOTAL of Receipts This Page (optional) **2,188.75**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 10
FOR LINE NUMBER 11 a 1

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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
Donald L Peterson 2460 Sw Valleyview Dr Redmond, OR 97756-7864	Self Employed	11/30/99	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor of Optometry	Aggregate Year-to-Date > \$ 730.00	
Rick Croila 317 Main St New Canaan, CT 06840-5937	Self Employed	11/30/99	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 > \$ 355.00	
John E Beigel 2402 Aldrin Drive Sidney, OH 45365-1512	Self Employed	11/30/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) **580.00**

TOTAL This Period (last page this line number only) **19,178.75**

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
United Bank 3801 Wilson Blvd. Arlington, VA 22203	CD Interest	11/29/99	1,189.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 6,074.05	
First Union Bank, NA 1650 Tyson Blvd. McLean, VA 22102	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Interest Bearing Account	11/30/99	216.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,594.94	
Bank of America PO Box 790231 St. Louis, MO 63179	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Interest Bearing Account	11/30/99	145.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,714.33	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	1,551.69
TOTAL This Period (last page this line number only)	1,551.69

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank of America PO Box 790251 St. Louis, MO 63179	Service Charges Bank of America 11/99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/99	309.88
B. Full Name, Mailing Address and ZIP Code First Union Bank, NA 1660 Tyson Blvd. McLean, VA 22102	Purpose of Disbursement Service Charges 1st American 11/99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/99	290.55
C. Full Name, Mailing Address and ZIP Code Bank of America PO Box 790251 St. Louis, MO 63179	Purpose of Disbursement Service Charges Bank America 11/99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/99	17.64
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

617.97

TOTAL This Period (last page this line number only)

617.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6
FOR LINE NUMBER 23

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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
Friends of Mark Foley P O Box 30505 Palm Beach Gardens, FL 33420	Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Tom DeLay Congressional Committee 2300 Claredon Boulevard, #401 Arlington, VA 22201	Tom DeLay, U.S. HOUSE 22nd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	Bart Gordon, U.S. HOUSE 6th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Maloney for Congress 49 E 192nd Street New York, NY 10128	Carolyn Maloney, U.S. HOUSE 14th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
E. Full Name, Mailing Address and ZIP Code Bachus for Congress Committee P O Box 59444 Birmingham, AL 35259	Spencer Bachus, U.S. HOUSE 6th AL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	2,000.00
F. Full Name, Mailing Address and ZIP Code LoBlondo for Congress 738 E Landis Avenue Vineland, NJ 08360-9884	Frank A. LoBlondo, U.S. HOUSE 2nd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,500.00
G. Full Name, Mailing Address and ZIP Code Friends of Sherwood Boehlert PO Box C Utica, NY 13503	Sherwood Boehlert, U.S. HOUSE 23rd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	2,000.00
H. Full Name, Mailing Address and ZIP Code Friends for Jim Saxton P O Box 795 Mount Holly, NJ 08060	Jim Saxton, U.S. HOUSE 13th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	2,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Connie Morella 7101 Wisconsin Avenue Suite 102 Bethesda, MD 20814	Connie Morella, U.S. HOUSE 8th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	2,000.00

SUBTOTAL of Disbursements This Page (optional)

13,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
FOR LINE NUMBER 23

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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
Committee to Re-Elect Marge Roukema PO Box 626 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	2,000.00
B. Full Name, Mailing Address and ZIP Code King for Congress 1442 Roth Road Seaford, NY 11783	Pete King, U.S. HOUSE 3rd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Mark Foley P O Box 30505 Palm Beach Gardens, FL 33420	Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Smith 1351 Kuser Road Hamilton, NJ 08619	Chris H. Smith, U.S. HOUSE 4th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Jay Inslee for Congress 218 Main Street Suite 196 Kirkland, WA 98033	Jay Inslee, U.S. HOUSE 1st WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00
F. Full Name, Mailing Address and ZIP Code Hooley for Congress 6545 Sailing Street West Linn, OR 97068	Darlene Hooley, U.S. HOUSE 5th OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
G. Full Name, Mailing Address and ZIP Code Jim Turner for Congress P O Box 780 Crockett, TX 75835	Jim Turner, U.S. HOUSE 2nd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Lazio for Congress P O Box 5063 Bay Shore, NY 11706	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
I. Full Name, Mailing Address and ZIP Code Comm. To Re-Elect Vito Fossella 15 Grandview Terrace Staten Island, NY 10308	Vito J. Fossella, U.S. HOUSE 13th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 23

