

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
 Check if different than previously reported. (ACC)
Arlington VA 22209

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

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

5. Covering Period 03 01 2010 through 03 31 2010

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 Michael Simone

Signature of Treasurer Electronically Filed by Dr Michael Simone Date 04 20 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		32721.98
(b) Cash on Hand at Beginning of Reporting Period	43636.84	
(c) Total Receipts (from Line 19)	20618.43	53033.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64255.27	85755.27
7. Total Disbursements (from Line 31)	34000.00	55500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30255.27	30255.27
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A)	4282.50	14262.50
(ii) Unitemized	11335.93	33770.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15618.43	48033.29
(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)	15618.43	48033.29
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	5000.00	5000.00
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))	20618.43	53033.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20618.43	53033.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	34000.00	55500.00
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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34000.00	55500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34000.00	55500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 22

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)	15618.43	48033.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15618.43	48033.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr F Dow Bates, DC

Mailing Address 621 Euclid Ave

City State Zip Code
Des Moines IA 50313-4111

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

Name of Employer self Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: 31409712

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr Robert E Walsh, DC

Mailing Address 416 SE 11th Court

City State Zip Code
Ft Lauderdale FL 33316-1144

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

Name of Employer Self Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: 31409735

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr Mark Bohl, DC

Mailing Address 310 East Main Street

City State Zip Code
Mount Horeb WI 53572-2082

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

Name of Employer self Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: 31409782

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Ms Kathryn M Decker

Mailing Address 4332 Fairmount Ave

City State Zip Code
Kansas City MO 64111-4352

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

Name of Employer self employed Occupation
chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 31419247

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Dr John J Gentile, DC

Mailing Address 8056 SW 81st Dr
Kings Creek Village Plaza

City State Zip Code
Miami FL 33143-6609

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

Name of Employer self employed Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 31419269

Amount of Each Receipt this Period
260.00

C. Full Name (Last, First, Middle Initial)
Dr Randy R Hinze, DC

Mailing Address 2421 23rd St

City State Zip Code
Columbus NE 68601-3305

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

Name of Employer self Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt
MM / DD / YYYY
03 / 13 / 2010

Transaction ID: 31476974

Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional) ▶ **922.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 22
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A.	Full Name (Last, First, Middle Initial) Dr Craig Newman, DC	Date of Receipt MM / DD / YYYY 03 / 13 / 2010
	Mailing Address 3305 W Kennedy Blvd	Transaction ID: 31476988
	City State Zip Code Tampa FL 33609-2903	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr Kelli K Pearson, DC	Date of Receipt MM / DD / YYYY 03 / 13 / 2010
	Mailing Address 1410 N Mullan Rd Ste 200	Transaction ID: 31477012
	City State Zip Code Spokane Valley WA 99206-4046	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr Casey J Iverson, DC	Date of Receipt MM / DD / YYYY 03 / 13 / 2010
	Mailing Address PO Box 2371	Transaction ID: 31477079
	City State Zip Code Grand Island NE 68802-2371	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr N Ray Tuck, Jr, DC

Mailing Address PO Box 1463

City State Zip Code
Christiansburg VA 24068-1463

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

Name of Employer self Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2010

Transaction ID: 31477116

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr Matthew A Nardone, DC

Mailing Address 117-B Three Springs Dr

City State Zip Code
Weirton WV 26062-3827

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

Name of Employer self Occupation
chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2010

Transaction ID: 31477127

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr Marcos J Arraiza, DC

Mailing Address 51 Trina Padilla De Sanz

City State Zip Code
Arecibo PR 00613

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

Name of Employer self Occupation
chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2010

Transaction ID: 31477145

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr Anthony T Hardnett, DC

Mailing Address 683 Old Mill Road

City State Zip Code
Millersville MD 21108-1326

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

Name of Employer self employed Occupation
chiropractor

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 1 0

Transaction ID: 31477183

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Dr D Dunn, DC

Mailing Address 820 Canton Rd

City State Zip Code
Akron OH 44312-3370

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

Name of Employer self Occupation
chiropractor

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 1 0

Transaction ID: 31477195

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Ms Kathryn M Decker

Mailing Address 4332 Fairmount Ave

City State Zip Code
Kansas City MO 64111-4352

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

Name of Employer self employed Occupation
chiropractor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 3 / 2 0 1 0

