

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 12 05 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 2006

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

Type or Print Name of Treasurer Dorothy Hitchmoth, O.D.

Signature of Treasurer Electronically Filed by Dorothy Hitchmoth, O.D. Date 12 05 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		202047.35
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	310628.01									
(c) Total Receipts (from Line 19)	108523.72	694836.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	419151.73	896884.08								
7. Total Disbursements (from Line 31)	95620.50	573352.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	323531.23	323531.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Optometric Association Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	57937.41	331784.46
(i) Itemized (use Schedule A)	48053.39	357350.10
(ii) Unitemized	105990.80	689134.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	105990.80	689134.56
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	32.92	3202.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	108523.72	694836.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	108523.72	694836.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1605.03	14722.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1605.03	14722.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	88500.00	551250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	515.47	2330.47
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	515.47	2330.47
29. Other Disbursements.....	5000.00	5050.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	95620.50	573352.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	95620.50	573352.85

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	105990.80	689134.56
34. Total Contribution Refunds (from Line 28(d))	515.47	2330.47
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	105475.33	686804.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1605.03	14722.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1605.03	14722.38

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Ivan J Grupe

Mailing Address 495 W Burgundy St Unit 921

City State Zip Code
Highlands Ranch CO 80129-6634

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

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

Transaction ID: 24854819

Amount of Each Receipt this Period
550.00

B. Full Name (Last, First, Middle Initial)
Dr Cheryl A Torghle

Mailing Address 1553 East Kensington

City State Zip Code
Salt Lake City UT 84105-2803

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

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

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

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

Transaction ID: 24854827

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr Gregory B Ferman

Mailing Address 46683 Camelia

City State Zip Code
Canton MI 48187-1465

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

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

Transaction ID: 24854828

Amount of Each Receipt this Period
365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Lyman C Norden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address Southern Journal Of Opt 5517 Afton Drive		Transaction ID: 24854832	
City Birmingham	State AL	Zip Code 35242-4202	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Stephen Harold Spencer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 1998 W 12Th Ln		Transaction ID: 24854835	
City Yuma	State AZ	Zip Code 85364	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr John Loucopoulos		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 5 Hammonasset Meadows Rd		Transaction ID: 24854836	
City Madison	State CT	Zip Code 06443-2011	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	1265.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Brian C Joslin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 840 Garners Landing Blvd		Transaction ID: 24854837
City State Zip Code Seymour TN 37865-4132	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Hale M Kell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 7973 Sagebrush Ct		Transaction ID: 24854841
City State Zip Code Boulder CO 80301-5006	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Jeffrey L Jordan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 1512 Heritage Dr		Transaction ID: 24878077
City State Zip Code Columbia TN 38104	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1365.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Richard L L Powell

Mailing Address 820 Manchester Circle

City Lincoln State NE Zip Code 68528-1043

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: 24895434

Amount of Each Receipt this Period
12.50

B. Full Name (Last, First, Middle Initial)
Dr James D Schrader

Mailing Address 3304 214Th Sw

City Brier State WA Zip Code 98036

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 24895456

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Michael Douglas Jones

Mailing Address 565 Autumn Bluff Drive

City Ellisville State MO Zip Code 63021-5962

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

Name of Employer Self Employed Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 24895457

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	627.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr James Edward Tillman

Mailing Address 723 E Forsyth St

City State Zip Code
Americus GA 31709-3718

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: 24895460

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Edward F Stein

Mailing Address 25015 Oakbrooke Drive

City State Zip Code
Southfield MI 48034-2519

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 24895461

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr David Hill Curtis

Mailing Address 550 Hwy 82

City State Zip Code
Ethelsville AL 35461

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 24895462

Amount of Each Receipt this Period
400.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Kenneth J Lentz, Jr

Mailing Address Po Box 665

City State Zip Code
Spruce Pine NC 28777-0665

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 24909552

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Dr Anthony S Diecidue

Mailing Address 300 Mcmichaels Drive

City State Zip Code
Stroudsburg PA 18360-9149

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24909553

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Carmine J Petracca

Mailing Address 939 Bryden

City State Zip Code
Lewiston ID 83501-5057

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24909554

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Aleta Belinda Gong		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address P O Box 11585		Transaction ID: 24909555
City Glendale	State AZ	Zip Code 85318-1585
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr Frederick P Darin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 405 Tirrell Rd		Transaction ID: 24909806
City Charlotte	State MI	Zip Code 48813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.00	

Full Name (Last, First, Middle Initial) C. Dr Clifford Lynn Goodman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1953 Marc		Transaction ID: 24909807
City Andover	State KS	Zip Code 67002-9443
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 27 Wilderness Drive

City State Zip Code
Freeport ME 04032

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

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

Transaction ID: 24909808

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr Jeffrey A Myers

Mailing Address 4089 Marlowa Drive
P O Box 116

City State Zip Code
Groveport OH 43125

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: 24909809

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Dr Larry C Wallis

Mailing Address 20 Kentshire Court

City State Zip Code
Greenville DE 19807-2583

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 24909810

Amount of Each Receipt this Period
125.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Louis Gary Hochberg

Mailing Address 107 Promenade Dr

City State Zip Code
Hamden CT 06514-2340

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24909812

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dr Roger Joseph Trudell

Mailing Address 2565 Tamarack Ave

City State Zip Code
Boulder CO 80304-0990

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 24909814

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr Shannon L Steinhauer

Mailing Address 501 W Port Royale Ln

City State Zip Code
Phoenix AZ 85023-5272

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24909815

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	525.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Slade A Lindquist

Mailing Address 18863 U Street

City State Zip Code
Omaha NE 68135-4100

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 24913557

Amount of Each Receipt this Period
273.75

B. Full Name (Last, First, Middle Initial)
Dr Steven E Faith

Mailing Address 1565 Klondike Place

City State Zip Code
Livermore CA 94550-8646

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 24913562

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Kathleen Ann Murphy

Mailing Address 3903 Ivygate Place

City State Zip Code
Dublin OH 43016

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 24913566

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1003.75
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Paula F Hernandez		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 100 Secretariat Way		Transaction ID: 24913567
City State Zip Code Frankfort KY 40601	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr G. Barnard Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 3604 Atwood Pl		Transaction ID: 24913568
City State Zip Code Modesto CA 95355-1304	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr Candace D D Hamel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address Po Box 358 405 Ne Main St		Transaction ID: 24913574
City State Zip Code Estacada OR 97023	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	825.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Wayne M Hudson

Mailing Address 124 N 4Th Street

City State Zip Code
Douglas WY 82633-2402

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

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

Transaction ID: 24913576

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr James McIntyre Curtis

Mailing Address 6141 Huron Shore Road

City State Zip Code
Rogers City MI 49779

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
465.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920381

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Stephen Michael Prince

Mailing Address 773 West Broomfield

City State Zip Code
Mt Pleasant MI 48858

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920382

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Steven E Eriksen

Mailing Address 4518 164Th Court Ne

City State Zip Code
Redmond WA 98052-5454

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920383

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Michael Leslie Weeden

Mailing Address 2701 Gaines Road

City State Zip Code
Corinth MS 38834

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920386

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr George W Hertneky

Mailing Address 16862 County Road 28

City State Zip Code
Brush CO 80723-9424

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920391

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Lacy Bordelon Shaw		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 1824 Bryn Mawr		Transaction ID: 24920392	
City State Zip Code Alexandria LA 71301-4501	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Alva S S Pack, III		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 111 Spring Lake Drive		Transaction ID: 24920393	
City State Zip Code Spartanburg SC 29302-3686	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr Kirby D Redman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 9319 Timberline Dr		Transaction ID: 24920394	
City State Zip Code Minocqua WI 54548-9342	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation O.D. Aggregate Year-to-Date ▼ 300.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Robert L Fait

Mailing Address 1399 Spring Valley Rd.

