REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Chiropractic Assn - PAC

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

CITY, STATE and ZIP CODE
Arlington, Virginia 22209

APR 25 10 45 AM '95

2. FEC IDENTIFICATION NUMBER
C00102764

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 05/01/94 through 05/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 324,880.94
(b) Cash on Hand at Beginning of Reporting Period	$ 395,953.32	
(c) Total Receipts (from Line 19)	$ 26,678.00	$ 288,225.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 422,631.32	$ 613,106.31
7. Total Disbursements (from Line 30)	$ 38,500.00	$ 228,974.99
8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 384,131.32	$ 384,131.32
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 2,046.50	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

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
R. E. Thompson, D.C.

Signature of Treasurer
R. E. Thompson D.C.

Date 04/19/95

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 3/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: American Chiropractic Assn - PAC

REPORT COVERING PERIOD FROM 05/01/94 TO: 05/31/94

	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)	14,475.00	161,087.00
ii. Unitemized	12,203.00	125,734.02
iii. Total (add i and ii) ➤	26,678.00	286,821.02
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	26,678.00	286,821.02
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	1,404.35
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	26,678.00	288,225.37
20. Total Federal Receipts (subtract line 18 from line 19) ➤	26,678.00	288,225.37
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	70,000.00
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	-0-	70,000.00
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	34,500.00	142,374.99
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To		
a. Individuals/Persons Other Than Political Committees	-0-	300.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (Add a, b and c) ➤	-0-	300.00
29. Other Disbursements	4,000.00	16,300.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	38,500.00	228,974.99
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	38,500.00	228,974.99
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	26,678.00	286,821.02
33. Total Contribution Refunds (from line 28d)	-0-	300.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	26,678.00	286,521.02
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	70,000.00
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	70,000.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 Of 13
	For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard N Abens 827 Main St Osage, IA 50461-1448	self Occupation chiropractor Aggregate Year To Date> $ 625.00	05/17/94	125.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vinton L Albers P.O. BOX 24129 Apple Valley, MN 55124-0129	self Occupation chiropractor Aggregate Year To Date> $ 250.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jess L Askeroth 5650 N Flamingo #A Las Vegas, NV 89103-2371	self Occupation chiropractor Aggregate Year To Date> $ 750.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert C Bergeron Denison Chiro Clinic 1721 S Austin Denison, TX 75020-6709	self Occupation chiropractor Aggregate Year To Date> $ 500.00	05/17/94	500.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) 1125.00

TOTAL This Period (last page this line number only) 1125.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2 Of 13
	For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David G Biby 29145 Hwy 50 East Pueblo, CO 81006-5633	self Occupation chiropractor Aggregate Year To Date> $ 300.00	05/17/94	300.00
Receipt for: |X| Primary | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven G Birnbaum 300 Stony Brook Ct Newburgh, NY 12550-6521	self Occupation chiropractor Aggregate Year To Date> $ 250.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerry Bragg 615 Leeper Pky Lewis City, TX 37772-6132	self Occupation chiropractor Aggregate Year To Date> $ 250.00	05/17/94	250.00
Receipt for: |X| Primary | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Randall L Burdett 10911 Chimney Rock Houston, TX 77096-6214	self Occupation chiropractor Aggregate Year To Date> $ 500.00	05/17/94	500.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1300.00

TOTAL This Period (last page this line number only) ..... > 2425.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3 Of 13
	For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Collin C Carlson PO Box 1193 Kalispell, MT 59903-1193	self Occupation chiropractor Aggregate Year To Date> $ 500.00	05/17/94	500.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Brian A Cecil 5408 S La Grange Rd Countryside, IL 60525-2851	self Occupation chiropractor Aggregate Year To Date> $ 200.00	05/17/94	200.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Steven R Chanowsh 2902 Scioto Trail Portsmouth, OH 45662-2212	self Occupation chiropractor Aggregate Year To Date> $ 250.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
James P Cianciolo 947A State St New Haven, CT 06511-3926	self Occupation chiropractor Aggregate Year To Date> $ 750.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1200.00