Transaction ID: 31477197

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<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

A.	Full Name (Last, First, Middle Initial) Dr Frank Lizzio, DC		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 1610 Castle Hill Ave		Transaction ID: 31516751		
	City Bronx	State NY	Zip Code 10462-4202	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Chiropractor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr Steven L Headrick, DC		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 109 East 2nd Avenue		Transaction ID: 31516756		
	City Flandreau	State SD	Zip Code 57028-1222	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self	Occupation Chiropractor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr David Corll, DC		Date of Receipt MM / DD / YYYY 03 / 25 / 2010		
	Mailing Address 29292 SW Town Center Loop E		Transaction ID: 31516775		
	City Wilsonville	State OR	Zip Code 97070-9491	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Complete Care Chiropractic	Occupation Chiropractor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 22	
	(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 Douglas A Heise, DC		Date of Receipt		
	Mailing Address 3592 Aloma Ave Ste 3		M M / D D / Y Y Y Y 03 / 25 / 2010		
	City	State	Zip Code	Transaction ID: 31516781	
	Winter Park	FL	32792-4012	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		C	500.00	
	Name of Employer self employed		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Chiropractor			
		Aggregate Year-to-Date ▼	500.00		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	4282.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 22	
	(check only one)			
<input 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 checked="" 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) Friends of Chris Dodd		Date of Receipt	
	Mailing Address PO Box 270701		M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 31524594
	West Hartford	CT	06127	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C C00347310		5000.00	
Name of Employer		Occupation		
Receipt For: 2010		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		5000.00		
<input type="checkbox"/> Other (specify) ▼		Refund of Contribution by Dodd campaign		

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

**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 14 / 22

<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

A. Full Name (Last, First, Middle Initial) Ted Deutch for Congress <hr/> Mailing Address 20423 State Road 7 Suite F6-383 <hr/> City Boca Raton State FL Zip Code 33498 <hr/> Purpose of Disbursement Funds Reported On <Enter Report Name Here> Candidate Name Ted Deutch <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31405919 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> [MEMO ITEM] Funds Reported On <Enter Report Name Here>
	011 Category/ Type

B. Full Name (Last, First, Middle Initial) Ted Deutch for Congress <hr/> Mailing Address 20423 State Road 7 Suite F6-383 <hr/> City Boca Raton State FL Zip Code 33498 <hr/> Purpose of Disbursement Re-designated funds for trans. dated 02/19/2010 Candidate Name Ted Deutch <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31405920 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> [MEMO ITEM] Re-designated funds for trans. dated 02/19/2010
	011 Category/ Type

C. Full Name (Last, First, Middle Initial) Bob Filner For Congress <hr/> Mailing Address P.O. Box 127868 <hr/> City San Diego State CA Zip Code 92112 <hr/> Purpose of Disbursement Candidate Name Rep. Bob Filner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31419390 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> [MEMO ITEM]
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 22

<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

A.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address PO Box 746 City Bismarck State ND Zip Code 58502 Purpose of Disbursement 011 Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01	Transaction ID: 31419401 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	3		2	0	1	0													
B.	Full Name (Last, First, Middle Initial) Arcuri For Congress Mailing Address P.O. Box 8508 City Utica State NY Zip Code 13505 Purpose of Disbursement 011 Candidate Name Rep. Michael Arcuri Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24	Transaction ID: 31419402 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2500.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	3		2	0	1	0													
C.	Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy Mailing Address 151 Linden Road City Mineola State NY Zip Code 11501 Purpose of Disbursement 011 Candidate Name Rep. Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 04	Transaction ID: 31419403 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	3		2	0	1	0													