City State Zip Code
Burlington WI 53105

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920396

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Jeffrey A Forrey

Mailing Address 4527 224Th PI Ne

City State Zip Code
Redmond WA 98053

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 755.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920397

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr Devon L Meyer

Mailing Address 149 Frederick Dr

City State Zip Code
Eaton OH 45320-1104

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920400

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)	▶	855.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Ernest A Wilbur, III

Mailing Address 820 Fairfax Dr

City State Zip Code
Gretna LA 70053

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920404

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Ronald Carl Nelson

Mailing Address 2887 Shillingford Cir Nw

City State Zip Code
N Canton OH 44720-8229

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920682

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
Dr Dennis E Mathews

Mailing Address 1320 Carr Avenue

City State Zip Code
Memphis TN 38104-4500

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24920683

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	685.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 107
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Samantha K Caggiano		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 13865 Se 119Th Drive		Transaction ID: 24920684	
City State Zip Code Clackamas OR 97015-7607	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr James R Ogden		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address P O Box 250		Transaction ID: 24920685	
City State Zip Code Goldendale WA 98620-0250	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr James L Thurber		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address P O Box 7294		Transaction ID: 24920689	
City State Zip Code Yuma AZ 85366-7294	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	575.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr A. L. Spivey, III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 195 Heather Dr P.O. Box 520		Transaction ID: 24921152	
City State Zip Code Mc Kenzie TN 38201-1314	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr Don Edward Williamson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 2037 Se 28Th St		Transaction ID: 24921154	
City State Zip Code Cape Coral FL 33904-9640	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr Henry W Allhoff, III		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 1578 Mason Knoll Road		Transaction ID: 24921155	
City State Zip Code Saint Louis MO 63131-1218	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 350.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 96 1/2 W Main St

City State Zip Code
Honeoye Falls NY 14472-0566

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 24921158

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Rand William Siekert

Mailing Address 6800 North Montezuma Drive

City State Zip Code
Tucson AZ 85718-2432

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 24921161

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr James P De Vleming

Mailing Address 670 Se Meadowvale

City State Zip Code
Pullman WA 99163

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 24921163

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Joseph E E Pavano, III

Mailing Address 440 Deercliff Road

City Avon State CT Zip Code 06001-2858

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 24921165

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Peter Jeffrey Stein

Mailing Address 26 Arrowhead Drive

City Guilford State CT Zip Code 06437-3137

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 24921168

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Kevin L Clark

Mailing Address 11604 Coleen Way

City El Paso State TX Zip Code 79936-6922

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

Name of Employer Self Employed Occupation O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24921181

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Carol Moss Bridges		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 309 Westfield Road		Transaction ID: 24921182	
City State Zip Code Shelby NC 28150-4841	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation O.D. Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Dr Patrick M Fleming		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 149 Linwood Way		Transaction ID: 24921183	
City State Zip Code Martinsburg WV 25401	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 465.00		

Full Name (Last, First, Middle Initial) C. Dr Marcus G Piccolo		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address Uh College Of Optometry 505 J Davis Armistead Bldg		Transaction ID: 24926920	
City State Zip Code Houston TX 77204-0001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Self Employed Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 / 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Carolyn Marie Brug-Allender		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 114 Sylvan Drive		Transaction ID: 24947731	
City State Zip Code Independence KY 41051-9262		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr Charles D Pearson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 2884 Kregel Drive		Transaction ID: 24947737	
City State Zip Code Rockford IL 61109-7000		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr Burton G Pinchuk		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 1266 Brook Crossing Ct		Transaction ID: 24947743	
City State Zip Code Naperville IL 60564-8927		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed		Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Richard G Jarvis

Mailing Address 14 Hanks Hill Road

City State Zip Code
Westminster MA 01473

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24947745

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr Robert Joseph Manoli

Mailing Address 504 Primrose Lane

City State Zip Code
Natrona Heights PA 15065-1896

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24947748

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Brian J Ballard

Mailing Address 4445 Country Club Ct

City State Zip Code
Riverton WY 82501-1430

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24947751

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Richard Wayne Gallerani

Mailing Address 1 Meadow Wood Drive

City State Zip Code
Suffield CT 06078

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 24947752

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Dr Douglas W Johnson

Mailing Address 11400 N. 6Th Avenue

City State Zip Code
Hillsboro IL 62049

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 24952388

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Kathy Lynn Shamblin

Mailing Address 3682 Annell Dr

City State Zip Code
Murfreesboro TN 37127

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

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

Transaction ID: 24952389

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	715.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Steven P Consoer

Mailing Address 786 Barrington Dr

City State Zip Code
Shakopee MN 55379

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 24952391

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr Kelly C Barnes

Mailing Address 37 Estates Dr

City State Zip Code
Reading PA 19606-9593

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24952396

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas S Powell, Jr

Mailing Address 60022 Shumpert Cir

City State Zip Code
Amory MS 38821

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24952398

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address
1022 S Miles Avenue

City State Zip Code
Union City TN 38261-5432

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

Name of Employer Self Employed
Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

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

Transaction ID: 24952399

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Ray V Odom

Mailing Address

City State Zip Code
OK

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

Name of Employer Self Employed
Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 24952401

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Melvyn S Mazer

Mailing Address 20 Dell Circle

City State Zip Code
Trumbull CT 06611

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

Name of Employer Self Employed
Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: 24952435

Amount of Each Receipt this Period
200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Chris R Deibert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 8 Johnson Drive		Transaction ID: 24952436
City State Zip Code Luray VA 22835-9705	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Richard A Frio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 7646 Windsor Dr No		Transaction ID: 24952438
City State Zip Code No Syracuse NY 13212	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	

Full Name (Last, First, Middle Initial) C. Dr Frederick T Heller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 162 Middlesex Avenue		Transaction ID: 24952439
City State Zip Code Wilmington MA 01887-2783	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Kenneth E Hooton

