

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 11 01 2007 through 11 30 2007

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 01 09 2008

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:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		12146.51
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	35309.41									
(c) Total Receipts (from Line 19)	22571.78	166762.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57881.19	178909.41								
7. Total Disbursements (from Line 31)	43795.55	164823.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14085.64	14085.64								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	11905.86	84999.69
(i) Itemized (use Schedule A)	10665.92	81763.21
(ii) Unitemized	22571.78	166762.90
(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)	22571.78	166762.90
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))	22571.78	166762.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22571.78	166762.90

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	19795.55	19795.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	19795.55	19795.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8000.00	127550.00
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.....	16000.00	17478.22
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))..	43795.55	164823.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43795.55	164823.77

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	22571.78	166762.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22571.78	166762.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19795.55	19795.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19795.55	19795.55

**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 6 / 35
	<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. Dustin Carlson, , DC		Date of Receipt	
	Mailing Address 4717 Clark Ave		M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 26776912
	White Bear Lake	MN	55110-3221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		600.00	
Name of Employer Self		Occupation		
Self		Chiropractor		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		600.00		
<input type="checkbox"/> Other (specify) ▼				

B.	Full Name (Last, First, Middle Initial) Dr. Samuel G Charles, , DC		Date of Receipt	
	Mailing Address 139 E Main St		M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 26779691
	Elkton	MD	21921-5932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self		Occupation		
Self		Chiropractor		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

C.	Full Name (Last, First, Middle Initial) Dr. Stewart S Loeb, , DC		Date of Receipt	
	Mailing Address 7400 Riverdale Rd		M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 26779694
	Lanham	MD	20706-1136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self		Occupation		
Self		Chiropractor		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 35
(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)
Dr. John R. McLain, , DC
Mailing Address 27 Bank St
City Lebanon State NH Zip Code 03766-1702
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Chiropractor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 11 / 01 / 2007
Transaction ID: 26779695
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Dr. David Bruce Dziura, , DC
Mailing Address 650 Main St
City Branford State CT Zip Code 06405-3613
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 ▼ 1200.00
Date of Receipt 11 / 01 / 2007
Transaction ID: 26779722
Amount of Each Receipt this Period 600.00

C. Full Name (Last, First, Middle Initial)
Dr. Joyce J Nawy, , DC
Mailing Address 315 W 57th St Ste 309
City New York State NY Zip Code 10019-3148
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 ▼ 600.00
Date of Receipt 11 / 01 / 2007
Transaction ID: 26779725
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00
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 8 / 35
(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. William T Wallick, , DC

Mailing Address PO Box 296

City State Zip Code
Miles City MT 59301-0296

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: 26779726

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lloyd Denton Spiers, , DC

Mailing Address 5295 Old Highway 11 Ste 3

City State Zip Code
Hattiesburg MS 39402-6022

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
11 / 01 / 2007

Transaction ID: 26779748

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jefferson K Teass, , DC

Mailing Address 300 Va Ave Po Box 646

City State Zip Code
Vinton VA 24179-0646

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2007

Transaction ID: 26779750

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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 9 / 35
	<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. David Wayne Choate, , DC	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address PO Box 873	Transaction ID: 26779765
	City State Zip Code Lakeland FL 33802-0873	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sligh Clinic of Chiropractic Occupation Chiropractor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Dr. Lester N. Levine, , DC	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 1240 E Normandy Blvd	Transaction ID: 26779769
	City State Zip Code Deltona FL 32725-8484	Amount of Each Receipt this Period 200.00
	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 ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Dr. H Keith Garrett, , DC	Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address PO Box 969	Transaction ID: 26779770
	City State Zip Code Killen AL 35645-0969	Amount of Each Receipt this Period 1200.00
	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 ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	1525.00
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 / 35
(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)
Scott D Casse, , DC
Mailing Address 313 S Hanover St
City Carlisle State PA Zip Code 17013-3954
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 11 / 01 / 2007
Transaction ID: 26779771
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Ronald E Oler, , DC
Mailing Address PO Box 845
City Groveland State CA Zip Code 95321-0845
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 ▼ 400.00
Date of Receipt 11 / 16 / 2007
Transaction ID: 26840488
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Barbara A Stanfield, , DC
Mailing Address PO Box 1106
City Fontana State CA Zip Code 92334-1106
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 ▼ 350.00
Date of Receipt 11 / 16 / 2007
Transaction ID: 26840490
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
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 11 / 35
(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. Theodosia Woods, , DC

