

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 02 01 2006 through 02 28 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr Mario Spoto
Signature of Treasurer Electronically Filed by Dr Mario Spoto Date 05 15 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		45229.53
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	34735.21									
(c) Total Receipts (from Line 19)	11544.00	13084.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46279.21	58313.53								
7. Total Disbursements (from Line 31)	13028.74	25063.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33250.47	33250.47								
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
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

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	7100.00	8215.00
(i) Itemized (use Schedule A)	4444.00	4869.00
(ii) Unitemized	11544.00	13084.00
(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)	11544.00	13084.00
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))	11544.00	13084.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11544.00	13084.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	10000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	10000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	13000.00	15000.00
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.....	28.74	63.06
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))..	13028.74	25063.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13028.74	25063.06

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)	11544.00	13084.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11544.00	13084.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	10000.00
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	10000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Evan Jon Beane, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 1770 Jefferson Ave		Transaction ID: 23479547	
City State Zip Code Defiance OH 43512-3479	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Defiance Chiropractic Center	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. William D. Lorenz, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 1770 Jefferson Ave		Transaction ID: 23479548	
City State Zip Code Defiance OH 43512-3479	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Defiance Chiropractic Center	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Jack E Lorenz, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 1770 Jefferson Ave		Transaction ID: 23479549	
City State Zip Code Defiance OH 43512-3479	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Defiance Chiropractic Center	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Richard L. Thomas, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 1770 Jefferson Ave Ste 1		Transaction ID: 23479550	
City State Zip Code Defiance OH 43512-3479	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Defiance Chiropractic Center	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Shane A Klingler, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 1770 Jefferson Ave		Transaction ID: 23479551	
City State Zip Code Defiance OH 43512-3479	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Defiance Chiropractic Center	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Stephen T Eble, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 101 S Bedford Rd Ste 204		Transaction ID: 23479552	
City State Zip Code Mount Kisco NY 10549-3456	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		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Scott I Wiener, , DC

Mailing Address 23360 Valencia Blvd Ste R

City Valencia State CA Zip Code 91355-1749

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 Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 23608545

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert E Bachelder, , DC

Mailing Address 1182 Township Road 1175

City Ashland State OH Zip Code 44805-1977

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
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 23608546

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael D Welch, , DC

Mailing Address 300 Walnut St Ste 205

City Des Moines State IA Zip Code 50309-2258

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
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 23608547

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Andy C Mann, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 619 N Brindlee Mountain Pkwy		Transaction ID: 23608769	
City State Zip Code Arab AL 35016-1055	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. John N. Pikulin, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 221 Bridge St		Transaction ID: 23608771	
City State Zip Code New Cumberland PA 17070-2127	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. H Keith Garrett, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address PO Box 969		Transaction ID: 23609172	
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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 1200.00		

SUBTOTAL of Receipts This Page (optional) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Kevin M Kelly, , DC

Mailing Address 20 Summer St

City State Zip Code
Rockland ME 04841-2918

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
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: 23609174

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert K Horowitz, , DC

Mailing Address 994 Kempton St

City State Zip Code
New Bedford MA 02740-1524

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

Name of Employer Family chiropractic Center 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 2 / 2 8 / 2 0 0 6

Transaction ID: 23609176

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Wallace E. King, , DC

Mailing Address 2401 S Washington St Ste E

City State Zip Code
Grand Forks ND 58201-6747

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
0 2 / 2 8 / 2 0 0 6

Transaction ID: 23609183

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 18
	(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. Anthony Rinaldi, , DC

