07/14/2010 21:04

(Rev. 12/2004)

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines North Central Academy of Chiropractic C-PAC 115 EAST OHIO AVENUE ADDRESS (number and street) Check if different than previously **SEBRING** ОН 44672 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE A CITY A IS THIS NEW **AMENDED** C00451450 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2010 06 3 0 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. **DWAINE EVERETT** Type or Print Name of Treasurer Electronically Filed by **DWAINE EVERETT** 07 14 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/6

Write or Type Committee Name North Central Academy of Chiropractic C-PAC

FEC Form 3X (Rev. 02/2003)

| _ F | eport Covering the Period: From: 0 4 | 01 2010 | To: 0 6 3 0 2 0 1 0 |
|-----|---|-------------------------|-----------------------------------|
| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1 $20^{\circ}10^{\circ}$ | | 2030.00 |
| | (b) Cash on Hand at Begining of Reporting Period | 2030.00 | |
| | (c) Total Receipts (from Line 19) | 2500.00 | 2500.00 |
| | (d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 4530.00 | 4530.00 |
| 7. | Total Disbursements (from Line 31) | 0.00 | 0.00 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 4530.00 | 4530.00 |
| 9. | Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | Debts and Obligations owed 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 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 6

Write or Type Committee Name

North Central Academy of Chiropractic C-PAC

Report Covering the Period:

From:

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| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|--|-------------------------------|-----------------------------------|
| 11. | Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| | Than Political Committees (i) Itemized (use Schedule A) | 225.00 | 225.00 |
| | (ii) Unitemized | 2275.00 | 2275.00 |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii) | 2500.00 | 2500.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 2500.00 | 2500.00 |
| 2. | Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. | All Loans Received | 0.00 | 0.00 |
| | Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| 6. | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 0.00 |
| | to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 7. | Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 8. | 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 |
| 9. | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 2500.00 | 2500.00 |
| Э. | Total Federal Receipts (subtract Line 18(c) from Line 19) | 2500.00 | 2500.00 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| Activity (from Schedule H4) | 0.00 | 0.00 |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii) and (b)) | 0.00 | 0.00 |
| Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| Contributions to Federal Candidates/Committees | | |
| Federal Candidates/Committeesand Other Political Committees | 0.00 | 0.00 |
| (use Schedule E) | 0.00 | 0.00 |
| Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| Loan Repayments Made | 0.00 | 0.00 |
| Loans Made | 0.00 | 0.00 |
| Refunds of Contributions To: | | 0.00 |
| (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 |
| Other Disbursements | 0.00 | 0.00 |
| Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity | | |
| (from Schedule H6) (i) Federal Share | 0.00 | 0.00 |
| (i) i euerai Stiare | 222 | |
| (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 |
| . Total Disbursements (add Lines 21(c), 22, | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 0.00 | 0.00 |
| . Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | | |
| from Line 31) | 0.00 | 0.00 |

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) | 2500.00 | 2500.00 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2500.00 | 2500.00 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

FE6AN026

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 6/6 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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) North Central Academy of Chiropractic C-PAC Full Name (Last, First, Middle Initial) JUDSON SPRANDEL Date of Receipt Mailing Address 1412 CLEVELAND AVE 06 30 2010 City State Zip Code Transaction ID: SA11AI.4280 **CANTON** OH 44703 Amount of Each Receipt this Period FEC ID number of contributing C 225.00 federal political committee. Contribution Name of Employer SELF-EMPLOYED Occupation **CHIROPRACTOR** Receipt For: Aggregate Year-to-Date Primary General 225.00 Other (specify)

| SUBTOTAL of Receipts This Page (optional) | | 225.00 | |
|---|----------|--------|--|
| TOTAL This Period (last page this line number only) | <u>,</u> | 225.00 | |