REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -7 A 11: 22

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
C00162704

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 01/01/00 through 03/31/00		
6. (a) Cash on Hand January 1, 19 00		$ 46,306.38
(b) Cash on Hand at Beginning of Reporting Period	$ 34,206.38	
(c) Total Receipts (from Line 19)	$ 33,351.25	$ 33,351.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 67,557.63	$ 78,657.63
7. Total Disbursements (from Line 30)	$ 19,000.00	$ 30,100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 48,557.63	$ 48,557.63
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 12/6/00

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 9/93)

4-00-TD

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 03/01/99 TO: 09/30/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9,945.00	9,945.00	11(a)(i)
ii. Unitemized	23,406.25	23,406.25	11(a)(ii)
iii. Total (add i and ii) ➤	33,351.25	33,351.25	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) ➤	33,351.25	33,351.25	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) ➤	33,351.25	33,351.25	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	33,351.25	33,351.25	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	19,000.00	30,100.00	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	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	19,000.00	30,100.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	19,000.00	30,100.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	33,351.25	33,351.25	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	33,351.25	33,351.25	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

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 i

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NAME OF COMMITTEE (in Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Wolf 1408 Lexington Ave #C Mansfield, OH 44907-2670	self	03/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Michalec 5261 N Central Ave Chicago, IL 60630-4656	self	03/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Amabulli Uniondale Chiropractic 482 Uniondale Ave Uniondale, NY 11553-2201	self	03/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Spadafino 281 Summerhill Rd Ste 102 E Brunswick, NJ 08816-4270	self	03/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Lee 334 Brookside Redlands, CA 92373-4606	self	03/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Blase 177-A NC Hwy 42-N Asheboro, NC 27203	self	03/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dean Burkholder 9974 Molly Pitcher Hwy Shippensburg, PA 17257	self	03/01/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional)	1,750.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a.I.

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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
A. Ciro Scilingo 510 Broadway #A Norwood, NJ 07648-1304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Norwood Chiropractic Center Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/01/99	350.00
B. Jerry Willis 570 East Main St Wytheville, VA 24382-2033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Willis Chiropractic Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	03/01/99	500.00
C. Daniel Staight 223 S Kenwood Casper, WY 82601-3030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/01/99	250.00
D. Unidentified Source Arlington, VA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	unidentified Occupation: chiropractor Aggregate Year-to-Date > $ 250.00	03/01/99	250.00
E. John Gerlach 215 Spencerport Rd Rochester, NY 14606-5209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/02/99	250.00
F. Edwin St John 113 East Jackson W Unity, OH 43570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/02/99	250.00
G. Michael Miller 684-H Washington St Norwood, MA 02062-3470 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chiropractic Offices PC Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/02/99	250.00

SUBTOTAL of Receipts This Page (optional) 2,100.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a i.

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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
Carl Cleveland 6401 Rockhill Rd Kansas City, MO 64131-1122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cleveland Chiropractic College Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	03/15/99	500.00
Richard Fletcher 1245 Yale Houston, TX 77008-6959 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/15/99	250.00
Howard Fidler 4416 Excelsior Blvd St Louis Park, MN 55416 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Davis Chiropractic Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/15/99	250.00
Michael Farnham 1883 Carolina Ave Orangeburg, SC 29115-4328 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	03/15/99	500.00
Mark Hooper 800 W Hines Street Wilson, NC 27895 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hooper-Thurston Chiropractic Clinic Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/15/99	250.00
Kent Fox 849 N Broadway PO Box 266 Lebanon, OH 45036-0266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/15/99	250.00
Thomas Sullivan 7105 Pippin Rd Cincinnati, OH 45239-4605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/15/99	250.00