Mailing Address 10513 N 6150 West

City Highland State UT Zip Code 84003

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: 24952440

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Gary J Martinkus

Mailing Address 3505 Commonwealth

City Yakima State WA Zip Code 98901-1238

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

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

Transaction ID: 24952441

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr Michael C Noble

Mailing Address 5609 W Arlington

City Yakima State WA Zip Code 98908-4297

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 24952442

Amount of Each Receipt this Period
365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Lisa Lynn Slaby		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 6368 Aspen Dr		Transaction ID: 24952443	
City State Zip Code Sobieski WI 54171-9654	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr Ronald O Sevigny		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 515 Kelly Roberts Rd		Transaction ID: 24952444	
City State Zip Code Zolfo Springs FL 33890	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr Raymond E Schwartz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 7150 West Lake Drive		Transaction ID: 24952447	
City State Zip Code West Palm Beach FL 33406-6718	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation O.D. Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶	490.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Jamie Archer Bennett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 946 Briarwood		Transaction ID: 24952448	
City State Zip Code Bartlesville OK 74006	Amount of Each Receipt this Period 175.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr Eugene Parker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 168 Halsey St		Transaction ID: 24952449	
City State Zip Code Southampton NY 11968	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr Glenn Morgan Cochran		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 103 Patton Place P O Box 690		Transaction ID: 24952451	
City State Zip Code Quitman MS 39355-2649	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	575.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr David L Kennedy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 5550 Trenton Lane		Transaction ID: 24952453
City State Zip Code Plymouth MN 55442	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Dr Joel Banks		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 5001 Holly Lane		Transaction ID: 24952455
City State Zip Code Morehead City NC 28557-2689	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Dr Christopher L Eddy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 6306 Buchanan St		Transaction ID: 24952906
City State Zip Code Fort Collins CO 80525-5810	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	980.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Oliver W Whitney

Mailing Address Po Box 879

City State Zip Code
Mandeville LA 70470

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 24953248

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Carrie A Heller

Mailing Address 3528 Trillium Ct

City State Zip Code
Tallahassee FL 32312-1717

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
252.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 24953336

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Marc David Parnell

Mailing Address 524 N Madison

City State Zip Code
El Dorado AR 71730-5831

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 24953338

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Willow F Thompson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 12649 93Rd PI Ne		Transaction ID: 24953345
City State Zip Code Kirkland WA 98034-5911	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr Mariann J Tonder		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 5035 Sand Point Place Ne		Transaction ID: 24953346
City State Zip Code Seattle WA 98105-2911	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. JOHN GUADNOLA, ESQ.		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address Gordon,Thomas,Honeywell,Malanc P O Box 1157		Transaction ID: 24953347
City State Zip Code Tacoma WA 98401-1157	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr William E Lee		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1711 Se Hampden Road		Transaction ID: 24953726	
City State Zip Code Bartlesville OK 74006	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Dr Paul A DeCesare		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 6 Conanicut Rd		Transaction ID: 24953728	
City State Zip Code Narragansett RI 02882	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr Frederick E Bodenhamer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 409 Virginia Trail		Transaction ID: 24953729	
City State Zip Code Jefferson City MO 65109-6840	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Elliot M Kirstein

Mailing Address 9831 Orchard Club Drive

City State Zip Code
Cincinnati OH 45242

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 24953733

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Jeffrey Gilbert Hirschl

Mailing Address 1203 Trails Edge Drive

City State Zip Code
Hubbard OH 44425

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: 24953740

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr Kenneth R Braun

Mailing Address Po Box 747

City State Zip Code
Aiken SC 29801

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 24953741

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Donald J Janiuk

Mailing Address 13592 Sunset View Rd

City State Zip Code
Poway CA 92064

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 24953742

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Ronald M Cline

Mailing Address 66 Indian Woods Way

City State Zip Code
Canton MA 02021-3581

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 24953744

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Tammra Johnson

Mailing Address CIs And Family Vision Clinic
412 Remington St

City State Zip Code
Fort Collins CO 80524

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: 24953747

Amount of Each Receipt this Period
480.00

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr James W Burton		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 7766 Hidden Ridge Ct		Transaction ID: 24953750	
City Hudsonville	State MI	Zip Code 49426-9777	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Peter Charles Dubin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 3397 Charleston Highway		Transaction ID: 24953753	
City Walterboro	State SC	Zip Code 29488-6122	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr Wayne A Halstrom		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 206 Glen Meadows Ct		Transaction ID: 24953756	
City Danville	State CA	Zip Code 94526-4450	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr John E Perkins

Mailing Address 3234 St Croix Street

City State Zip Code
Eugene OR 97408

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

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

Transaction ID: 24953759

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Don Edward Mills, Jr

Mailing Address 121 Colony Drive

City State Zip Code
Mooreville NC 28115

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
350.00

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

Transaction ID: 24953760

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Charles Bartels

Mailing Address 1540 Se 40Th Avenue

City State Zip Code
Okeechobee FL 34974

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

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

Transaction ID: 24953762

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Stuart J Thomas		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 180 High Ridge Pl		Transaction ID: 24953764
City State Zip Code Athens GA 30606	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Charles K Atwell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 238 Chasse Circle		Transaction ID: 24953765
City State Zip Code St Charles IL 60174	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr Danny O O'Neil		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 500 Old Greenville Rd		Transaction ID: 24953766
City State Zip Code Staunton VA 24401-9679	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation O.D. Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Alessi A Rispoli

Mailing Address 28 Malee Terrace

City Portsmouth State RI Zip Code 02871-3424

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24953768

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Katherine Rispoli

Mailing Address 28 Malee Terrace

City Portsmouth State RI Zip Code 02871-3424

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24953769

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Pamela J Blodgett

Mailing Address 470 W Allenton Rd

City North Kingstown State RI Zip Code 02852-6515

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

Name of Employer Self Employed Occupation O.D.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 24953770

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Cameron Eugene Herrin

Mailing Address 1114 Timber Lake Dr

City State Zip Code
Purcell OK 73080

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24954339

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr Steven A Gifford

Mailing Address 2200 Robin

City State Zip Code
Altus OK 73521

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24954340

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Dale Sherman Barr

Mailing Address 894 E Court Street

City State Zip Code
Sidney OH 45365-2816

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Transaction ID: 24954346

Amount of Each Receipt this Period
200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Scott M Schwartz		Date of Receipt MM / DD / YYYY 11 / 07 / 2006
Mailing Address 1311 Kenton Way		Transaction ID: 24954347
City Troy	State OH	Zip Code 45373
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr James Brian Connelly		Date of Receipt MM / DD / YYYY 11 / 07 / 2006
Mailing Address 3243 Evergreen Road		Transaction ID: 24954355
City Fargo	State ND	Zip Code 58102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Mark E Sverdlin		Date of Receipt MM / DD / YYYY 11 / 07 / 2006
Mailing Address 60 Pearl St East		Transaction ID: 24954357
City Middletown	State NJ	Zip Code 07748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 107						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Dr Charles T Inman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 604 Yorkshire Pl		Transaction ID: 24954377	
City State Zip Code Lumberton NC 28358-8337	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Ann Lacroix Fredal		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 42327 Little Road		Transaction ID: 24954401	
City State Zip Code Clinton Twp MI 48036	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr George Stephen Rickard		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 472 Madison Ave		Transaction ID: 24954404	
City State Zip Code Brookville PA 15825-1349	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation O.D. Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Michael R Sellers