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 22

<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

A. Full Name (Last, First, Middle Initial) Heller For Congress <hr/> Mailing Address 7840 Red Leaf Drive <hr/> City Las Vegas State NV Zip Code 89131 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dean Heller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31419405 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Loeb sack For Congress <hr/> Mailing Address PO Box 1457 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dave Loeb sack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31419406 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Hoyer For Congress <hr/> Mailing Address 7905 Malcolm Road Suite 102 <hr/> City Clinton State MD Zip Code 20735 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31434280 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A.	Full Name (Last, First, Middle Initial) Schiff For Congress	Transaction ID: 31434530 Date of Disbursement 03 / 10 / 2010
	Mailing Address 777 S. Figueroa St. Suite 4050	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90017	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Adam Schiff	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 27	

B.	Full Name (Last, First, Middle Initial) Becerra For Congress	Transaction ID: 31434630 Date of Disbursement 03 / 10 / 2010
	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	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 31	

C.	Full Name (Last, First, Middle Initial) Grassley Committee	Transaction ID: 31434727 Date of Disbursement 03 / 10 / 2010
	Mailing Address PO Box 1000	Amount of Each Disbursement this Period 1000.00
	City Des Moines State IA Zip Code 50304	
	Purpose of 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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District:	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 22

<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

<p>A. Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98199</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District:</p>	<p>Transaction ID: 31434805 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona</p> <p>Mailing Address PO Box 993</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01</p>	<p>Transaction ID: 31435080 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Higgins For Congress</p> <p>Mailing Address PO Box 28</p> <p>City Buffalo State NY Zip Code 14220</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Brian Higgins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 27</p>	<p>Transaction ID: 31435235 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 22

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 726 Sixteenth Street Ne</p> <p>City Massillon State OH Zip Code 44646</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Zachary Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 18</p>	<p>Transaction ID: 31435317</p> <p>Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Blumenthal For Senate</p> <p>Mailing Address 777 Summer Street</p> <p>City Stamford State CT Zip Code 06901</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Richard Blumenthal</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Pre-Convention</p> <p>State: CT District:</p>	<p>Transaction ID: 31435408</p> <p>Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Millenium Leadership PAC</p> <p>Mailing Address PO Box 100277</p> <p>City Ft. Lauderdale State FL Zip Code 33310</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Millenium Leadership PAC</p> <p>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) ▼</p> <p>State: District:</p>	<p>Transaction ID: 31490401</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(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

A. Full Name (Last, First, Middle Initial) John Carney For Congress <hr/> Mailing Address PO Box 2162 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. John Carney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31490409 Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) To Organize A Majority PAC <hr/> Mailing Address PO BOX 752 <hr/> City Des Moines State IA Zip Code 50303 <hr/> Purpose of Disbursement <hr/> Candidate Name To Organize A Majority PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31490415 Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2010
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Loeb sack For Congress <hr/> Mailing Address PO Box 1457 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dave Loeb sack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31490421 Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

<p>A. Full Name (Last, First, Middle Initial) Wally Herger For Congress</p> <p>Mailing Address P.O. Box 1500</p> <p>City Chico State CA Zip Code 95927-1500</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 02</p>	<p>Transaction ID: 31490447</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 01</p>	<p>Transaction ID: 31490502</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Russ Carnahan in Congress</p> <p>Mailing Address 7370 Manchester Rd Ste 20</p> <p>City St. Louis State MO Zip Code 63143</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Russ Carnahan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District: 03</p>	<p>Transaction ID: 31490554</p> <p>Date of Disbursement 03 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

<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

A. Full Name (Last, First, Middle Initial) Hawkeye PAC <hr/> Mailing Address PO Box 7255 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31490617 Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2010
	Amount of Each Disbursement this Period 2500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Erik Paulsen <hr/> Mailing Address P.O. Box 44369 <hr/> City Eden Prairie State MN Zip Code 55344 <hr/> Purpose of Disbursement <hr/> Candidate Name Erik Paulsen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31583955 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2010
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

3400.00