Mailing Address 1289 Pacific Way

City State Zip Code
Seaside OR 97138-4360

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 26840491

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr. David Miljour, , DC

Mailing Address PO Box 1566

City State Zip Code
Shepherdstown WV 25443-1566

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
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 26840504

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. David L Gilbertson, , DC

Mailing Address 16212 Bothell Everett Hwy Ste E

City State Zip Code
Mill Creek WA 98012-1235

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 ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 26840513

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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 / 35
(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. Dean D Berg., DC

Mailing Address 434 S Kiwanis Ave Ste A

City State Zip Code
Sioux Falls SD 57104-3710

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 ▼ 250.00

Date of Receipt: 11 / 19 / 2007
Transaction ID: 26853591
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ciro F Scilingo., DC, CCSP

Mailing Address 510 Broadway Ste A

City State Zip Code
Norwood NJ 07648-1304

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 ▼ 365.00

Date of Receipt: 11 / 19 / 2007
Transaction ID: 26853592
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial)
Dr. Russell S Smith., DC

Mailing Address 2175 Chambliss Ave NW Ste D

City State Zip Code
Cleveland TN 37311-3842

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 ▼ 250.00

Date of Receipt: 11 / 19 / 2007
Transaction ID: 26853630
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

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 13 / 35

(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. Stephen B Canner, , DC

Mailing Address 132 Arthur Rd

City State Zip Code
Asheville NC 28806-1631

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

Name of Employer Occupation
Self Chiropractor

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 26853664

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Eric L Martin, , DC

Mailing Address 2756 Veach Rd

City State Zip Code
Owensboro KY 42303-6219

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

Name of Employer Occupation
self Chiropractor

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 26853668

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard W Haas, , DC

Mailing Address 1403 S Federal Ave

City State Zip Code
Mason City IA 50401-5727

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

Name of Employer Occupation
self Chiropractor

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 26858985

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 14 / 35
(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)
Dr. Audie George Klingler, , DC
Mailing Address 203 Greene St

City State Zip Code
Cumberland MD 21502-2877

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: 26858986

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert D Mastronardi, , DC
Mailing Address 78 Post Rd

City State Zip Code
Warwick RI 02888-1609

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: 26858987

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr. H William Wolfson, , DC
Mailing Address 131 Parkway Dr N

City State Zip Code
Commack NY 11725-4908

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 ▼ 405.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: 26858990

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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 15 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Thomas D Worden, , DC		Date of Receipt
	Mailing Address 78 Deer Hill Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	City	State	Zip Code
	Danbury	CT	06810-7938
	FEC ID number of contributing federal political committee. C		Transaction ID: 26858991
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Chiropractor	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Ronald J. Farabaugh, , DC		Date of Receipt
	Mailing Address 2879 E Dublin Granville Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	City	State	Zip Code
	Columbus	OH	43231-4063
	FEC ID number of contributing federal political committee. C		Transaction ID: 26858992
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Chiropractor	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 362.50	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Michael K Taylor, , DC		Date of Receipt
	Mailing Address 3808 E 51st St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	City	State	Zip Code
	Tulsa	OK	74135-3615
	FEC ID number of contributing federal political committee. C		Transaction ID: 26858994
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Chiropractor	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 35
(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. Carol C Grant, , DC

Mailing Address 1601 Meridan Wtby Tpk

City Milldale State CT Zip Code 06467-0792

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 11 / 13 / 2007

Transaction ID: 26858995

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dr. Albert R Kalter, , DC

Mailing Address 400 Washington St Ste 102

City Braintree State MA Zip Code 02184-4764

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

Name of Employer Braintree Chiropractic Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 13 / 2007

Transaction ID: 26858996

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Virginia Koch, , DC

Mailing Address PO Box 246

City Crimora State VA Zip Code 24431-0246

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 ▼ 333.36

Date of Receipt 11 / 13 / 2007

Transaction ID: 26858998

Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional) ► 116.67

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 17 / 35
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Lawrence Marrich, , DC