Mailing Address 3441 E Cathedral Rock Cir

City Tucson State AZ Zip Code 85718

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt
11 / 06 / 2006

Transaction ID: 24954407

Amount of Each Receipt this Period
375.00

B. Full Name (Last, First, Middle Initial)
Dr Joseph Bannon

Mailing Address 211 Greentree Dr

City Saint Clairsville State OH Zip Code 43950-1443

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt
11 / 06 / 2006

Transaction ID: 24954410

Amount of Each Receipt this Period
125.00

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

Mailing Address 1291 Rankin Drive

City Zanesville State OH Zip Code 43701

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

Name of Employer Self Employed Occupation Doctor of Optometry

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

Date of Receipt
11 / 06 / 2006

Transaction ID: 24954412

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Rick L Hartman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1905 Navan Ln.		Transaction ID: 24954413	
City State Zip Code Garner NC 27529-5044	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation O.D. Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Thomas G Bastholm		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 201 Heronwood Lane		Transaction ID: 24954414	
City State Zip Code Milton DE 19968	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr A. Dennis Olmstead		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 6499 Thorngate Road		Transaction ID: 24954419	
City State Zip Code East Lansing MI 48823	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Paul C Ajamian		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 245 Shadowbrook Drive		Transaction ID: 24954421
City State Zip Code Roswell GA 30075-4600	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr Christopher J J Colburn		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6
Mailing Address 30 Winchester Rd		Transaction ID: 24955192
City State Zip Code Lakewood NY 14750-1734	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Rodney Alan Windhorst		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 4119 Priest Point Drive NE		Transaction ID: 24960221
City State Zip Code Tulalip WA 98271-7335	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶	1165.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Daniel T Mc Gehee		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 3915 East Oasis Circle		Transaction ID: 24962251
City State Zip Code Mesa AZ 85215-1006	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Hal C Herring, Jr		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1523 Alexander Street		Transaction ID: 24962252
City State Zip Code Fairmont NC 28340-1405	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Brian S S Klinger		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 466 Washington Road		Transaction ID: 24962254
City State Zip Code Rye NH 03870-2451	Amount of Each Receipt this Period 898.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 898.00	

SUBTOTAL of Receipts This Page (optional) ▶	1373.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Jeffrey A Myers		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 4089 Marlowa Drive P O Box 116		Transaction ID: 24962268	
City Groveport State OH Zip Code 43125	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Maurice William Geldert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 604 N Kentucky		Transaction ID: 24962271	
City Roswell State NM Zip Code 88201-4820	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr Jane Ellen Compton		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address P O Box 1877		Transaction ID: 24962272	
City Taos State NM Zip Code 87571-1877	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Mitchell Todd Munson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 9940 S Ashleigh Way		Transaction ID: 24962273
City State Zip Code Highlands Ranch CO 80126-4244	Amount of Each Receipt this Period 218.75	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 781.25	

Full Name (Last, First, Middle Initial) B. Dr John J Mertzlufft		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 9304 Woodbay Drive		Transaction ID: 24962274
City State Zip Code Tampa FL 33626	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	

Full Name (Last, First, Middle Initial) C. Mr Larry Benton, Exc Dir		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 25095 Homedale Road		Transaction ID: 24962275
City State Zip Code Wilder ID 83676	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	360.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr Terry L Bolen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address P O Drawer A		Transaction ID: 24962277
City State Zip Code Schurz NV 89427	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Dr Thomas Annunziato		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 11700 Northview Dr		Transaction ID: 24962278
City State Zip Code Aledo TX 76008-5223	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Dr LeeAnn Barrett		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1199 E Morgan		Transaction ID: 24962280
City State Zip Code Boonville MO 65233-1336	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address Po Box 1108

City State Zip Code
Gold Beach OR 97444-1108

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 24962286

Amount of Each Receipt this Period
50.00

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

Mailing Address 11368 W Hickory Hill Ct

City State Zip Code
Boise ID 83704

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

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

Transaction ID: 24962288

Amount of Each Receipt this Period
40.00

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

Mailing Address 32840 S Meridian Road

City State Zip Code
Woodburn OR 97071-8768

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 24962290

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	140.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr Douglas J Walker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address P O Box 988		Transaction ID: 24962291	
City Brookings	State OR	Zip Code 97415-0021	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr Steven F Tronnes		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 1689 N W Hopper St		Transaction ID: 24962293	
City Roseburg	State OR	Zip Code 97470	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr Alice Sterling		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 5727 Canton Cove #111		Transaction ID: 24962295	
City Winter Springs	State FL	Zip Code 32708-5033	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr John D Coble		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 1501 Sunset Hill		Transaction ID: 24962301
City State Zip Code Rockwall TX 75087	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr William W Hatley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 23560 E Moraine Place		Transaction ID: 24962303
City State Zip Code Aurora CO 80016-7055	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr Lynn Smith Hammonds		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 2725 Smyer Road		Transaction ID: 24962304
City State Zip Code Birmingham AL 35216-1026	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Clarke D Newman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 9325 Stratford Way		Transaction ID: 24962306
City State Zip Code Dallas TX 75220-5084	Amount of Each Receipt this Period 84.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	

Full Name (Last, First, Middle Initial) B. Dr James Maxwell Ernst		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 14 Bittersweet Dr		Transaction ID: 24962307
City State Zip Code Alexandria KY 41001	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	

Full Name (Last, First, Middle Initial) C. Dr. Andrea P Thau		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 170 East 83 Street		Transaction ID: 24962308
City State Zip Code New York NY 10028-1920	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Freddie M Mayes

Mailing Address 117 Magnolia Drive

City State Zip Code
Central City KY 42330

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: 24962309

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City State Zip Code
Bloomington IL 61704-6300

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: 24962310

Amount of Each Receipt this Period
50.00

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

Mailing Address 7328 Glade Trail

City State Zip Code
Kalamazoo MI 49009-5921

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: 24962312

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Mira B B Swiecicki

Mailing Address 450 F Street

City State Zip Code
Blaine WA 98230-4201

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: 24962313

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Dr Norman C Johnson

Mailing Address 154 Willow Cove Drive

City State Zip Code
Scottsboro AL 35769-6222

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

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

Transaction ID: 24962315

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Kevin L Alexander

Mailing Address 8830 Walnut Trail

City State Zip Code
Sylvania OH 43560

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: 24962316

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Beth A Kneib		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 1515 N 150Th Street		Transaction ID: 24962317	
City State Zip Code Shoreline WA 98133-6301	Amount of Each Receipt this Period 41.66		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.60		