TOTAL This Period (last page this line number only) ..... > 3625.00

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic ASSN - PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Stephen J Collins Family Chiropractic Health 443-87th Lane NE Blaine, MN 55434	self chiropractor Aggregate Year To Date> $ 250.00	05/17/94	100.00
Receipt for: |X| Primary | General | | Other (specify)			
Brooks Coville 2400 Garden Lake Blvd Ste B Rome, GA 30165-1100	self chiropractor Aggregate Year To Date> $ 100.00	05/17/94	300.00
Receipt for: |X| Primary | | General | | Other (specify)			
Bruce Crabtree PO Box 673 Columbus, NE 68602-0673	self chiropractor Aggregate Year To Date> $ 500.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			
Richard Craft 38 N Main St Kingsville, NY 12428-1017	self chiropractor Aggregate Year To Date> $ 250.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only) 4525.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 5 of 13
	For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Lois Crowley 162 South Polk Arcadia, FL 33821-3952	self chiropractor Aggregate Year To Date> $ 300.00	05/17/94	300.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Erin Currier Bayou Chiropratic Center 4381-6 Bayou Blvd Pensacola, FL 32503	self chiropractor Aggregate Year To Date> $ 300.00	05/17/94	200.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Michael J DeBartolo 110 Boone Square St Ste 27 Williamsburg, NC 27278-2564	self chiropractor Aggregate Year To Date> $ 750.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
John W DeRoy 1540 Market Street # 410 San Francisco, CA 94102-6078	self chiropractor Aggregate Year To Date> $ 250.00	05/17/94	50.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 800.00

TOTAL This Period (last page this line number only) ..... > 5325.00

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number: 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Asso - PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Jeffery S Pedorko Crescent Point Suite 102 4774 Munson St Canton, OH 44718-3634	self chiropractor Aggregate Year To Date> $ 625.00	05/17/94	375.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Donna E Funk 64 Main St PO Box 337 Centerbrook, CT 06409-0337	self chiropractor Aggregate Year To Date> $ 200.00	05/17/94	100.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Joseph T Goben 750 Gagel Avenue Louisville, KY 40216-4008	self chiropractor Aggregate Year To Date> $ 1000.00	05/17/94	1000.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Guy R Grinnell 600 Central Ave Pawtucket, RI 02861-1957	self chiropractor Aggregate Year To Date> $ 300.00	05/17/94	300.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1775.00

TOTAL This Period (last page this line number only) ..... > 7100.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 7 of 13
	For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael C Bartman 7700 Clayton Rd. Ste. 301 Saint Louis, MO 63117	self Occupation chiropractor Aggregate Year To Date> $ 250.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bob M Hollander 865 Central #7 B Odessa, TX 79761-4256	self Occupation chiropractor Aggregate Year To Date> $ 750.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shari R Jacobs 594 Merrick Avenue East Meadow, NY 11554	self Occupation chiropractor Aggregate Year To Date> $ 300.00	05/17/94	100.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Jarolimek Jr 377 Keehole Street Honolulu, HI 96825-3497	self Occupation chiropractor Aggregate Year To Date> $ 350.00	05/17/94	350.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) 950.00

TOTAL This Period (last page this line number only) 8050.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 8 Of 13
	For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Darrell W Johnson 3804 Johnston St Lafayette, LA 70503-3805	self Occupation chiropractor Aggregate Year To Date> $ 250.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark A Korchek 9128 Union Cemetary Rd Cincinnati, OH 45249-2006	self Occupation chiropractor Aggregate Year To Date> $ 275.00	05/17/94	150.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Kornfeld 20 Pleasant Street Revere, MA 02151-5051	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	05/17/94	500.00
Receipt for: |X| Primary | | General | | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frederick P Krause 39 Oak Hill Road Middletown, NJ 07701 5783	self Occupation chiropractor Aggregate Year To Date> $ 500.00	05/17/94	300.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1200.00

TOTAL This Period (last page this line number only) ..... > 9250.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3 of 13
	For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
John C Lepper 757 N. Golden Key St. Ste. A Gilbert, AZ 85234	self chiropractor Aggregate Year To Date> $ 500.00	05/17/94	500.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
David Levine 7225 Haverford Avenue Philadelphia, PA 19151	self chiropractor Aggregate Year To Date> $ 500.00	05/17/94	500.00
Receipt for: |X| Primary | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Van D Mariana 15608 Michigan Avenue Dearborn, MI 48126 2902	self chiropractor Aggregate Year To Date> $ 500.00	05/17/94	500.00
Receipt for: |X| Primary | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
J Murrell Nelson 108-A Constitution Blvd Alexandria, LA 71303	self chiropractor Aggregate Year To Date> $ 500.00	05/17/94	500.00
Receipt for: |X| Primary | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only) 11250.00