Mailing Address 3401 Carlisle Blvd NE

City State Zip Code
Albuquerque NM 87110-1648

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: 26858999

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr. Carl Richard Eyman, , DC

Mailing Address 1641 Venture Dr Ste C

City State Zip Code
Mount Vernon OH 43050-7001

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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: 26859000

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr. Frank C Etlinger, , DC

Mailing Address 1100 S Water Ave

City State Zip Code
Gallatin TN 37066-3960

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 ▼ 243.36

Date of Receipt
MM / DD / YYYY
11 / 13 / 2007

Transaction ID: 26859001

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional) ► **130.42**

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 18 / 35
(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)
Dr. Gary Spainhower, , DC
Mailing Address 10905 Olson Dr
City Rancho Cordova State CA Zip Code 95670-5659
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 11 / 13 / 2007
Transaction ID: 26859002
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Dr. Mathias M Pastore, , DC
Mailing Address 12300 Bermuda Crossroad Ln
City Chester State VA Zip Code 23831-2352
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 11 / 13 / 2007
Transaction ID: 26859003
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Gary Michael Grimsley, , DC
Mailing Address 22780 Three Notch Rd
City Lexington Park State MD Zip Code 20653-1538
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 11 / 13 / 2007
Transaction ID: 26859004
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00
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 19 / 35
(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)
Dr. Wayne F Priest, , DC

Mailing Address PO Box 7

City State Zip Code
Berryville AR 72616-0007

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 ▼ 243.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 26859005

Amount of Each Receipt this Period
30.42

B. Full Name (Last, First, Middle Initial)
Dr. Leonard F Vernon, , DC

Mailing Address 813 E Gate Dr

City State Zip Code
Mount Laurel NJ 08054-1238

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 ▼ 243.36

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 26859006

Amount of Each Receipt this Period
30.42

C. Full Name (Last, First, Middle Initial)
Dr. Steven A Gansen, , DC

Mailing Address 210 N Meridian St Ste 1

City State Zip Code
Belle Plaine MN 56011-1828

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 ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 26859007

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **110.84**

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 20 / 35
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<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. David B Waggoner, , DC	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	Mailing Address 7000 NW Expressway Ste H	Transaction ID: 26859009
	City State Zip Code Warr Acres OK 73132-3509	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 ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Dr. Casey J Iverson, , DC	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	Mailing Address PO Box 2371	Transaction ID: 26859010
	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 ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dr. Shahrokh Shahverdi, , DC	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	Mailing Address 2160 N Glebe Rd	Transaction ID: 26859013
	City State Zip Code Arlington VA 22207-2262	Amount of Each Receipt this Period 30.42
	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 ▼ 243.36	

SUBTOTAL of Receipts This Page (optional)	180.42
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 21 / 35
	<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. Arthur Darwin Peterson, , DC		Date of Receipt
	Mailing Address 3933 Spicewood Springs Rd Ste E100		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	City State Zip Code Austin TX 78759-8674	Transaction ID: 26859014	
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
	Name of Employer Self Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Nathaniel Ray Tuck, Jr, DC		Date of Receipt
	Mailing Address 2045 N Franklin St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	City State Zip Code Christiansbrg VA 24073-1227	Transaction ID: 26859016	
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
	Name of Employer Self Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Bradley D Johnson, , DC		Date of Receipt
	Mailing Address 304 Hillsboro St Ste D		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	City State Zip Code Oxford NC 27565-3274	Transaction ID: 26859017	
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.42	
	Name of Employer self Occupation Chiropractor	Aggregate Year-to-Date ▼ 243.36	

SUBTOTAL of Receipts This Page (optional)	100.42
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 22 / 35
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Karen A Mahlmeister, , DC

Mailing Address 134 E 15th St

City Edmond State OK Zip Code 73013-4303

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 ▼ 650.00

Date of Receipt 11 / 13 / 2007

Transaction ID: 26859018

Amount of Each Receipt this Period 65.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jason P Abshire, , DC

