REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2009 DEC -7 A 11: 22

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
American Chiropractic Association PAC

ADDRESS (number and street) ☐ Check if different than previously reported
1701 Clarendon Blvd

CITY, STATE and ZIP CODE
Arlington, VA 22209

2. FEC IDENTIFICATION NUMBER
C00402764

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☒ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 05/01/09 through 05/31/09		
6. (a) Cash on Hand January 1, 19 09		$ 57,307.79
(b) Cash on Hand at Beginning of Reporting Period	$ 151,349.68	
(c) Total Receipts (from Line 19)	$ 14,867.50	$ 142,400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 166,217.18	$ 199,707.79
7. Total Disbursements (from Line 30)	$ 13,500.00	$ 46,990.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 152,717.18	$ 152,717.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Kirt Josefek, D.C.

Signature of Treasurer
Kirt J. Josefek, D.C.

Date
12/6/09

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

FEC FORM 3X
(revised 9/99)

4-00175

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Chiropractic Association PAC

REPORT COVERING PERIOD FROM: 05/01/00 TO: 05/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,110.00	48,095.00	11(a)(i)
ii. Unitemized	8,757.50	94,305.00	11(a)(ii)
iii. Total (add i and ii) ➤	14,867.50	142,400.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	14,867.50	142,400.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	14,867.50	142,400.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,867.50	142,400.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	13,500.00	46,990.61	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	13,500.00	46,990.61	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	13,500.00	46,990.61	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,867.50	142,400.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,867.50	142,400.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 5

FOR LINE NUMBER 11-a-i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bruce Fernandes 35 Winter St Hyannis, MA 02601-3827 Receipt For: Primary General Other (specify):	self Chiropractor Aggregate Year-to-Date $ 300.00	05/17/00	200.00
B. Lynn Robert Schwandt 5 Cook St Denver, CO 80206-5803 Receipt For: Primary General Other (specify):	Cherry Creek Chiropractic Center PC Chiropractor Aggregate Year-to-Date $ 250.00	05/17/00	250.00
C. Janice Wollbrecht 703 S Buchanan Maryville, MO 64468-2520 Receipt For: Primary General Other (specify):	self Chiropractor Aggregate Year-to-Date $ 300.00	05/17/00	200.00
D. Walter Wolf PO Box 7 Eureka, SD 57437-0007 Receipt For: Primary General Other (specify):	self Chiropractor Aggregate Year-to-Date $ 450.00	05/17/00	250.00
E. Stephen Thompson 1 Peabody Sq Dorchester, MA 02186 Receipt For: Primary General Other (specify):	Ashmont Chiropractic Center Chiropractor Aggregate Year-to-Date $ 500.00	05/17/00	500.00
F. Stephen Smith Smith Chiropractic Offices 7921 Western Avenue Suite F Buena Park, CA 90620-2654 Receipt For: Primary General Other (specify):	self Chiropractor Aggregate Year-to-Date $ 400.00	05/17/00	200.00
G. Max Swim 206 S First Hiawatha, KS 66434-2818 Receipt For: Primary General Other (specify):	self Chiropractor Aggregate Year-to-Date $ 335.00	05/17/00	160.00

SUBTOTAL of Receipts This Page (optional) 1,760.00

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

40173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 5

FOR LINE NUMBER 11 a I

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Larry Hirschy 801 Linden Ave Charlton, IA 50049-1835 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Family Chiropractic Center Chiropractor Aggregate Year-to-Date $ 500.00	05/17/00	250.00
B. Richard Chatfield 2803 Central Dr Bedford, TX 76021-4812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Back & Neck Care Center of Beford Chiropractor Aggregate Year-to-Date $ 375.00	05/17/00	125.00
C. Gregory Culbert 11723 Old Glenn Hwy, Ste 101 Eagle River, AK 99577-7749 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 500.00	05/17/00	250.00
D. Nick Simionides Carnation Chiropractic Ctr 2301 W State St Alliance, OH 44601-3530 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 300.00	05/17/00	300.00
E. Herbert Law 18 N York Rd Willow Grove, PA 19090-3408 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 250.00	05/17/00	250.00
F. Gary Spevere 726 Railroad Ave Rifle, CO 81650-3552 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 300.00	05/17/00	100.00
G. Kreg Huffer 307 South Main Jackson Center, OH 45334 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 250.00	05/17/00	250.00

SUBTOTAL of Receipts This Page (optional) 1,525.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 5

FOR LINE NUMBER 11 a.

