REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

MAR 29 11 00 AM '94

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

2. FEC IDENTIFICATION NUMBER
C00102764

3. [X] 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	[X] 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? [X] YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 12/01/93 through 12/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 236,216.65
(b) Cash on Hand at Beginning of Reporting Period	$ 210,054.02	
(c) Total Receipts (from Line 19)	$ 140,775.48	$ 593,840.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 350,829.50	$ 830,057.48
7. Total Disbursements (from Line 30)	$ 25,948.56	$ 505,176.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 324,880.94	$ 324,880.94
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
Richard E. Thompson, D.C.

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

Date
03/24/94

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 9/93)

9 4 0 3 8 8 8 5 3 8 1

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 12/01/93 TO: 12/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	86,482.00	326,689.00
ii. Unitemized	50,946.50	258,732.00
iii. Total (add i and ii) ➤	137,428.50	585,421.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	137,428.50	585,421.00
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	1,900.00	2,416.48
17. Other Federal Receipts (Dividends, Interest, etc.)	1,446.98	6,003.35
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	140,775.48	593,840.83
20. Total Federal Receipts (subtract line 18 from line 19) ➤	140,775.48	593,840.83
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	448.56	127,238.36
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	448.56	127,238.36
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	20,500.00	253,530.29
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-	-0-
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-	-0-
29. Other Disbursements	5,000.00	124,407.89
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	25,948.56	505,176.54
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	25,948.56	505,176.54
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	137,428.50	585,421.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	137,428.50	585,421.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	448.56	127,238.36
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	448.56	127,238.36

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 Of 85
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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
Duane A Abbe 632 Cleveland Street Elyria, OH 44035-4104	self Occupation chiropractor Aggregate Year To Date> $ 950.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard M Ahens Main St Osage, IA 50461-1448	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pamela Adam Tides Rd Vero Beach, FL 32963-1257	self Occupation chiropractor Aggregate Year To Date> $ 1550.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barth D Adolphson 600 First Ave NW Cedar Rapids, IA 52405-3932	Self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1500.00

TOTAL This Period (last page this line number only) ..... > 1500.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 2 OF 86
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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
Warren S Albert 200-12 44th Avenue Bayside, NY 11361-0001	self chiropractor	12/03/93	250.00
Receipt For: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 250.00		
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Herman F Allenstorfer Honolulu Neck & Back Clinic 1188 Bishop St. Suite 1002 Honolulu, HI 96813-3304	self chiropractor	12/03/93	500.00
Receipt For: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 750.00		
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Samuel J Amari Jr 49-93 Xenoza Ave Haverhill, MA 01830	self chiropractor	12/03/93	1000.00
Receipt For: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 1250.00		
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Laura R Ames 1104 West Jefferson Ave Effingham, IL 62401-2037	self chiropractor	12/03/93	100.00
Receipt For: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... > 1850.00

TOTAL This Period (Last page this line number only) ..... > 3350.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 3 Of 86
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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Daniel G Anderson Anderson Chiropractic Clinic 809 Main Street North Branch, MN 55056-0584	self 12/03/93 chiropractor Aggregate Year To Date> $ 400.00	100.00
Receipt for: | | Primary | | General | X | Other (specify)		
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Daniel G Anderson Anderson Chiropractic Clinic 809 Main Street North Branch, MN 55056-0584	self 12/03/93 chiropractor Aggregate Year To Date> $ 400.00	100.00
Receipt for: | | Primary | | General | X | Other (specify)		
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Curtis A Anderson RT 7 Box 22987 De Funiak Springs, FL 32433-9150	self 12/03/93 chiropractor Aggregate Year To Date> $ 1100.00	1000.00
Receipt for: | | Primary | | General | X | Other (specify)		
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Richard C Armstrong 901 Kildaire Farm Road Cary, NC 27511-3937	self 12/03/93 chiropractor Aggregate Year To Date> $ 300.00	100.00
Receipt for: | | Primary | | General | X | Other (specify)		

SUBTOTAL of Receipts This Page (optional) 1300.00

TOTAL This Period (last page this line number only) 4650.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Gerald M Arndt 409 South Whitewoman Street PO Box 277 Coshocton, OH 43812-0277 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 400.00	12/03/93	300.00
Marvin J Babyatsky 249 Peruvian Ave Palm Beach, FL 33480-4673 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	150.00
Larry Balmer 10700 Normandale Blvd Bloomington, MN 55437-2700 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 2200.00	12/03/93	1000.00
Edward J Barowsky Valley Chiropractic & Rehab PO Box 1100 Holyoke, MA 01041-1100 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 850.00	12/03/93	100.00

SUBTOTAL of Receipts This Page (optional) ..... > 1450.00

TOTAL This Period (last page this line number only) ..... > 6100.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Evan J Beane 1770 Jefferson Avenue Defiance, OH 43512-3479	self Occupation chiropractor Aggregate Year To Date> $ 2100.00	12/03/93	1000.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gene M Bedocs 136 Winckles Street Elyria, OH 44035-6152	self Occupation chiropractor Aggregate Year To Date> $ 450.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gina M Beech Bethesda Back Center 9112 Old Georgetown Rd Bethesda, MD 20814-1682	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lewis E Bennett 9309 Old 8 Northfield, OH 44067-2067	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1600.00

