

# 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 08 01 2005 through 08 31 2005

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 02 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		38854.10
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	33495.03									
(c) Total Receipts (from Line 19) .....	18305.00	82334.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51800.03	121188.43								
7. Total Disbursements (from Line 31) .....	0.00	69388.40								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51800.03	51800.03								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	6665.00	27221.66
(i) Itemized (use Schedule A) .....	11640.00	55112.67
(ii) Unitemized .....	18305.00	82334.33
(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) .....	18305.00	82334.33
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)) .....	18305.00	82334.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18305.00	82334.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	20000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	20000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	47250.00
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.....	0.00	2138.40
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))..	0.00	69388.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	69388.40

**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) .....	18305.00	82334.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18305.00	82334.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	20000.00
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	20000.00

**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 / 14
	<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	

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

NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard L Cole, , DC

Mailing Address 2845 Summer Oaks Dr

City State Zip Code  
Bartlett TN 38134-3812

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 ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2005

**Transaction ID: 22544101**

Amount of Each Receipt this Period  
375.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen E. Sligh, , DC

Mailing Address PO Box 873

City State Zip Code  
Lakeland FL 33802-0873

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

Name of Employer Sligh Clinic of Chiropractic Occupation  
Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 562.50

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2005

**Transaction ID: 22544108**

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Hai Nhu Huynh, , DC

Mailing Address 413 Neponset Ave Ste 2

City State Zip Code  
Dorchester MA 02122-3131

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

Name of Employer Self Occupation  
Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2005

**Transaction ID: 22544111**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 / 14
	<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. James A Kendel, , DC

Mailing Address 5019 Victor Dr Ste A

City State Zip Code  
Medina OH 44256-8237

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

Name of Employer Occupation  
Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2005

**Transaction ID: 22544120**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert P Lynch, , DC

Mailing Address 1200 Broadway

City State Zip Code  
S Portland ME 04106-5635

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

Name of Employer Occupation  
Lynch Chiropractic Art Center Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2005

**Transaction ID: 22544128**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Douglas Gerard Harden, , DC

Mailing Address 1355 Geneva Ave N Ste 100

City State Zip Code  
Oakdale MN 55128-5756

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

Name of Employer Occupation  
self Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2005

**Transaction ID: 22630613**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 14
	<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. Eric L Martin, , DC

Mailing Address 2756 Veach Rd

City State Zip Code  
Owensboro KY 42303-6219

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

Name of Employer self Occupation  
self Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2005

Transaction ID: 22630614

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert S. MacBarb, , DC

Mailing Address PO Box 1657

City State Zip Code  
Sag Harbor NY 11963-0060

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

Name of Employer self Occupation  
self Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2005

Transaction ID: 22630616

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Peter D Feldkamp, , DC

Mailing Address 4227 Hoover Rd

City State Zip Code  
Grove City OH 43123-3617

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

Name of Employer self Occupation  
self Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2005

Transaction ID: 22635963

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> 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 / 14
	<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. Mark Brown, , DC

Mailing Address 12242 Business Park Dr Ste 4

City State Zip Code  
Truckee CA 96161-3303

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

Name of Employer self Occupation  
Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2005

Transaction ID: 22635964

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John B McLaughlin, , DC

Mailing Address 2330 Merchants Dr

City State Zip Code  
Knoxville TN 37912-5136

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  
MM / DD / YYYY  
08 / 16 / 2005

Transaction ID: 22636001

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gordon A. Kuether, , DC

Mailing Address 1454 Colfax St

City State Zip Code  
Blair NE 68008-2021

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  
MM / DD / YYYY  
08 / 16 / 2005

Transaction ID: 22636050

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 14
	<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) <b>A.</b> Dr. Bruce A. Hilton, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 5	
Mailing Address 715 Fairgrove Church Rd SE Ste 101		<b>Transaction ID:</b> 22706430	
City State Zip Code Conover NC 28613-9289	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr Anthony Geramita, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 5	
Mailing Address 1700 New Butler Rd Ste 101		<b>Transaction ID:</b> 22706467	
City State Zip Code New Castle PA 16101-3119	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Richard G Brassard, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 5 / 2 0 0 5	
Mailing Address c/o Texas Chiropractic College 5912 Spencer Hwy		<b>Transaction ID:</b> 22706526	
City State Zip Code Pasadena TX 77505-1699	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Texas Chiropractic College Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> 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 11 / 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Donald E Miller, , DC Mailing Address 95 E Willman St City Hiawatha State IA Zip Code 52233-1518 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 22706527 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">365.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	5	365.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		2	5		2	0	0	5															
365.00																								
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 ▼ <table border="1"> <tr> <td colspan="2">365.00</td> </tr> </table>		365.00																						
365.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Dennis Robertson, , DC Mailing Address 777 W Shaw Ave City Fresno State CA Zip Code 93704-2302 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 22706531 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	5	500.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		2	5		2	0	0	5															
500.00																								
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 ▼ <table border="1"> <tr> <td colspan="2">500.00</td> </tr> </table>		500.00																						
500.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Craig Patterson, , DC Mailing Address 1304 Macon Rd City Perry State GA Zip Code 31069-2646 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 22706534 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	5	250.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	8		2	5		2	0	0	5															
250.00																								
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 ▼ <table border="1"> <tr> <td colspan="2">250.00</td> </tr> </table>		250.00																						
250.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1115.00</b>
<b>TOTAL</b> 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 / 14
	<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) <b>A.</b> Dr. William E Johnson, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address 1512 New Pinery Rd Ste 72		Transaction ID: 22716953
City State Zip Code Portage WI 53901-1312	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer 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>B.</b> Dr. David D Rehberger, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address 520 Suppiger Way		Transaction ID: 22716954
City State Zip Code Highland IL 62249-1101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Ronald C. Neuerburg, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 0 5
Mailing Address 1376 Washington St		Transaction ID: 22716957
City State Zip Code Eldora IA 50627-1631	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> 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 13 / 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brent A Johns, , DC

Mailing Address 325 W Broadway Ave

City State Zip Code  
Maryville TN 37801-4707

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

Name of Employer self Occupation  
self Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2005

**Transaction ID: 22716959**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph R. Andrejczik, , DC

Mailing Address 908 W Main St

City State Zip Code  
Louisville OH 44641-1106

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

Name of Employer self Occupation  
self Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2005

**Transaction ID: 22716960**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6665.00</b>

Image# 26950100253

Form/Schedule: **F3XA** Internal audit found errors needed to be updated  
Transaction ID:

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