SCHEDULE A ITEMIZED RECEIPTS

One separate schedule(s) for each category of the Detailed Summary Page	Page 10 of 13 for Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Asso - PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard V Ottoneyer 967 S Lake St Forest Lake, MN 55025-2616	self Occupation chiropractor Aggregate Year To Date> $ 350.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark W Pewe 909 East 11th St Bottineau, ND 58318-2855	self Occupation chiropractor Aggregate Year To Date> $ 200.00	05/17/94	100.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas X Reese 314 East State Street Jacksonville, IL 62650-2030	self Occupation chiropractor Aggregate Year To Date> $ 400.00	05/17/94	200.00
Receipt for: |X| Primary | | General | | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lee R Selby 1321 Murfreesboro Rd Nashville, TN 37217	self Occupation chiropractor Aggregate Year To Date> $ 250.00	05/17/94	250.00
Receipt for: |X| Primary | | General | | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 750.00

TOTAL This Period (last page this line number only) ..... > 12000.00

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Christopher D Skurka 150 Islip Avenue #10 Islip, NY 11751-3212 Receipt for: |X| Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 500.00	05/17/94	500.00
Oliver R Smith Jr Parkway Medical Plaza 9th Brown Street #1B El Paso, TX 79902-4700 Receipt for: |X| Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 500.00	05/17/94	500.00
Paul W Thielen 622 1St Ave E Sisseton, SD 57262 1418 Receipt for: |X| Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 225.00	05/17/94	100.00
Paul W Thielen 622 1St Ave E Sisseton, SD 57262-1418 Receipt for: |X| Primary | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 225.00	05/17/94	125.00

SUBTOTAL of Receipts This Page (optional) ----------> 1225.00

TOTAL this Period (last page this line number only) ----------> 11225.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 12 of 13
	For Line Number 11a(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 Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Paul D Thompson 80 Minnesota Ave Little Canada, MN 55117-1736 Receipt for: X Primary ; General ; Other (specify)	self chiropractor Aggregate Year To Date> $ 500.00	05/17/94	250.00
Rita D Webb 604 2 New Berlin Rd Jacksonville, FL 32218-0001 Receipt for: X Primary ; General ; Other (specify)	self chiropractor Aggregate Year To Date> $ 750.00	05/17/94	250.00
David M Witte 391 Roch St St Paul, MN 55119-4303 Receipt for: X Primary ; General ; Other (specify)	self chiropractor Aggregate Year To Date> $ 750.00	05/17/94	250.00
Mark R Wolff 7186 S 76th St Franklin, WI 53132-9736 Receipt for: X Primary ; General ; Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	05/17/94	250.00

SUBTOTAL of Receipts This Page (optional) ..... > 1000.00

TOTAL This Period (last page this line number only) ..... > 14225.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 33	OF 13
	For Line Number	
	11a(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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Michael L Yoel 106 Gillett St Hartford, CT 06105-2620	self Occupation chiropractor	05/17/94	250.00
Receipt for: |X| Primary | General | | Other (specify)	Aggregate Year To Date> $ 250.00		

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period(last page this line number only) 14475.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 OF 4
	For Line Number 23

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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barlow for Congress 219 Executive Inn Paducah, KY 42001-	Barlow-94-H-KY01 Disbursement for: P Primary General Other (specify)	05/19/94	1000.00
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Brown for Congress 111 Edgefield Dr. Elyria, OH 44035-	Brown-94-S OH13 Disbursement for: P Primary General Other (specify)	05/02/94	1000.00
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Burr for Congress PO Box 5732 Winston Salem, NC 27113-	Burr 94 R-NC05-candidate Disbursement for: P Primary General Other (specify)	05/02/94	1500.00
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Comm. to Re-elect Tom Foley 555 New Jersey Ave., NW Ste. 201 Washington, DC 20001-	Foley 94 D-NA05 Disbursement for: P Primary General Other (specify)	05/02/94	1000.00
Full Name, Mailing Address and Zip Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dr. Paul Phillips for Congress 650 N. Devine Rd. Vancouver, WA 98661-	Phillips-94-R-WA03-candidate Disbursement for: P Primary General Other (specify)	05/02/94	5000.00

SUBTOTAL of Disbursements This Page (optional) ..... > 9500.00

TOTAL This Period (last page this line number only) ..... > 9500.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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