Full Name (Last, First, Middle Initial) B. Dr Jack L Hostetler		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 2862 E Canyon Creek Court		Transaction ID: 24962318	
City State Zip Code Gilbert AZ 85234	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr C. Thomas Crooks, III		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 1229 Highland Lakes Trail		Transaction ID: 24962319	
City State Zip Code Birmingham AL 35242-6886	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	121.66
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Charlotte F Nielsen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 118 Whitehall Court		Transaction ID: 24962322	
City State Zip Code Grayslake IL 60030-3492	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Peter H Kehoe		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 789 N Broad		Transaction ID: 24962325	
City State Zip Code Galesburg IL 61401	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr Markus I Barth		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 1346 Heller Drive		Transaction ID: 24962326	
City State Zip Code Yardley PA 19067	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Chad A Carlsson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 1415 S Sandstone Street		Transaction ID: 24962469	
City State Zip Code Gilbert AZ 85296-4370	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr Steven H Eyler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address 13417 Scanlan Way		Transaction ID: 24962470	
City State Zip Code Davidson NC 28036-7718	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Clay Mattson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 6	
Mailing Address Univ. Of California-Berkeley School Of Optometry		Transaction ID: 24962471	
City State Zip Code Berkeley CA 94720-0001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Gregory J Kuley		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 5945 Ridge Ave, Ste 4		Transaction ID: 24962475
City Cincinnati	State OH	Zip Code 45213-1659
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Donald B Leach		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 221 Wittwer Ct Nw P O Box 129		Transaction ID: 24962479
City Los Lunas	State NM	Zip Code 87031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

Full Name (Last, First, Middle Initial) C. Dr Thomas M Kelly		Date of Receipt MM / DD / YYYY 11 / 09 / 2006
Mailing Address 457 Dover Center		Transaction ID: 24962480
City Bay Village	State OH	Zip Code 44140-2357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation O.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Wesley Edward Pittman

Mailing Address 714 N Kaufman

City State Zip Code
Mexia TX 76667-0590

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 24962481

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr JERRY WAYNE FERRELL

Mailing Address 647 Mayfield Dr

City State Zip Code
Marion OH 43302-5835

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 24962483

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Stephen Robert Belanger

Mailing Address 9040 Rolling Hill Rd

City State Zip Code
Holland OH 43528-9205

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 24962486

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Ronald Ray Foreman

Mailing Address 763 Sw Main Blvd, Ste 101

City State Zip Code
Lake City FL 32025-5794

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 24962497

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Wendy Sowell Gibson

Mailing Address 1512 Main Street

City State Zip Code
Benton KY 42025-1607

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 24962499

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Ronald G Seger

Mailing Address 715 Glenborough Dr

City State Zip Code
Mountain View CA 94041

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 24998133

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr John Michael Burke

Mailing Address 1210 Partridge Lane

City State Zip Code
Winston Salem NC 27106-4908

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

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

Transaction ID: 24998137

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Michael Caplan

Mailing Address 11469 Bronzedale Drive

City State Zip Code
Oakton VA 22124

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 24998138

Amount of Each Receipt this Period
250.00

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

Mailing Address 9415 Onion Patch Drive

City State Zip Code
Burke VA 22015

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 24998139

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Ally Stoeger		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 5413 Mt Greenwich Court		Transaction ID: 24998364
City State Zip Code Burke VA 22015-2148	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr Richard L L Powell		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 820 Manchester Circle		Transaction ID: 25004033
City State Zip Code Lincoln NE 68528-1043	Amount of Each Receipt this Period 12.50	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.50	

Full Name (Last, First, Middle Initial) C. Dr William P Beeaker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 461 Upper St		Transaction ID: 25004070
City State Zip Code Turner ME 04282	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	462.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Arabel E Hatfield		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 125 Riverdrive		Transaction ID: 25004071	
City State Zip Code Logan WV 25601	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Richard L Wallingford, Jr		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6	
Mailing Address 3843 Rockwood Road P O Box 159		Transaction ID: 25004116	
City State Zip Code Rockwood ME 04478	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Dr Jay D Petersma		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 8150 Wellington Blvd		Transaction ID: 25004123	
City State Zip Code Johnston IA 50131-8710	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶	775.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Tracie M King		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 1323 South Hanover St		Transaction ID: 25004125	
City State Zip Code Baltimore MD 21230-4220	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Dr Kent Hillery		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 16448 Country Club Drive		Transaction ID: 25004127	
City State Zip Code Peosta IA 52068-9710	Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Dr Dennis Wayne Francis		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6	
Mailing Address 555 Landau Street		Transaction ID: 25004128	
City State Zip Code Robins IA 52328	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	315.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Paul C Ajamian		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 245 Shadowbrook Drive		Transaction ID: 25004130
City State Zip Code Roswell GA 30075-4600	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Dr Chris Hobson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 166 Lakeside Drive		Transaction ID: 25004156
City State Zip Code Kennesaw GA 30144-3068	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr G. Barnard Wilson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 3604 Atwood Pl		Transaction ID: 25004174
City State Zip Code Modesto CA 95355-1304	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Self Employed	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr Bruce Levinson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 5508 Mount Pleasant Drive		Transaction ID: 25007363	
City State Zip Code Cazenovia NY 13035	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

B. Full Name (Last, First, Middle Initial) Dr Marilyn A Carter		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 355 Surrey Drive		Transaction ID: 25007368	
City State Zip Code Bonita CA 91902	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Dr Ha Thao Lai		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 571 Shelley Court		Transaction ID: 25007373	
City State Zip Code Milpitas CA 95035-3940	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

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

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

FOR LINE NUMBER: PAGE 74 / 107
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Cecilia P Williams

Mailing Address 3600 Wilton Hall Court

City State Zip Code
Alexandria VA 22310-2176

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

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

Transaction ID: 25007375

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Cynthia Ann Gillum

Mailing Address 4425 Champions View #240

City State Zip Code
Colorado Springs CO 80918

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

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

Transaction ID: 25007376

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Roger W Fitch

Mailing Address 608 W Thousand Oaks Drive

City State Zip Code
Peoria IL 61615-1396

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 415.00

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

Transaction ID: 25007378

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1065.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Margaret Placen Johnston		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 7405 Old Dominion Dr		Transaction ID: 25034900	
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) B. Dr Harry W Boggs		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 8 N Main St		Transaction ID: 25034904	
City State Zip Code Keyser WV 26726-3294	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) C. Dr Barbara Ann Sharps		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 7122 Scottsdale Road		Transaction ID: 25035015	
City State Zip Code Fairmont WV 26554-8800	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation O.D. Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Anne Huyen Le		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 12819 Apple Forest		Transaction ID: 25035023	
City State Zip Code Houston TX 77065-3205	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Daniel N Kingsley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 1567 Hardy Drive		Transaction ID: 25035026	
City State Zip Code Farmville VA 23901-2554	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr Jane E Shea		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 918 Curran Avenue		Transaction ID: 25035027	
City State Zip Code Kirkwood MO 63122-2813	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr Joseph Bannon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 211 Greentree Dr		Transaction ID: 25035105	
City State Zip Code Saint Clairsville OH 43950-1443	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) B. Dr Gary P Walker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 1733 W Wild Flower Ln		Transaction ID: 25035107	
City State Zip Code Twin Falls ID 83301-3691	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr Timothy Layne Nelson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 631 Circle Drive P O Box 590		Transaction ID: 25035108	
City State Zip Code Watonga OK 73772	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	855.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Thomas E Nye

