REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ___ Check if different than previously reported
1701 Clarendon Boulevard

CITY, STATE and ZIP CODE
Arlington, Virginia 22209

MAR 2 3 28 [illegible]

2. FEC IDENTIFICATION NUMBER
C00102764

3. ___ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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:

X 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 XX NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/93 through 01/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 236,216.65
(b) Cash on Hand at Beginning of Reporting Period	$ 236,216.65	
(c) Total Receipts (from Line 19)	$ 28,385.00	$ 28,385.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 264,601.65	$ 264,601.65
7. Total Disbursements (from Line 30)	$ 26,000.00	$ 26,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 238,601.65	$ 238,601.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 2,046.50	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Richard E. Thompson, D.C.

Signature of Treasurer
R. E. Thompson D.C.

Date
02/18/93

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

FEC FORM 3X
(revised 1/1/91)

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

(revised 1/1/91)

NAME OF COMMITTEE: American Chiropractic Association - Political Action Committee

REPORT COVERING PERIOD FROM 01/01/93 TO: 01/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	16,550.00	16,550.00
ii. Unitemized	11,835.00	11,835.00
iii. Total (add i and ii) ➤	28,385.00	28,385.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	28,385.00	28,385.00
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, interest, etc.)	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	28,385.00	28,385.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	28,385.00	28,385.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	-0-
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	2,000.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (Add a, b and c) ➤	-0-	-0-
29. Other Disbursements	24,000.00	24,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	26,000.00	26,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	26,000.00	26,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	28,385.00	28,385.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	28,385.00	28,385.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 Of 13
	For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Duane A Abbe 632 Cleveland Street Elyria, OH 44035	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Jeffrey J Adams North River Chiro Office 769 Plain St Marshfield, MA 02050	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Gary J Alves 2834 Acushnet Ave New Bedford, MA 02745	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Craig H Anderson 78 Western Ave Brattleboro, VT 05301	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1000.00

TOTAL This Period(last page this line number only)..... > 1000.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2 Of 13
	For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Robert A Bolevert 5501 Coliseum Blvd Alexandria, LA 71303	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	01/28/93	1000.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Garo Bouldoukian 318 W Colorado Street #1 Glendale, CA 91204	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Thomas M Brown 4036 Triangle Dr Charlotte, NC 28208	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Joseph L Burns 681 South Laurel Road London, KY 40741	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ----------> 1750.00

TOTAL This Period(last page this line number only)----------> 2750.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3 Of 13
	For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Alonzo B Chatfield 7802 Menaul Blvd NE Albuquerque, NM 87110	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Jerry R Ciotta 5369 Ridge Road Perry, OH 44129	self Occupation chiropractor Aggregate Year To Date> $ 500.00	01/28/93	500.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Blake Colwell 8351A West Lincoln Trail Blvd Radcliff, KY 40160	self Occupation chiropractor Aggregate Year To Date> $ 300.00	01/28/93	300.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Philip Donnelly 6903 Victoria Dr # B Alexandria, VA 22310-4356	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) .....> 1300.00

TOTAL This Period(last page this line number only).....> 4050.00

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Dennis P Derocher 1050 Tiogue Ave Coventry, RI 02816	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: [X] Primary [ ] General [ ] Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
James R Dougherty The Equitable Life Assurance Society Albuquerque, NM 87110	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	01/28/93	1000.00
Receipt for: [X] Primary [ ] General [ ] Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Steve M Douglas 400 E Milwaukee Street Janesville, WI 53545	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: [X] Primary [ ] General [ ] Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Todd S Elwert 5616 Cheviot Rd Cincinnati, OH 45247-7006	self Occupation chiropractor Aggregate Year To Date> $ 300.00	01/28/93	50.00
Receipt for: [X] Primary [ ] General [ ] Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1550.00

TOTAL This Period(last page this line number only)..... > 5600.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5 OF 13
	For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Todd S Elwert 5616 Cheviot Rd Cincinnati, OH 45247-7006	self Occupation chiropractor Aggregate Year To Date> $ 300.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Marshall Feldman 5350 Kempe River Drive Virginia Beach, VA 23464	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Otto Fisher 4400 South Main Hamilton, NJ 08650	self Occupation chiropractor Aggregate Year To Date> $ 500.00	01/28/93	500.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Thomas J Fowler 714 S. Michigan Holland, MI 49423	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1250.00

TOTAL This Period(last page this line number only)..... > 6850.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 6 Of 13
	For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Guy W Gottier Ellington Chiropractic Health 105 West Rd Ellington, CT 06029	self Occupation chiropractor Aggregate Year To Date> $ 400.00	01/28/93	400.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
John P Hellman 3705 Columbus Avenue Sandusky, OH 44870	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	01/28/93	1000.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Barry S Herman Market St & Greenwood Gloucester, NJ 08030	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Richard L Hilton New Palestine Chiropractic 48 W Main Street New Palestine, IN 46163	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) .....> 1900.00

TOTAL This Period(last page this line number only).....> 8750.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 7 Of 13
	For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Jeffrey B Hudson 6831 Flagg Center Drive Columbus, OH 43229	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Rose Julian 11715 Bowman Green Dr #3113 Reston, VA 22090-3113	self Occupation chiropractor Aggregate Year To Date> $ 300.00	01/28/93	300.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Charles E King 1086 W Van Hook Milan, TN 38358	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Kevin J Kumbalek 2316 Washington St Manitowoc, WI 54220	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1050.00

TOTAL This Period(last page this line number only)..... > 9800.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 8 Of 13
	For Line Number 11a(f)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Patrick S Kunerth 113 N Minnesota PO Box 613 New Ulm, MN 56073-0613	self	01/28/93	500.00
Receipt for: |X| Primary | | General | | Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 500.00		