Mailing Address 913 S College Rd Ste 105

City Lafayette State LA Zip Code 70503-3061

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 ▼ 400.00

Date of Receipt 11 / 13 / 2007

Transaction ID: 26859019

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr. John T Freeseaman, , DC

Mailing Address 229 N Main St

City Gordon State NE Zip Code 69343-1277

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 11 / 13 / 2007

Transaction ID: 26859020

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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 23 / 35

(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. Lloyd Denton Spiers, , DC

Mailing Address 5295 Old Highway 11 Ste 3

City State Zip Code
Hattiesburg MS 39402-6022

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 ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 26859021

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Dr. Irene L Parent, , DC

Mailing Address 1117 Arthur Ave

City State Zip Code
Racine WI 53405-2902

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 ▼ 533.36

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 26859022

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)
Ms. Emily A Swonguer, , DC

Mailing Address 700 Lea Blvd Suite 102

City State Zip Code
Wilmington DE 19802

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: 26859026

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

141.67

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 24 / 35

(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)
Mr. Steven M Crotzer, , DC

Mailing Address 27 Birch Run

City State Zip Code
Orchard Park NY 14127-1954

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 ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	7

Transaction ID: 26859028

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kassie Donoghue, , DC

Mailing Address 3020 E Street

City State Zip Code
Sacramento CA 95816

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	7

Transaction ID: 26859029

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Dr. Joel A Stutzman, , DC

Mailing Address 15 Industrial Blvd Ste 202

City State Zip Code
Paoli PA 19301-1608

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

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	7

Transaction ID: 26859031

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

200.00

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

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**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 25 / 35
	<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) Scott F Cook, , DC	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	Mailing Address 4112 Austin Bluffs Pkwy	Transaction ID: 26859038
	City State Zip Code Colorado Springs CO 80918-2928	Amount of Each Receipt this Period 35.00
	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 ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Damon Edward Monty, , DC	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	Mailing Address 49 George St	Transaction ID: 26859040
	City State Zip Code Westerly RI 02891-2304	Amount of Each Receipt this Period 25.00
	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 ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Shannon W Barger, , DC	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 7
	Mailing Address 146 Walnut St	Transaction ID: 26859041
	City State Zip Code Lawrenceburg IN 47025-1892	Amount of Each Receipt this Period 30.42
	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 ▼ 243.36	

SUBTOTAL of Receipts This Page (optional)	▶	90.42
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 26 / 35
	<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. Kenneth Strickland, , DC	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 4935 Century St NW Ste 101	Transaction ID: 26891525
	City State Zip Code Huntsville AL 35816-1901	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	

B.	Full Name (Last, First, Middle Initial) Dr. Daniel E. Kehr, , DC	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 2008 3rd St Ste B	Transaction ID: 26891548
	City State Zip Code La Grande OR 97850-2200	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 ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Dr. John M Wertin, , DC	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 830 Poyntz Ave	Transaction ID: 26891550
	City State Zip Code Manhattan KS 66502-6055	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)	700.00
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 27 / 35
	(check only one)
<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"/>	<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. David M Geise, , DC	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 913 W Logan St Ste E	Transaction ID: 26891669
	City State Zip Code Celina OH 45822-2000	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. James D. McPherson, , DC	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 921 W Hospital Rd	Transaction ID: 26891723
	City State Zip Code Paoli IN 47454-9668	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self 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. Michael J Cindrich, , DC, CCSP	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 15 E 10th St Apt 1C	Transaction ID: 26891731
	City State Zip Code New York NY 10003-5931	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

SUBTOTAL of Receipts This Page (optional)	765.00
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 28 / 35
(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. Mary Rea Finehout, , DC

Mailing Address 2601 N Azalea St Ste 14

City State Zip Code
Victoria TX 77901-4151

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 Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 26891741

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher A Carraway, , DC

Mailing Address 2507 Neuse Blvd Ste A

City State Zip Code
New Bern NC 28562-3361

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 26891743

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Daniel A. Michalec, , DC

Mailing Address 5261 N Central Ave

City State Zip Code
Chicago IL 60630-4656

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 26891744

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 29 / 35
(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. Michael J O'Keefe, , DC