Mailing Address 42 Tabor Lane

City State Zip Code
Hamilton OH 45013-5118

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 25035114

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Amy Elizabeth Riggs

Mailing Address 4340 Carriage Ln

City State Zip Code
Destin FL 32541-3453

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Transaction ID: 25035117

Amount of Each Receipt this Period
200.00

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

Mailing Address 6603 E 112Th St

City State Zip Code
Bixby OK 74008-2059

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 25035761

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Dr Barry G Millis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 352 Gribbel Rd		Transaction ID: 25035763	
City Wyncote	State PA	Zip Code 19095-1108	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation O.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr Tami R Lang		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 5230 E Villa Rita Dr		Transaction ID: 25035766	
City Scottsdale	State AZ	Zip Code 85254-7642	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00		

Full Name (Last, First, Middle Initial) C. Dr Daniel W Pace		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 87 West Sunrise Cir		Transaction ID: 25035769	
City Farmington	State UT	Zip Code 84025	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	930.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Brian Roy Murray

Mailing Address 1925 Ashland City Rd #1608

City State Zip Code
Clarksville TN 37043

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 25035772

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr Jerry L Baker

Mailing Address 104 Woodland Terrace

City State Zip Code
Oneida NY 13421

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

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

Transaction ID: 25035775

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr James R Dallas

Mailing Address 12420 Iroquois Road

City State Zip Code
Apple Valley CA 92308-6848

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 25036263

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 107						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

A. Full Name (Last, First, Middle Initial)
Dr Donna Buraczewski

Mailing Address 901 Main Street

City State Zip Code
Simpson PA 18407-1911

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 25036265

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr Jeffrey S Pockl

Mailing Address 2745 Monroe Street

City State Zip Code
Columbia SC 29205-2536

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 25036275

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Celeste Arroyo Paz

Mailing Address 43666 Southerland Way

City State Zip Code
Fremont CA 94539

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 25036280

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr William B Goldsmith		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 20 Hilldale Road		Transaction ID: 25036293	
City State Zip Code Pine Brook NJ 07058-9534	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Dr Charles R Pruden, Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 2007 Hermitage Rd		Transaction ID: 25036296	
City State Zip Code Wilson NC 27896-1629	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.00		

Full Name (Last, First, Middle Initial) C. Dr Tim R Seifert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 1206 Anton Road		Transaction ID: 25036298	
City State Zip Code Hartland WI 53029	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	715.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr J. Michael Weil

Mailing Address 2653 Wimbledon Point Dr

City State Zip Code
Virginia Beach VA 23454-1171

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

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

Transaction ID: 25036300

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Larry Don Coon

Mailing Address P O Box 60483

City State Zip Code
Fairbanks AK 99706-0483

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

Name of Employer Self Employed Occupation
Self Employed

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

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

Transaction ID: 25036301

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas ROBERT Kroll

Mailing Address 9070 Rosada

City State Zip Code
Las Vegas NV 89129

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

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

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

Transaction ID: 25036302

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr Catherine M Ferentini

Mailing Address 14 Birch Hill Drive

City State Zip Code
West Hartford CT 06107-3101

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

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

Transaction ID: 25037603

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr Tommy J Ducklo

Mailing Address 6304 Chickering Circle

City State Zip Code
Nashville TN 37215-5301

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 25056554

Amount of Each Receipt this Period
365.00

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

Mailing Address 946 Briarwood

City State Zip Code
Bartlesville OK 74006

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

Name of Employer Self Employed Occupation
Self Employed Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: 25056560

Amount of Each Receipt this Period
125.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr Janis M Cotter		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address Parkway Eyecare 80 Broadway		Transaction ID: 25056567	
City Revere	State MA	Zip Code 02151	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Dr Frank Reece Day, Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 6	
Mailing Address 2790 Commons Drive		Transaction ID: 25056568	
City Lawrenceville	State GA	Zip Code 30044-5761	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr James Ford Kline		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 4420 Fairway Drive		Transaction ID: 25095058	
City Easton	State PA	Zip Code 18045	Amount of Each Receipt this Period 0.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$20-0.00

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 86 / 107	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Cameron Eugene Herrin

Mailing Address 1114 Timber Lake Dr

City	State	Zip Code
Purcell	OK	73080

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	6

Transaction ID: 25095059

Amount of Each Receipt this Period

0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$300.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	57937.41

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 107
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City	State	Zip Code
Ennis	TX	75120

FEC ID number of contributing federal political committee. **C** C00195065

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	6

Transaction ID: 24920702

Amount of Each Receipt this Period
2500.00

Refunds of Contributions to Federal Candidates

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 25036319 Date of Disbursement 10 / 19 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 9.98
City St. Louis State MO Zip Code 63179	Purpose of Disbursement American Express Bank Fee 10/19/06 Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	American Express Bank Fee 10/19/06

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 25095009 Date of Disbursement 10 / 24 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 5.70
City St. Louis State MO Zip Code 63179	Purpose of Disbursement Bank of America Fees 10/24/06 Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank of America Fees 10/24/06

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 25087010 Date of Disbursement 11 / 01 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 640.09
City St. Louis State MO Zip Code 63179	Purpose of Disbursement Bank of America Fees 11/01/06 Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Bank of America Fees 11/01/06

SUBTOTAL of Disbursements This Page (optional) ▶	655.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 25087013 Date of Disbursement 11 / 01 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 0.01
City St. Louis	State MO Zip Code 63179	
Purpose of Disbursement Bank of America Fees 11/01/06		Bank of America Fees 11/0-1/06
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 25087008 Date of Disbursement 11 / 02 / 2006
Mailing Address PO Box 790251		Amount of Each Disbursement this Period 24.50
City St. Louis	State MO Zip Code 63179	
Purpose of Disbursement Discover Fee 11/02/06		Discover Fee 11/02/06
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Wachovia Non Corporate		Transaction ID: 25092407 Date of Disbursement 11 / 09 / 2006
Mailing Address 1650 Tyson Blvd.		Amount of Each Disbursement this Period 794.65
City McLean	State VA Zip Code 22102	
Purpose of Disbursement Wachovia Bank Fee 11/09/2006		Wachovia Bank Fee 11/09/2-006
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	819.16
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 25087046 Date of Disbursement																					
Mailing Address PO Box 790251		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	5		2	0	0	6														
City St. Louis	State MO	Zip Code 63179	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank of America Fees 11/15/06		001	27.37																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	Bank of America Fees 11/1-5/06																						