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Jeffrey C Mackey 3205 E Washington Ave Madison, WI 53704	self	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 250.00		

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
N Model PO Box 2687 Bloomington, IN 47402-2687	self	01/28/93	400.00
Receipt for: |X| Primary | | General | | Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 400.00		

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Roy W Nutsch 4680 W Bradley Rd Brown Deer, WI 53223	self	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 250.00		

SUBTOTAL of Receipts This Page (optional) .....> 1400.00

TOTAL This Period(last page this line number only).....> 11200.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 9	Of 13
	For Line Number 11a(i)	

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Timothy P Novelli 525 North Main North Canton, OH 44720	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Kenneth J Osborn 4900 Reed Rd Ste 100 Columbus, OH 43220	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Miles J Pohunek 7008 W Cermak Rd Berwyn, IL 60402	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
James P Powell 4867 Munson St NW Canton, OH 44718	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) .....> 1000.00

TOTAL This Period(last page this line number only).....> 12200.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 10 Of 13
	For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
L L Quirk 1000 59th St Downers Grove, IL 60516	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Ronald E Sefko 509 Madison Ave New York, NY 10022	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Edward J Sarubbi 71 Franklin Turnpike Waldwick, NJ 07463	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Craig Scarpelli 1 Cambridge Lane Newtown, PA 18940	self Occupation chiropractor Aggregate Year To Date> $ 250.00	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) .....> 1000.00

TOTAL This Period(last page this line number only).....> 13200.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 11 Of 13
	For Line Number 11a(i)

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NAME OF COMMITTEE (In full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
R E Schlade 119 North Main St PO Box 58 Swanton, OH 43558-0058	self	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 250.00		

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Mark A Schneider 105 S Nappanee St Elkhart, IN 46516	self	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 250.00		

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Alan J Schwartz 893 East Semoran Boulevard Casselberry, FL 32707	self	01/28/93	250.00
Receipt for: |X| Primary | | General | | Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 250.00		

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Karen Wilson Deffner 722 E Commerce Hexia, TX 76667	self	01/28/93	300.00
Receipt for: |X| Primary | | General | | Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 300.00		

SUBTOTAL of Receipts This Page (optional) ..... > 1050.00

TOTAL This Period(last page this line number only)..... > 14250.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 12 Of 13
	For Line Number 11a(i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Thomas D Wolf 1164 Lexington Avenue Mansfield, OH 44907	self Occupation chiropractor Aggregate Year To Date> $ 300.00	01/28/93	300.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Roland L Wright 4474 Edgewater Dr Orlando, FL 32804	self Occupation chiropractor Aggregate Year To Date> $ 500.00	01/28/93	500.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Kathryn F Youtsler PO Box 280 Nanyoa, OH 45050	self Occupation chiropractor Aggregate Year To Date> $ 500.00	01/28/93	500.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Dennis R Zidek 5323 E Wonder Lake Rd Wonder Lake, IL 60097	self Occupation chiropractor Aggregate Year To Date> $ 500.00	01/28/93	500.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) .....> 1800.00

TOTAL This Period(last page this line number only).....> 16050.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 13	Of 13
	For Line Number 11a(i)	

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Mark C Zientek 1082 St George Ave Rahway, NJ 07065	self	01/28/93	500.00
Receipt for: |K| Primary | | General | | Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 500.00		

SUBTOTAL of Receipts This Page (optional) .....> 500.00

TOTAL This Period(last page this line number only).....> 16550.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 of 1
	For Line Number 23

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement This Period
DeConcini '94 5039 N. 19th Ave. Ste. 3 Phoenix, AZ 85015-	DeConcini-94-Senate-AZ Disbursement for: P Primary G General Other (specify)	01/07/93	1000.00
Full Name ,Mailing Address and Zip Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement This Period
Johnson for Cong. Comm. PO Box 1986 New Britton, CT 06050-	Johnson-94-R-House-CT06 Disbursement for: P Primary G General Other (specify)	01/05/93	500.00
Full Name ,Mailing Address and Zip Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement This Period
Woolsey for Congress PO Box 750176 Petaluma, CA 94975-	Woolsey-92-D-CA06-Debt Retire Disbursement for: Primary G General Other (specify)	01/27/93	500.00

SUBTOTAL of Disbursements This Page(optional).....> 2000.00

TOTAL This Period(last page this line number only).....> 2000.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 1
	For Line Number 29	

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name ,Mailing Address and Zip Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement This Period
College Democrats of America 430 South Capitol St., SE Washington, DC 20003-	College Democrats of America Disbursement for: | | Primary | |General | | Other (specify)	01/29/93	2000.00
Full Name ,Mailing Address and Zip Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement This Period
Presidential Inaugural Comm. Finance Division Building 159E, SE Federal Cent Washington, DC 20599-0001	Presidential Inaugural Comm. Disbursement for: | | Primary | |General | | Other (specify)	01/13/93	15000.00
Full Name ,Mailing Address and Zip Code	Purpose of Disbursement	Date(month, day, year)	Amount of Each Disbursement This Period
Presidential Inaugural Comm. Building 159E Southeast Federal Center Washington, DC 20599-0001	Presidential Inaugural Comm. Disbursement for: | | Primary | |General | | Other (specify)	01/13/93	7000.00

SUBTOTAL of Disbursements This Page(optional).....> 24000.00

TOTAL This Period(last page this line number only).....> 24000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	DATE OF RECEIPT 3/2/93
☐	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

Eric [illegible]
PREPARER

3/3/93
DATE PREPARED

FEC FORM 70-2 (12/92)

93030047