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NAME OF COMMITTEE (in Full)

American Chiropractic Association PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Cole 2845 Summer Oaks Drive Bartlett, TN 38134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cole Chiropractic Group Chiropractor Aggregate Year-to-Date $ 250.00	05/17/00	125.00
B. J Brion Jones 801 E Watauga Ave Johnson City, TN 37601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 250.00	05/17/00	250.00
C. Alice Moyer 4816 Spruce St Philadelphia, PA 19139-0713 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 250.00	05/17/00	250.00
D. Joseph Kolanko 3224 165 th St Hammond, IN 46323-1218 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 300.00	05/17/00	200.00
E. Gary Unferth 1775 W Morris Blvd Morristown, TN 37813 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 500.00	05/17/00	100.00
F. Gregory Hollstrom 11444 Seminole Blvd Largo, FL 33778 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 450.00	05/17/00	200.00
G. Donald Krippendorf 4641 Park St N St Petersburg, FL 33709 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self Chiropractor Aggregate Year-to-Date $ 1,000.00	05/17/00	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,125.00

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

4-00-78

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 5

FOR LINE NUMBER 11a-i

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carl Reed PO Box 481 Altus, OK 73522-0481 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Reed Clinics Occupation: Chiropractor Aggregate Year-to-Date > $ 400.00	05/17/00	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Bronstein 17 Mahalwe St Great Barrington, MA 01230-1901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 300.00	05/17/00	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kerwin Winkler 803 S Main St Aberdeen, SD 57401-6018 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	05/17/00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Brad Mueller 9114 W Greenfield Ave W Allis, WI 53214-2809 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 300.00	05/17/00	300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Edwards 307 N Lake Ave Crandon, WI 54520-1304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	05/17/00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Harden 1355 Geneva Ave N Oakdale, MN 55128-5706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	05/17/00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Koch 3449 E Plankinton Ave Cudahy, WI 53110-1413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	05/17/00	250.00

SUBTOTAL of Receipts This Page (optional) 1,950.00

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

6-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 11-a-I

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NAME OF COMMITTEE (in Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Ivey Centre Point Suite 3 221 6th Ave SE Aberdeen, SD 57401-5339	self Occupation: Chiropractor	05/17/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Ronald Cyphers 1144 Lexington Ave Mansfield, OH 44907-2254	self Occupation: Chiropractor	05/17/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barbara Brost 1421 E Wayzata Blvd #51 Wayzata, MN 55391	self Occupation: Chiropractor	05/17/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only) 8,110.00

4-00123

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends Of Joe Baca 707 West 2nd Street Suite G San Bernardino, CA 92410	Joe Baca, U.S. HOUSE 42nd CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/02/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Keep Our Majority PAC Washington, DC	Hastert Event Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/02/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bayou Leader PAC 824 Fort Williams Parkway Alexandria, LA 22304	Tauzin Event Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/02/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hilda Solis for Congress 8665 Wilshire Blvd. #220 Beverly Hills, CA 90814	Hilda Solis, U.S. HOUSE 31st CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/15/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cantor for Congress 8321 Old Courthouse Rd. Suite 250 Vienna, VA 22182	Eric Cantor, U.S. HOUSE 7th VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/16/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Senatorial Campaign Committee 430 South Capitol Street, SE Washington, DC 20003	Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/16/00	2,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERIPAC 1850 K St., NW Suite 850 Washington, DC 20006	Hoyer/AMERIPAC tournament Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/16/00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Gene Green Congressional Campaign FR 4626 N. 22nd Rd. Arlington, VA 22207	Gene Green, U.S. HOUSE 29th TX Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/16/00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO REELECT ED TOWNS P.O. Box 2884 Washington, DC 20013	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/16/00	500.00

SUBTOTAL of Disbursements This Page (optional) 8,500.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shelley Berkley for Congress P.O. Box 2884 Washington, DC 20013	Shelley Berkley, U.S. HOUSE 1st NV Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/16/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of James Maloney 20 East Main St. Suite 235 Waterbury, CT 06702	Jim Maloney, U.S. HOUSE 5th CT Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/16/00	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wilson for Congress 5400 San Mateo Blvd, NE Suite G Albuquerque, NM 87109	Heather Wilson, U.S. HOUSE 1st NM Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/16/00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ed Schrock for Congress P.O. Box 61450 Virginia Beach, VA 23466	Ed Schrock, U.S. HOUSE 2nd VA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	05/16/00	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Filner For Congress Po Box 127868 San Diego, CA 92112	Bob Filner, U.S. HOUSE 50th CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/30/00	2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lee Terry for Congress 1212 N. Vernon Street Arlington, VA 22201	Lee Terry, U.S. HOUSE 2nd NE Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/30/00	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	13,500.00

4-00175

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 12-7-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

12-7-00
DATE PREPARED

(6/2000)