Mailing Address 567 Kimball Ave

City State Zip Code
Yonkers NY 10704-1500

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
0 2 / 2 8 / 2 0 0 6

Transaction ID: 23609189

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Russell Cox, , DC

Mailing Address 207 S Harrison St Ste 3

City State Zip Code
Mt Pleasant IA 52641-2300

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
0 2 / 2 8 / 2 0 0 6

Transaction ID: 23609325

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Victor J Drobnic, , DC

Mailing Address 1646 Colonial Blvd Ste 1

City State Zip Code
Fort Myers FL 33907-1154

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
0 2 / 2 8 / 2 0 0 6

Transaction ID: 23609326

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Carlos A Bateman, , DC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 19501 E Us Highway 40		Transaction ID: 23609585
City State Zip Code Independence MO 64055-5463	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Occupation Self chiropractor	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Bruce Dziura, , DC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 650 Main St		Transaction ID: 23609591
City State Zip Code Branford CT 06405-3613	Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Occupation self Chiropractor	Aggregate Year-to-Date ▼ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Louis Sportelli, , DC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address 175 Delaware Ave		Transaction ID: 23609593
City State Zip Code Palmerton PA 18071-1708	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Occupation self Chiropractor	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	7100.00

**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 13 / 18

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

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Bob Filner For Congress		Transaction ID: 23484871 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 127868		Amount of Each Disbursement this Period 1000.00
City San Diego State CA Zip Code 92112	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Bob Filner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Lee Terry For Congress		Transaction ID: 23484855 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 1000.00
City Omaha State NE Zip Code 68154	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Lee Terry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paula Hollinger for Congress		Transaction ID: 23487394 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 5861		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21282	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Paula Hollinger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

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<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)
Hastert For Congress Committee

Mailing Address P. O. Box 625
PO Box 625

City State Zip Code
Batavia IL 60510

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. J. Dennis Hastert

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: IL District: 14

Transaction ID: 23545571

Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Christopher Shays For Congress Committee

Mailing Address 98 East Avenue Rear Building

City State Zip Code
Norwalk CT 06851

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Christopher Shays

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: CT District: 4

Transaction ID: 23583236

Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Langevin For Congress

Mailing Address 181-A Knight St

City State Zip Code
Warwick RI 02886

Purpose of Disbursement

Category/
Type

Candidate Name
Mr. James Langevin

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: RI District: 2

Transaction ID: 23601230

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)

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

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Citizens For Harkin		Transaction ID: 23601223 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00
City Des Moines	State IA Zip Code 50304	
Purpose of Disbursement		
Candidate Name Sen. Tom Harkin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 2		

Full Name (Last, First, Middle Initial) B. Pallone For Congress		Transaction ID: 23601231 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00
City Long Branch	State NJ Zip Code 07740	
Purpose of Disbursement		
Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 6		

Full Name (Last, First, Middle Initial) C. Ensign For Senate		Transaction ID: 23601222 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 8917 Stafford Springs Drive		Amount of Each Disbursement this Period 1500.00
City Las Vegas	State NV Zip Code 89134	
Purpose of Disbursement		
Candidate Name Mr. John Ensign Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 2		

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Johnson For Congress Committee		Transaction ID: 23601225 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period -1000.00
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement Check never cashed - now invalid		
Candidate Name Rep. Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Check never cashed - now invalid

Full Name (Last, First, Middle Initial) B. Johnson For Congress Committee		Transaction ID: 23601226 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends Of Lane Evans Committee		Transaction ID: 23601227 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 5263 1800 - 3rd Ave Room 308		Amount of Each Disbursement this Period 1000.00
City Rock Island State IL Zip Code 61204	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Lane Evans		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

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<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. Talent For Senate Committee

Full Name (Last, First, Middle Initial)
Talent For Senate Committee

Mailing Address 147 N Meramec Suite 100

City St Louis State MO Zip Code 63105

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. James Talent

Office Sought: House Senate President
State: MO District: 2

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: 23601229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Walsh For Congress Committee

Full Name (Last, First, Middle Initial)
Walsh For Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13215

Purpose of Disbursement 011 Category/Type

Candidate Name Mr. James Walsh

Office Sought: House Senate President
State: NY District: 25

Disbursement For: 2006 Primary General Other (specify) ▼

Transaction ID: 23601228

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

Image# 26930136185

Form/Schedule: **F3XA**
Transaction ID:

Internal audit for FY2005 found several errors. Amended 2005 reports caused a change in cash on hand 1/1/2006.
Bank charges added.
