

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 Chiropractic Association PAC

ADDRESS (number and street) 1701 Clarendon Blvd Arlington VA 22209 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00102764 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2005 through 10 31 2005

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 Dr Mario Spoto

Signature of Treasurer Electronically Filed by Dr Mario Spoto Date 05 03 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 Chiropractic Association PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		38854.10
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	44113.53									
(c) Total Receipts (from Line 19) .....	9510.00	103081.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	53623.53	141935.93								
7. Total Disbursements (from Line 31) .....	11500.00	99812.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42123.53	42123.53								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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 Chiropractic Association PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	5740.00	39386.66
(i) Itemized (use Schedule A) .....	3770.00	63695.17
(ii) Unitemized .....	9510.00	103081.83
(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) .....	9510.00	103081.83
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 .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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)) .....	9510.00	103081.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9510.00	103081.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	0.00	23864.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	23864.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	11500.00	73750.00
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 .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	2198.40
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))..	11500.00	99812.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11500.00	99812.40

**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) .....	9510.00	103081.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9510.00	103081.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	23864.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	23864.00

**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 / 16
	<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 Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Ronald L. Cyphers, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5	
Mailing Address 1144 Lexington Ave		<b>Transaction ID:</b> 22886463	
City State Zip Code Mansfield OH 44907-2254	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Douglas M. Fair, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5	
Mailing Address 504 N Penn Ave		<b>Transaction ID:</b> 22886479	
City State Zip Code Oberlin KS 67749-1619	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Donald E Miller, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5	
Mailing Address 95 E Willman St		<b>Transaction ID:</b> 22886493	
City State Zip Code Hiawatha IA 52233-1518	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 730.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	915.00
<b>TOTAL</b> 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 / 16
	<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 Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Mark A Korchok, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 11867 Mason Montgomery Rd		<b>Transaction ID:</b> 22886495
City State Zip Code Cincinnati OH 45249-1738	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self employed Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Terrence R Barkalow, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address PO Box 667		<b>Transaction ID:</b> 22886559
City State Zip Code Wautoma WI 54982-0667	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Craig F Buhler, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 447 N 300 W Ste 5		<b>Transaction ID:</b> 22886560
City State Zip Code Kaysville UT 84037-4203	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Occupation Chiropractor	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> 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 / 16
	<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 Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. John B McLaughlin, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 2330 Merchants Dr		<b>Transaction ID:</b> 22983514	
City State Zip Code Knoxville TN 37912-5136	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Occupation Chiropractor	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Robert M Copp, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 1138 Harrison Ave		<b>Transaction ID:</b> 22983521	
City State Zip Code Panama City FL 32401-2431	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Chiropractor	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Andy C Mann, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 619 N Brindlee Mountain Pkwy		<b>Transaction ID:</b> 22983525	
City State Zip Code Arab AL 35016-1055	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Chiropractor	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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 / 16
	<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 Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Lewis James Bazakos, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address PO Box 397		Transaction ID: 23053972
City State Zip Code Valley Stream NY 11582-0397	Amount of Each Receipt this Period 550.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. H William Wolfson, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 131 Parkway Dr N		Transaction ID: 23053975
City State Zip Code Commack NY 11725-4908	Amount of Each Receipt this Period 625.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Leo J Bronston, , DC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address 1202 County Road Ph Ste 100		Transaction ID: 23053978
City State Zip Code Onalaska WI 54650-8440	Amount of Each Receipt this Period 1450.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 1450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2625.00
<b>TOTAL</b> 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 10 / 16	
	(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"/> 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 Chiropractic Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Paul G Carpenter, , DC

Mailing Address 4444 Main St

City State Zip Code  
Bridgeport CT 06606-1820

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

Name of Employer self Occupation  
self Chiropractor

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	/	3	1	/	2	0	0	5

Transaction ID: 23053979

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5740.00

# 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)

PAGE 11 / 16

<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 Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Johnson For Congress Committee</b>		Transaction ID: 22942790 Date of Disbursement 10 / 12 / 2005	
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period -1000.00	
City New Britain	State CT	Zip Code 06050	011 Category/ Type
Purpose of Disbursement Void - Johnson For Congress Committee		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 5		

Void - Johnson For Congress Committee

Full Name (Last, First, Middle Initial) <b>B. Johnson For Congress Committee</b>		Transaction ID: 22942874 Date of Disbursement 10 / 12 / 2005	
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00	
City New Britain	State CT	Zip Code 06050	011 Category/ Type
Purpose of Disbursement Invalid check - not cashed before check		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 5		