For Line Number 23

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 Assn - PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy for Congress PO Box 746 Bismarck, ND 58502-	Pomeroy-94-D-NDAL Disbursement for: P Primary General Other (specify)	05/02/94	2000.00
Friends of Calvin Moore for Congress PO Box 175 West Point, TN 38486-	Moore-94-D-TN04-candidate Disbursement for: P Primary General Other (specify)	05/02/94	1000.00
Harmless for Congress 1 North Capitol Ste. 1100 Indianapolis, IN 46204-	Harmless-94-D-IN07-candidate Disbursement for: P Primary General Other (specify)	05/02/94	1000.00
Hoagland for Cong. Comm. 8041 West Center Rd. Omaha, NE 68124	Hoagland 94-D-NE02 Disbursement for: P Primary General Other (specify)	05/02/94	2000.00
Hoggett for Congress Comm. 1 North Capitol Ste. 1100 Indianapolis, IN 46204-	Hoggett-94-D IN02 Disbursement for: P Primary General Other (specify)	05/02/94	2000.00

SUBTOTAL of Disbursements This Page (optional) 8000.00

TOTAL This Period (last page this line number only) 17500.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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

Page 3 Of 4

For Line Number 23

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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Karen Shepherd for Cong. Comm. Walker Center 175 S. Main, 16th floor Salt Lake City, UT 84111	Shepherd-94-D-UT02 Disbursement for: P Primary G General Other (specify)	05/02/94	1000.00
Ken Bentsen for Congress Comm. 1360 South Loop West Houston, TX 77025-	Bentsen 94 D TX25 candidate Disbursement for: Primary G General Other (specify)	05/31/94	1000.00
LaRocco for Congress PO Box 1551 Boise, ID 83701-	LaRocco-94-D-ID01 Disbursement for: P Primary G General Other (specify)	05/23/94	2500.00
Martin Frost Campaign Comm. 555 New Jersey Ave., NW Ste. 201 Washington, DC 20001	Frost-94-D-TX24 Disbursement for: Primary G General Other (specify)	05/02/94	2000.00
Mike Andrews Finance Comm. 2300 Main St. Ste 612 Houston, TX 77002-	Andrews-94-D-TX-debt retire Disbursement for: P Primary G General Other (specify)	05/31/94	4500.00

SUBTOTAL of Disbursements This Page (optional) 11000.00

TOTAL This Period (last page this line number only) 28500.00

SCHEDULE B ITEMIZED DISBURSEMENTS

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

Page 4 of 4

For Line Number 23

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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moorhead for Congress 2869 Beech Down Drive Chantilly, VA 22021-	Moorhead-94-R-CA27 Disbursement for: P Primary General Other (specify)	05/02/94	1500.00
The Jefferson Committee PO Box 76337 Washington, DC 20013-	Jefferson-94-D-LA02 Disbursement for: P Primary General Other (specify)	05/02/94	2500.00
Volkner for Congress Box 991 Hannibal, MO 63401-	Volkner-94-D-MO09 Disbursement for: P Primary General Other (specify)	05/02/94	1000.00
Ward for Congress Mid City Mall 1250 Bardstown Rd. Louisville, KY 40204-	Ward-94-D-KY03 Disbursement for: P Primary General Other (specify)	05/04/94	1000.00

SUBTOTAL of Disbursements This Page (optional) ..... > 6000.00

TOTAL This Period (last page this line number only) ..... > 34500.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 of 1
	For Line Number 29

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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Disabled American Veterans Keehi Lagoon Memorial 2685 N. Nimitz Highway Honolulu, HI 96819-	1994 Donation Disbursement for: Primary General Other (specify)	05/02/94	1000.00
Echohawk for Governor PO Box 548 Boise, ID 83702-	Echohawk-94-I-ID-governor Disbursement for: Primary General Other (specify)	05/02/94	1000.00
Yorkville Sports Boosters 805 Woodworth Yorkville, IL 60560-	1994 Donation Disbursement for: Primary General Other (specify)	05/02/94	1000.00
Zoo Atlanta/Komodo Dragon Fund 800 Cherokee Ave, SE Atlanta, GA 30315-	1994 Donation Disbursement for: Primary General Other (specify)	05/02/94	1000.00

SUBTOTAL of Disbursements This Page (optional) ..... > 4000.00

TOTAL This Period (last page this line number only) ..... > 4000.00

SCHEDULE D
(Revised 3/90)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 9
(Use separate schedules for each numbered line)

Name of Committee (in Full) American Chiropractic Assn - PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Friends of Jim Moody 135 West Wells Suite #400 Milaukee, WI 53203	$2,046.50	-0-	-0-	$2,046.50
Nature of Debt (Purpose): (1997) Unused General Election Contribution				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose)				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	$2,046.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	$2,046.50

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 4/25/95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

E.S.
PREPARER

4/25/95
DATE PREPARED

FEC FORM 70-2 (12/92)