Mailing Address Cedarbrook Bldg.
99 Taunton Rd

City Medford State NJ Zip Code 08055-9362

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 11 / 30 / 2007

Transaction ID: 26891752

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Paul M. Lombardi, , DC

Mailing Address 111 N Fiske Blvd

City Cocoa State FL Zip Code 32922-7211

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 ▼ 400.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 26891761

Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
Dr. Philip B McGrew, , DC

Mailing Address 2238 Chipley Ford Rd

City Statesville State NC Zip Code 28625-8722

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 ▼ 650.00

Date of Receipt 11 / 30 / 2007

Transaction ID: 26891764

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

TOTAL This Period (last page this line number only) ▶ **11905.86**

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 30 / 35

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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)
Membership Marketing Services

Transaction ID: 26791298

Date of Disbursement

Mailing Address 1280 Perimeter Pkwy

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	0	7

City Virginia Beach State VA Zip Code 23454

Amount of Each Disbursement this Period

19795.55

Purpose of Disbursement
Invoice payment for Membership Marketing Services telemarketing fundraising services

033

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Invoice payment for Membership Marketing Services telemarketing fundraising services

SUBTOTAL of Disbursements This Page (optional)

19795.55

TOTAL This Period (last page this line number only)

19795.55

**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

<p>A. Full Name (Last, First, Middle Initial) Jim Jordan For Congress</p> <p>Mailing Address 1709 State Route 560 S</p> <p>City Urbana State OH Zip Code 43078</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. James Jordan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 04</p>	<p>Transaction ID: 26788272</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Heather Wilson For Senate</p> <p>Mailing Address P.O. Box 14070</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Heather Wilson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NM District: 01</p>	<p>Transaction ID: 26788150</p> <p>Date of Disbursement 11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Boswell For Congress</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Leonard L. Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p>Transaction ID: 26791289</p> <p>Date of Disbursement 11 / 07 / 2007</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) 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

A.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus <hr/> Mailing Address PO Box 586 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District: 01	Transaction ID: 26791285 Date of Disbursement <table border="1" style="font-size: small;"> <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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	7													
B.	Full Name (Last, First, Middle Initial) Ron Lewis For Congress <hr/> Mailing Address PO Box 307 <hr/> City Elizabethtown State KY Zip Code 42702 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Ron Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 02	Transaction ID: 26791281 Date of Disbursement <table border="1" style="font-size: small;"> <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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	7													
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 011 Candidate Name Rep. Dave Loeb sack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 02	Transaction ID: 26791273 Date of Disbursement <table border="1" style="font-size: small;"> <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>1</td><td>1</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	7	/	2	0	0	7													

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px; display: inline-block;">4000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div>

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

A.	Full Name (Last, First, Middle Initial) Norm Coleman For U S Senate Mailing Address 680 Transfer Rd. Suite A City Saint Paul State MN Zip Code 55114 Purpose of Disbursement Void - Norm Coleman For U S Senate Candidate Name Norm Coleman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 00	Transaction ID: 26813157 Date of Disbursement 11 / 14 / 2007 Amount of Each Disbursement this Period -2000.00 Void - Norm Coleman For U S Senate
B.	Full Name (Last, First, Middle Initial) Reynolds For Congress Mailing Address PO Box 15388 Pittsford City Rochester State NY Zip Code 14615 Purpose of Disbursement Candidate Name Mr. Thomas Reynolds Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 27	Transaction ID: 26880819 Date of Disbursement 11 / 26 / 2007 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Norm Coleman For U S Senate Mailing Address 680 Transfer Rd. Suite A City Saint Paul State MN Zip Code 55114 Purpose of Disbursement Candidate Name Norm Coleman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 00	Transaction ID: 26880809 Date of Disbursement 11 / 26 / 2007 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 34 / 35

<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)
Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36202

Purpose of Disbursement

Candidate Name
Rep. Michael Dennis Rogers

Office Sought: House
 Senate
 President
State: AL District: 03

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 26880820

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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 35 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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)

Vocus-Software

Mailing Address 4296 Forbes Blvd

City Lanham State MD Zip Code 20706

Purpose of Disbursement
Invoice payment for Vocus software database subscription

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: 26788312

Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

16000.00

Invoice payment for Vocus software database subscrip-tion

SUBTOTAL of Disbursements This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

16000.00