Invalid check - not cashed before check expired

Full Name (Last, First, Middle Initial) <b>C. People For English</b>		Transaction ID: 22954545 Date of Disbursement 10 / 13 / 2005	
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 1000.00	
City Erie	State PA	Zip Code 16507	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Phil English			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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)

PAGE 12 / 16

<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 Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Wally Herger For Congress</b>		<b>Transaction ID: 22954547</b> Date of Disbursement 10 / 13 / 2005
Mailing Address P.O. Box 1500		Amount of Each Disbursement this Period 1000.00
City Chico State CA Zip Code 95927-1500	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Wally Herger	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. People Who Support Jeff Bingaman</b>		<b>Transaction ID: 23008184</b> Date of Disbursement 10 / 20 / 2005
Mailing Address 236 Massachusetts Avenue, NW Suite 202		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/Type	
Candidate Name Jeff Bingaman	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Reynolds For Congress</b>		<b>Transaction ID: 23008165</b> Date of Disbursement 10 / 20 / 2005
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 1000.00
City Rochester State NY Zip Code 14615	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Thomas Reynolds	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Becerra For Congress</b>		<b>Transaction ID:</b> 23008174 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90026	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Xavier Becerra	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Moran For Kansas</b>		<b>Transaction ID:</b> 23008166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address P.O. Box 1151		Amount of Each Disbursement this Period 1000.00
City Hays State KS Zip Code 67601	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Jerry Moran	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Boucher For Congress</b>		<b>Transaction ID:</b> 23008186 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address PO Box 2000		Amount of Each Disbursement this Period 1500.00
City Abingdon State VA Zip Code 24212	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Rick Boucher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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 Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Hoosiers Supporting Buyer For Congress</b>		<b>Transaction ID: 23008185</b> Date of Disbursement 10 / 20 / 2005
Mailing Address 200 North Main St. P.O. Box 712 200 North Main St. P.O. Box 712		Amount of Each Disbursement this Period 1000.00
City Monticello State IN Zip Code 47960		
Purpose of Disbursement Candidate Name Rep. Steve Buyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 4	011 Category/ Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Jim Clyburn</b>		<b>Transaction ID: 23008180</b> Date of Disbursement 10 / 20 / 2005
Mailing Address Post Office Box 12567		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29211		
Purpose of Disbursement Candidate Name Rep. James Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	011 Category/ Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Grassley Committee</b>		<b>Transaction ID: 23032049</b> Date of Disbursement 10 / 26 / 2005
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304		
Purpose of Disbursement Void - No disbursement for Grassley Comm Candidate Name Sen. Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 1	011 Category/ Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Void - No disbursement for  
Grassley Committee

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

PAGE 15 / 16

<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 Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Herseth For Congress</b>		<b>Transaction ID: 23032056</b> Date of Disbursement 10 / 26 / 2005	
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00	
City Sioux Falls	State SD		Zip Code 57101
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Stephanie Herseth			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SD District: 1			

Full Name (Last, First, Middle Initial) <b>B. Grassley Committee</b>		<b>Transaction ID: 23042810</b> Date of Disbursement 10 / 31 / 2005	
Mailing Address PO Box 1000		Amount of Each Disbursement this Period -1000.00	
City Des Moines	State IA		Zip Code 50304
Purpose of Disbursement Void - Grassley Committee, disbursement			011 Category/ Type
Candidate Name Sen. Charles E. Grassley			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IA District: 1		Void - Grassley Committee, disbursement for Hawkeye PAC instead	

Full Name (Last, First, Middle Initial) <b>C. Hawkeye PAC</b>		<b>Transaction ID: 23042811</b> Date of Disbursement 10 / 31 / 2005	
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 1000.00	
City Des Moines	State IA		Zip Code 50309
Purpose of Disbursement Disbursement for Hawkeye PAC, not Grassl			011 Category/ Type
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:		Disbursement for Hawkeye PAC, not Grassley Committ- ee	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	11500.00

Image# 26930126068

Form/Schedule: **F3XA**

Transaction ID:

Internal audit found errors in previous reports. Also found pledges from October 24, 2005 that were pledges w/o receipt of funding. Funds were collected in March 2006, and the receipts were changed to reflect this. Reports filed on 5/2/2006 were done so accidentally, before corrections were verified.

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