SUBTOTAL of Receipts This Page (optional) 2,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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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
A. Daniel Becker 327 Eddie Dowling Hwy N Smithfield, RI 02896-8211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/16/99	250.00
B. Keith Overland 83 East Ave Ste 313 7/19 Tiffany checking address Norwalk, CT 06851-4902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/15/99	250.00
C. Cheerie Howse 3301 El Camino Real # 102 Atherton, CA 94027-3803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 300.00	03/16/99	300.00
D. Kenneth Shelton 1114 Dixie Hwy Rossford, OH 43460-1337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 300.00	03/15/99	300.00
E. Wendee Whitehead 5775 Airport Blvd Suite 300 Austin, TX 78752-4214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/15/99	250.00
F. C George Champagne 429 Ravencrest Ln Westland, MI 48185-5004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	03/15/99	500.00
G. Ruth Minka 1510 4th St. Ste. 3 Berkeley, CA 94710-1707 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/22/99	250.00

SUBTOTAL of Receipts This Page (optional) 2,100.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Minka 1510 4th St. Ste. 3 Berkeley, CA 94710-1707 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 270.00	03/22/99	20.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Donald Broughton 844 Church Hawley, PA 18428-1438 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	03/29/99	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Bergeron 1721 S Austin Denison, TX 75020-6709 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Denison Chiropractic Clinic Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/29/99	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Terry Bragg 615 Leeper Pkwy Lenoir City, TN 37772-6151 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bragg Chiropractic Clinic PC Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	03/29/99	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gary Unferth 1775 W Morris Blvd Morristown, TN 37813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 300.00	03/29/99	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Irwin 2100 Philadelphia Pike Claymont, DE 19703-2427 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	03/30/99	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Shelby Elliott 3803 Broadmoor Pasadena, TX 77506-2836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 1,000.00	03/30/99	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,820.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 8
	FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code Unidentified Source Arlington, VA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer unidentified Occupation chiropractor Aggregate Year-to-Date $ 825.00	Date (month, day, year) 03/30/99	Amount of Each Receipt this Period -1,075.00
B. 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
C. 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
D. 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
E. 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
F. 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
G. 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)	-1,075.00
TOTAL This Period (last page this line number only)	9,945.00

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Kerrey for Senate 5831 South 58th Street Suite D Lincoln, NE 68516	Bob Kerrey, U.S. SENATE NE Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/04/99	2,000.00
B. Volunteer Committee 8100 Penn Ave. S Ste 104 Bloomington, MN 55431	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/04/99	1,000.00
C. Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Contribution to National Party Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	03/04/99	2,000.00
D. Frist 2000 4205 Hillsboro Road Ste. 306 Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/04/99	1,000.00
E. LAMPSON FOR CONGRESS 38 Ivy Street, SE Washington, DC 20003	Nick Lampson, U.S. HOUSE 9th TX Disbursement for: [ ] Primary [ ] General [X] Other (specify) Debt Retirement	03/16/99	500.00
F. 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	03/16/99	1,000.00
G. RICHARD E NEAL FOR CONGRESS COMMITTEE P.O. Box 2884 Washington, DC 20013	Richard E. Neal, U.S. HOUSE 2nd MA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/16/99	1,000.00
H. Baird for Congress P.O. Box 1056 Vancouver, WA 98666	Brian Baird, U.S. HOUSE 3rd WA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/16/99	500.00
I. RANGEL FOR CONGRESS COMMITTEE 2030 Allen Place, NW Washington, DC 20009	Charles B. Rangel, U.S. HOUSE 15th NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/16/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 10,000.00

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
HATCH ELECTION COMMITTEE 8321 Old Courthouse Road Suite 250 Vienna, VA 22182	Orrin G. Hatch, U.S. SENATE UT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/16/99	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: [ ] Primary [X] General [ ] Other (specify) 2000	03/16/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Contribution to National Party Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 1999	03/16/99	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF PATRICK J KENNEDY PO Box 1356 Providence, RI 02903	Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/16/99	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KENNEDY FOR SENATE 227 Massachusetts Ave., NE Suite 302 Washington, DC 20002	Edward M. Kennedy, U.S. SENATE MA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	03/16/99	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	9,000.00
TOTAL This Period (last page this line number only)	19,000.00

4-00179

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 12-7-00
☐	First Class Mail	POSTMARKED
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☐	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	

PREPARER

12-7-00
DATE PREPARED

(6/2000)