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 25095029 Date of Disbursement																					
Mailing Address PO Box 790251		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		2	7		2	0	0	6														
City St. Louis	State MO	Zip Code 63179	Amount of Each Disbursement this Period																				
Purpose of Disbursement American Express Bank Fee 11/1-27/06		001	102.73																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	American Express Bank Fee 11/1-27/06																						

SUBTOTAL of Disbursements This Page (optional) ►

130.10

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

1605.03

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Marion Berry For Congress		Transaction ID: 24881150 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 8084		Amount of Each Disbursement this Period 1500.00
City Jonesboro State AR Zip Code 72403	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Marion Berry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) B. Friends Of Lois Capps		Transaction ID: 24881004 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 2000.00
City Santa Barbara State CA Zip Code 93121	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) C. Inslee For Congress		Transaction ID: 24881160 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 33027		Amount of Each Disbursement this Period 1000.00
City Seattle State WA Zip Code 98133	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Jay Inslee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Jon Kyl For U S Senate		Transaction ID: 24881114 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 1000.00
City Phoenix	State AZ	
Zip Code 85064	Purpose of Disbursement 2006 General Election	
Candidate Name Sen. Jon Kyl		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election
State: AZ District: 2		Category/Type 011

Full Name (Last, First, Middle Initial) B. Langevin For Congress		Transaction ID: 24881287 Date of Disbursement 10 / 20 / 2006
Mailing Address 181-A Knight St		Amount of Each Disbursement this Period 1500.00
City Warwick	State RI	
Zip Code 02886	Purpose of Disbursement 2006 General Election	
Candidate Name Rep. James R. Langevin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election
State: RI District: 2		Category/Type 011

Full Name (Last, First, Middle Initial) C. Larson For Congress		Transaction ID: 24880811 Date of Disbursement 10 / 20 / 2006
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 1000.00
City Glastonbury	State CT	
Zip Code 06033	Purpose of Disbursement 2006 General Election	
Candidate Name Rep. John B. Larson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election
State: CT District: 1		Category/Type 011

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Moore For Congress		Transaction ID: 24881305 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 1500.00 2006 General Election
City Shawnee Mission State KS Zip Code 66285	Purpose of Disbursement 2006 General Election Candidate Name Rep. Dennis Moore Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Don Sherwood		Transaction ID: 24880976 Date of Disbursement 10 / 20 / 2006
Mailing Address 81 Warren Street		Amount of Each Disbursement this Period 3000.00 2006 General Election
City Tunkhannock State PA Zip Code 18675	Purpose of Disbursement 2006 General Election Candidate Name Rep. Donald L. Sherwood Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Volunteers For Shimkus		Transaction ID: 24881316 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 5458 PO Box 5458		Amount of Each Disbursement this Period 1500.00 2006 General Election
City Springfield State IL Zip Code 62705	Purpose of Disbursement 2006 General Election Candidate Name Rep. John M. Shimkus Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Simmons For Congress		Transaction ID: 24881172 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1500.00
City Stonington State CT Zip Code 06378	011 Category/ Type 2006 General Election	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Robert R. Simmons		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Jerry Weller For Congress Inc.		Transaction ID: 24881164 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period 1000.00
City Joliet State IL Zip Code 60434	011 Category/ Type 2006 General Election	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Gerald C. Weller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Trent Franks To Congress		Transaction ID: 24881145 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 12416 N. 57th Drive		Amount of Each Disbursement this Period 1000.00
City Glendale State AZ Zip Code 85304	011 Category/ Type 2006 General Election	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Trent Franks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Cathy McMorris For Congress		Transaction ID: 24881317 Date of Disbursement 10 / 20 / 2006
Mailing Address Box 137		Amount of Each Disbursement this Period 1000.00
City Spokane State WA Zip Code 99210	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Cathy McMorris		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) B. Friends For Mike McGavick		Transaction ID: 24881286 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 9247		Amount of Each Disbursement this Period 5000.00
City Seattle State WA Zip Code 98109	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Mr. Michael McGavick		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) C. Welch For Congress		Transaction ID: 24881294 Date of Disbursement 10 / 20 / 2006
Mailing Address PO Box 1086		Amount of Each Disbursement this Period 2000.00
City Montpelier State VT Zip Code 05601	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Mr. Peter Welch		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Lampson For Congress		Transaction ID: 24881318 Date of Disbursement 10 / 20 / 2006
Mailing Address P.O. Box 58606		Amount of Each Disbursement this Period 2500.00
City Houston State TX Zip Code 77258	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Mr. Nicholas Lampson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) B. Tim Mahoney For Florida		Transaction ID: 24881362 Date of Disbursement 10 / 20 / 2006
Mailing Address 1128-408 Royal Palm Beach Blvd		Amount of Each Disbursement this Period 2000.00
City Royal Palm Beach State FL Zip Code 33411	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Mr. Timothy Mahoney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) C. Nebraska Leadership PAC (NELPAC)		Transaction ID: 24881508 Date of Disbursement 10 / 20 / 2006
Mailing Address Post Office Box 540186		Amount of Each Disbursement this Period 5000.00
City Omaha State NE Zip Code 68145	011 Category/ Type	
Purpose of Disbursement Contributions to Federal PACS (204)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contributions to Federal PACS (204)

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Frank Wolf		Transaction ID: 24911334 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address P.O. Box 710235 P.O. Box 3015		Amount of Each Disbursement this Period 4000.00
City Oak Hill State VA Zip Code 20171	011 Category/ Type 2006 General Election	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Frank R. Wolf		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. People For English		Transaction ID: 24920339 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 2500.00
City Erie State PA Zip Code 16507	011 Category/ Type 2006 General Election	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Phil English		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gallegly For Congress		Transaction ID: 24920317 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address P.O. Box 940001		Amount of Each Disbursement this Period 1000.00
City Simi Valley State CA Zip Code 93094	011 Category/ Type 2006 General Election	
Purpose of Disbursement 2006 General Election		
Candidate Name Mr. Elton Gallegly		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial) A. Akaka In 2006		Transaction ID: 24920323 Date of Disbursement 10 / 27 / 2006
Mailing Address C/O 904 Nana Honua Street		Amount of Each Disbursement this Period 1000.00
City Honolulu State HI Zip Code 96825	Purpose of Disbursement 2006 Primary Debit Retirement Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Debit R	2006 Primary Debit Retirement