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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
Friends of Tillie Fowler PO Box 380087 Jacksonville, FL 32205	Tillie Fowler, U.S. HOUSE 4th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Gonzalez for Congress 215 Broadway San Antonio, TX 78215	Charles A. Gonzalez, U.S. HOUSE 20th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
C. Full Name, Mailing Address and ZIP Code Menendez for Congress P.O. Box 2884 Washington, DC 20013	Robert Menendez, U.S. HOUSE 13th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
D. Full Name, Mailing Address and ZIP Code Friends Of Baron Hill P O Box 1071 Seymour, IN 47274	Baron P. Hill, U.S. HOUSE 9th IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
E. Full Name, Mailing Address and ZIP Code Norwood for Congress P O Box 499 Evans, GA 30809	Charla Norwood, U.S. HOUSE 10th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	2,500.00
F. Full Name, Mailing Address and ZIP Code Moore for Congress Box 14631 Shawnee Mission, KS 66285	Dennis Moore, U.S. HOUSE 3rd KS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
G. Full Name, Mailing Address and ZIP Code Rush Holt for Congress P O Box 782 Pennington, NJ 08534	Rush Holt, U.S. HOUSE 12th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
H. Full Name, Mailing Address and ZIP Code Gene Green Committee 5900 North Freeway Suite 143 Houston, TX 77076	Gene Green, U.S. HOUSE 29th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
I. Full Name, Mailing Address and ZIP Code Friends Of Joe Baca P O Box 362 San Bernardino, CA 92402	Joe Baca, U.S. HOUSE 42nd CA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Ca 42 Special Election	11/01/99	2,500.00

SUBTOTAL of Disbursements This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5
FOR LINE NUMBER 23

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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
Mike Thompson for Congress Box 1999 St Helena, CA 94674	Mike Thompson, U.S. HOUSE 1st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/01/99	500.00
Bill Young Campaign Committee PO Box 103 Arlington, VA 22210	Bill Young, U.S. HOUSE 10th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/99	1,000.00
G-8 Caucus 1014 Old Norcross Tucker Road Tucker, AL 30084	Retreat 11/4-8/99 GA Republican Cong Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/03/99	2,500.00
KYL FOR CONGRESS P O Box 10246 Phoenix, AZ 85064	Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/09/99	1,000.00
Chip Pickering for Congress P O Box 6440 Laurel, MS 39441	Chip Pickering, U.S. HOUSE 3rd MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/09/99	500.00
Fitzgerald For Senate Inc 1650 Balmoral Circle Iverness, IL 60067	Peter Fitzgerald, U.S. SENATE IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/09/99	1,000.00
Tom Sawyer Committee P O Box 2884 Washington, DC 20013	Thomas C. Sawyer, U.S. HOUSE 14th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/09/99	600.00
Kyl for Senate P O Box 10246 Phoenix, AZ 85064	Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/09/99	1,000.00
Minge for Congress 360 10th Avenue Granite Falls, MN 56241	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/23/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
FOR LINE NUMBER 23

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pomeroy for Congress P.O. KBox 746 Bismark, ND 58502-0746	Earl Pomeroy, U.S. HOUSE 1st ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/23/99	500.00
B. Full Name, Mailing Address and ZIP Code Chet Edwards for Congress P O Box 23273 Waco, TX 76702	Chet Edwards, U.S. HOUSE 11th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/23/99	500.00
C. Full Name, Mailing Address and ZIP Code Florio For Senate Comm. Inc 76 Linden Avenue Metuchen, NJ 08840	James Florio, U.S. SENATE NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/24/99	2,000.00
D. Full Name, Mailing Address and ZIP Code Pallone for Congress P O Box 3176 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 3rd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/24/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	44,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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 Returned Check #532 from collecting agent	Date (month, day, year)	Amount of Each Disbursement This Period
Konstantinos Booras 3 Martha Lane Smithtown, NY 11787	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	485.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	485.00
TOTAL This Period (last page this line number only)	485.00

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 12-16-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	12-16-99 DATE PREPARED