ACA-PAC

AMERICAN CHIROPRACTIC ASSOCIATION
POLITICAL ACTION COMMITTEE

1701 Clarendon Boulevard, Arlington, Virginia 22209
(703) 276-8800 Fax (703) 243-2593

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 NOV 19 P 12:07

November 19, 1999

Mr. Neil Evans
Report Analyst,
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Mr. Evans:

We are in receipt of two letters under your signature dated November 10, 1999 concerning the American Chiropractic Association's Political Action Committee (ACA-PAC). Each letter addressed a separate issue involving the ACA-PAC's 1999 FEC reports, identification number C00102764.

The first letter discussed the ACA-PAC's April 1999 and June 1999 monthly FEC reports. After further review, the ACA-PAC realized that in Schedule A of both reports the employer information was omitted for several of our donors. As an association of member doctors the majority of our donors are self-employed. Our reports are generated from our PAC software that to date has only registered if a donor was not self-employed, but employed by a company, clinic etc. The ACA-PAC has begun the process of inputting self-employment information for all our donors to prevent this problem in the future.

The second letter discussed the ACA-PAC's July 1999 monthly report. After further review of Schedule B, item B, page 2 of 4, the name of the committee that received a $1,000 donation on June 9th of this year is missing. This was a simple inputting error. The check was written to DASHPAC (Dedicated Americans for the House and Senate).

As you can see, we have corrected our mistakes and have a system in place to prevent such errors in the future. We hope this satisfies your concerns on both issues. Please feel free to call the ACA-PAC with any questions you may have at 800-986-4636.

Sincerely,

Dr. Kirt Josefek
ACA-PAC Treasurer

Mr. Garrett Cuneo
Assistant ACA-PAC Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 NOV 19 P 12:07

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Chiropractic Association PAC

ADDRESS (number and street) ☐ Check if different than previously reported
1701 Clarendon Blvd

CITY, STATE and ZIP CODE
Arlington, VA 22209

2. FEC IDENTIFICATION NUMBER
C00102764

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☒ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/01/99 through 10/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 30,256.31
(b) Cash on Hand at Beginning of Reporting Period	$ 13,103.52	
(c) Total Receipts (from Line 19)	$ 2,870.00	$ 92,407.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 15,973.52	$ 122,663.81
7. Total Disbursements (from Line 30)	$ 24,000.00	$ 130,690.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ -8,026.48	$ -8,026.48
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Kirt Josefek, D.C.

Signature of Treasurer
Kirt J. Josefek, D.C.

Date 11/19/99

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

FEC FC (rev.

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Chiropractic Association PAC

REPORT COVERING PERIOD FROM 10/01/99 TO: 10/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,900.00	38,395.00	11(a)(i)
ii. Unitemized	970.00	54,012.50	11(a)(ii)
iii. Total (add i and ii) ➤	2,870.00	92,407.50	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	2,870.00	92,407.50	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,870.00	92,407.50	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,870.00	92,407.50	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	24,000.00	130,190.29	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	24,000.00	130,690.29	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	24,000.00	130,690.29	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,870.00	92,407.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,870.00	92,407.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11-a

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark Cotney Thomaston Chiropractic Clinic 101 N Green St Thomaston, GA 30286-2923 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	10/21/99	500.00
Marc Lauber 8121 New La Grange Rd Louisville, KY 40222-4637 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lauber Chiropractic Occupation: Aggregate Year-to-Date > $ 400.00	10/21/99	150.00
J Michael Flynn 6902 W Main St Houma, LA 70360-2833 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Doctors Flynn-Manceaux Occupation: Chiropractor Aggregate Year-to-Date > $ 750.00	10/21/99	250.00
Shelby Elliott 3603 Broadmoor Pasadena, TX 77505-2836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Chiropractor Aggregate Year-to-Date > $ 1,500.00	10/21/99	500.00
Arthur Phelps 1296 Wadsworth Blvd Lakewood, CO 80215-5108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Lakewood Chiropractic Offices Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	10/27/99	500.00
Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1,900.00

TOTAL This Period (last page this line number only) 1,900.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roth Senate Committee	William V. Roth, U.S. SENATE DE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/06/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WATKINS FOR CONGRESS Box WW Stillwater, OK 74076	Wes Watkins, U.S. HOUSE 3rd OK Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/06/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO REELECT ED TOWNS P.O. Box 2684 Washington, DC 20013	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/06/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WATKINS FOR CONGRESS Box WW Stillwater, OK 74076	Wes Watkins, U.S. HOUSE 3rd OK Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/13/99	2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN ENSIGN FOR CONGRESS 4012 S.Rainbow Blvd. Suite K-611 Las Vegas, NV 89103	John Ensign, U.S. SENATE NV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/18/99	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rely On Your Beliefs Fund P.O. Box 5412 Arlington, VA 22205	Roy Blunt, U.S. HOUSE 7th MO Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/20/99	1,500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of J.C. Watts PO Box 720445 Norman, OK 73070	J.C. Watts, U.S. HOUSE 4th OK Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/26/99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LoBiondo For Congress 1754 Wynnewood Drive Vineland, NJ 08360	Frank A. LoBiondo, U.S. HOUSE 2nd NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/26/99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jim Humpreys for Congress 465 Capitol Street Suite 908 Charlestown,, WV	Jim Humphrey, WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/26/99	500.00

SUBTOTAL of Disbursements This Page (optional) 9,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Conrad for Senate 420 C Street,NE Lower Level Washington, DC 20003	Kent Conrad, U.S. SENATE ND Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/26/99	2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Robert Byrd 1300 CONNECTICUT AVENUE NW STE 600 Washington, DC 20036	Robert C. Byrd, U.S. SENATE WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/26/99	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hatch Presidential Exploratory Committee 8321 Old Courthouse Road Suite 250 Vienna, VA 22182	Orrin G. Hatch, U.S. SENATE UT Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/26/99	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Leadership Victory Fund 2000 P.O. Box 15849 Washington,, DC 20003	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/27/99	2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CRANE FOR CONGRESS COMMITTEE 1450 S. New Wilke Rd. #101 Arlington Heights, IL 60005	Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/27/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bachus For Congress Po Box 59444 Birmingham, AL 35259	Spencer Bachus, U.S. HOUSE 6th AL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Saxton P.O. Box 795 Mt. Holly, NJ 08060	Jim Saxton, U.S. HOUSE 3rd NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends Of Sherwood Boehlert Comm. 20 Stone Bridge Road New Hartford, NY 13413	Sherwood L. Boehlert, U.S. HOUSE 23rd NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF CONNIE MORELLA FOR CONGRESS 7315 WISCONSIN AVENUE 450W BETHESDA, MD 20814	Constance A. Morella, U.S. HOUSE 8th MD Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	500.00

SUBTOTAL of Disbursements This Page (optional)	11,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B | **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Comm. To Re-Elect Congressman Chri 217 Hancock Avenue Bridgewater, NJ 08807	Christopher H. Smith, U.S. HOUSE 4th NJ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends For Cliff Stearns 2071 S E 54th Terrace Ocala, FL 34471	Cliff Stearns, U.S. HOUSE 8th FL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Ronnie Shows RT 2, Box 234 Gates Road Bassfield, MS 39421	Ronnie Shows, U.S. HOUSE 4th MS Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Maloney For Congress 49 East 92nd Street New York, NY	Carolyn B. Maloney, U.S. HOUSE 14th NY Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	10/29/99	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	24,000.00

4-00173

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 11-15-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMU — PREPARER

11-15-95 — DATE PREPARED

(4/98)