Full Name (Last, First, Middle Initial) B. Tom Allen For Congress Committee		Transaction ID: 24920361 Date of Disbursement 10 / 27 / 2006
Mailing Address P.O. Box 17766		Amount of Each Disbursement this Period 1500.00
City Portland State ME Zip Code 04112	Purpose of Disbursement 2006 General Election Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) C. Brady For Congress		Transaction ID: 24920342 Date of Disbursement 10 / 27 / 2006
Mailing Address P.O. Box 8277		Amount of Each Disbursement this Period 2000.00
City The Woodlands State TX Zip Code 77387	Purpose of Disbursement 2006 General Election Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pallone For Congress		Transaction ID: 24920330 Date of Disbursement 10 / 27 / 2006	
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1500.00 2006 General Election	
City Long Branch	State NJ		Zip Code 07740
Purpose of Disbursement 2006 General Election			011 Category/ Type
Candidate Name Rep. Frank Pallone, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ District: 6			

Full Name (Last, First, Middle Initial) B. Pryce For Congress		Transaction ID: 24920354 Date of Disbursement 10 / 27 / 2006	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 2000.00 2006 General Election	
City Columbus	State OH		Zip Code 43215
Purpose of Disbursement 2006 General Election			011 Category/ Type
Candidate Name Rep. Deborah Pryce			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 15			

Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Loretta Sanchez		Transaction ID: 24920349 Date of Disbursement 10 / 27 / 2006	
Mailing Address 1212 S Victory Bl Suite 211		Amount of Each Disbursement this Period 2000.00 2006 General Election	
City Burbank	State CA		Zip Code 91502
Purpose of Disbursement 2006 General Election			011 Category/ Type
Candidate Name Loretta Sanchez			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 47			

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Stabenow For Us Senate		Transaction ID: 24920334 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 5000.00
City East Lansing State MI Zip Code 48826	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Sen. Debbie Stabenow		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) B. Heather Wilson For Congress		Transaction ID: 24920360 Date of Disbursement 10 / 27 / 2006
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) C. Rodney Alexander For Congress Inc.		Transaction ID: 24920359 Date of Disbursement 10 / 27 / 2006
Mailing Address PO Box 367 319 Nancy Road		Amount of Each Disbursement this Period 2000.00
City Quitman State LA Zip Code 71268	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Mr. Rodney Alexander		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶

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

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Connie Mack		Transaction ID: 24920377 Date of Disbursement 10 / 27 / 2006	
Mailing Address P.O. Box 519 Pmb 388		Amount of Each Disbursement this Period 1000.00	
City Naples State FL Zip Code 34106	2006 General Election		
Purpose of Disbursement 2006 General Election			011 Category/ Type
Candidate Name Connie Mack			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14			

Full Name (Last, First, Middle Initial) B. Friends Of Phil Hare		Transaction ID: 24920362 Date of Disbursement 10 / 27 / 2006	
Mailing Address 313 17th Street P.O. Box 4183		Amount of Each Disbursement this Period 2500.00	
City Rock Island State IL Zip Code 61202	2006 General Election		
Purpose of Disbursement 2006 General Election			011 Category/ Type
Candidate Name Mr. Philip Hare			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17			

Full Name (Last, First, Middle Initial) C. Engel For Congress		Transaction ID: 24927321 Date of Disbursement 11 / 01 / 2006	
Mailing Address 462 California Road		Amount of Each Disbursement this Period 2000.00	
City Bronxville State NY Zip Code 10708	2006 General Election		
Purpose of Disbursement 2006 General Election			011 Category/ Type
Candidate Name Rep. Eliot L. Engel			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17			

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Charles A Gonzalez Congressional Campaign		Transaction ID: 24929317 Date of Disbursement 11 / 01 / 2006
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 2000.00
City San Antonio	State TX	
Zip Code 78212		
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Charles A. Gonzalez		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 20		2006 General Election

Full Name (Last, First, Middle Initial) B. Tiberi For Congress		Transaction ID: 24927319 Date of Disbursement 11 / 01 / 2006
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 1500.00
City Columbus	State OH	
Zip Code 43229		
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Patrick J. Tiberi		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 12		2006 General Election

Full Name (Last, First, Middle Initial) C. Wynn For Congress		Transaction ID: 24927320 Date of Disbursement 11 / 01 / 2006
Mailing Address P. O. Box 39139		Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20016		
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Albert Russell Wynn		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 4		2006 General Election

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

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

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Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Scott Garrett for Congress		Transaction ID: 24928212 Date of Disbursement 11 / 01 / 2006
Mailing Address P.O. Box 905		Amount of Each Disbursement this Period 2000.00
City Newton State NJ Zip Code 07860	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Scott Garrett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) B. RED PAC		Transaction ID: 24927322 Date of Disbursement 11 / 01 / 2006
Mailing Address 437-B New Jersey Ave., SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement Contributions to Federal PACS (204)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contributions to Federal PACS (204)

Full Name (Last, First, Middle Initial) C. Herseth For Congress		Transaction ID: 24941125 Date of Disbursement 11 / 02 / 2006
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 2000.00
City Sioux Falls State SD Zip Code 57101	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Stephanie Herseth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶

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

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

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

Full Name (Last, First, Middle Initial) A. Solis For Congress		Transaction ID: 24945834 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 2000.00
City Los Angeles State CA Zip Code 90048	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Hilda L. Solis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) B. Friends Of Connie Mack		Transaction ID: 24945082 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address P.O. Box 519 Pmb 388		Amount of Each Disbursement this Period 1000.00
City Naples State FL Zip Code 34106	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Connie Mack		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

Full Name (Last, First, Middle Initial) C. Thelma Drake For Congress		Transaction ID: 24953236 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 61480		Amount of Each Disbursement this Period 2500.00
City Virginia Beach State VA Zip Code 23466	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Thelma Drake		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

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

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kay Bailey Hutchison For Senate Committee

Mailing Address PO Box 9190
800 Brazos Suite 1200

City Dallas State TX Zip Code 75209

Purpose of Disbursement
2006 General Election

Candidate Name
Sen. Kay Bailey Hutchison

Office Sought: House
 Senate
 President

State: TX District: 1

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 24953281

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2006 General Election

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

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

Full Name (Last, First, Middle Initial) A. Dr James Ford Kline		Transaction ID: 24953467 Date of Disbursement 11 / 06 / 2006
Mailing Address 4420 Fairway Drive		Amount of Each Disbursement this Period 200.00
City Easton State PA Zip Code 18045	Purpose of Disbursement Refunds of Contributions from Individual Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refunds of Contributions from Individuals (211)

Full Name (Last, First, Middle Initial) B. Dr Cameron Eugene Herrin		Transaction ID: 25095004 Date of Disbursement 11 / 13 / 2006
Mailing Address 1114 Timber Lake Dr		Amount of Each Disbursement this Period 300.00
City Purcell State OK Zip Code 73080	Purpose of Disbursement Returned NSF originally reported 11/07/0 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Returned NSF originally reported 11/07/06

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00

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

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. New Jersey Democratic State Committee

Mailing Address 196 West State Street

City State Zip Code
Trenton NJ 08608

Purpose of Disbursement
Contributions to State Party Committees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 24929015
Date of Disbursement
11 / 01 / 2006

Amount of Each Disbursement this Period
5000.00

Contributions to State Party Committees (207)

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