TOTAL This Period (last page this line number only) ..... > 7700.00

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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
Fred Herman 4619 North First Street Fresno, CA 93726-0904	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert D Berry 2463 Co.Rd. 529 Loudonville, OH 44842-9687	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary E Billingsley [illegible] S Emerson Ave Indianapolis, IN 46203-5937	self Occupation chiropractor Aggregate Year To Date> $ 600.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary D Black 8786 Goodwood Blvd #101 Baton Rouge, LA 70806-7917	self Occupation chiropractor Aggregate Year To Date> $ 1200.00	12/03/93	1000.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1450.00

TOTAL This Period (last page this line number only) ..... > 8150.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Steven J Blaut 1052 Main St Ste B Morro Bay, CA 93442-2004	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ian J Boehm 209 Western Ave Lynn, MA 01904-2719	self Occupation chiropractor Aggregate Year To Date> $ 750.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert A Boisvert 5501 Coliseum Blvd Alexandria, LA 71303-3706	self Occupation chiropractor Aggregate Year To Date> $ 1600.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William T Bongiorno 8618 - 18th Ave Brooklyn, NY 11214-3702	self Occupation chiropractor Aggregate Year To Date> $ 1500.00	12/03/93	1000.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 2500.00

TOTAL This Period (last page this line number only) ..... > 11650.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Todd C Bonsell 560 Stokes Road Ste 13 Medford, NJ 08055-2931	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)			
Karl C Boone 820 S Kanawha St Buckhannon, WV 26201-2312	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			
Raymond J Boyer 5618 Franklin Rd Boise, ID 83705-1057	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)			
Kathleen A Bosso 1121 Pajaro St Salinas, CA 93901-2905	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 850.00

TOTAL This Period (last page this line number only) ..... > 12500.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Robert D Briggs Briggs Chiropractic 222 North Main St Churchville, OH 44683-1833 Receipt for: | | Primary | | General | X | Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
William G Brink 359 Main St Sanford, ME 04073-3620 Receipt for: | | Primary | | General | X | Other (specify)	self chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Donald E Brophy III 3330 Telegraph Ave #D Oakland, CA 94609-3018 Receipt for: | | Primary | | General | X | Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Andre A Broussard 3410 34th St, Ste D Lubbock, TX 79410-2834 Receipt for: | | Primary | | General | X | Other (specify)	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	200.00

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

TOTAL This Period (last page this line number only) ..... > 13300.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Jeff W Brown 426 N Pleasantburg Drive Greenville, SC 29607-2187	self Occupation chiropractor Aggregate Year To Date> $ 750.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Calvin L Browning 2017 S 10th Street Fort Pierce, FL 34950-5316	self Occupation chiropractor Aggregate Year To Date> $ 600.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gregory G Bruno 166 S Main St Torrington, CT 06790-9950	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael S Brust 3061 Stone Mountain St Lithonia, GA 30058-4426	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 950.00

TOTAL This Period (last page this line number only) ..... > 14250.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Randall L Burdert 10911 Chimney Rock Houston, TX 77096-6214	self Occupation chiropractor Aggregate Year To Date> $ 1050.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lance K Butner 1741 Coffee Road, #2 Modesto, CA 95355-2807	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert P Byrne 4[illegible] Holt Blvd Montclair, CA 91763-4713	self Occupation chiropractor Aggregate Year To Date> $ 700.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul G Carpenter 4083 Main St Bridgeport, CT 06606-2343	Self Occupation Chiropractor Aggregate Year To Date> $ 650.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 900.00

TOTAL This Period (last page this line number only) ..... > 15150.00

SCHEDULE A ITEMIZED RECEIPTS

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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
James F Carroll PO Box 751 Littleton, MA 01460-2751	self chiropractor Aggregate Year To Date> $ 400.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Steven F Carrollton Spring Valley Ave Paramus, NJ 07652-2637	self chiropractor Aggregate Year To Date> $ 350.00	12/03/93	200.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Carumona North Ave Garwood, NJ 07027-1001	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	50.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Larry E Case 172 Woodport Rd Sparta, NJ 07871-2643	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	50.00
Receipt for: | | Primary | | General | X | Other (specify)			

SUBTOTAL of Receipts This Page (optional) 400.00

TOTAL This Period (last page this line number only) 15550.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Louis S Catapano 2024 West Henrietta Road #5B Rochester, NY 14623-1360	self chiropractor Aggregate Year To Date> $ 400.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Richard L Cervone 411 Broadway Providence, RI 02908-1649	self chiropractor Aggregate Year To Date> $ 500.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
William D Charachan 6[illegible] Georges Rd North Brunswick, NJ 08902-3330	self chiropractor Aggregate Year To Date> $ 320.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Gerald Cherneskoff 4761 Bayou Blvd Pensacola, FL 32503-2600	self chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 600.00

TOTAL This Period (last page this line number only) ..... > 26150.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Rex D Christy 415 C Avenue Vinton, IA 52349-1150 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 500.00	12/03/93	250.00
Michael J Cindrich 10th Street Chiropractic 16 E 10th Street New York, NY 10003-5930 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 550.00	12/03/93	300.00
Richard A Cipolone 3762 Atlantic Ave #C Long Beach, CA 90807-3409 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 950.00	12/03/93	250.00
Richard A Cipolone 3762 Atlantic Ave #C Long Beach, CA 90807-3409 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 950.00	12/03/93	250.00

SUBTOTAL of Receipts This Page (optional) ..... > 1050.00

TOTAL This Period (last page this line number only) ..... > 17200.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Richard A Cipolone 3762 Atlantic Ave #C Long Beach, CA 90807-3409 Receipt For: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 950.00	12/03/93	250.00
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Ronald M Clukey 209 Boston Post Rd Milford, CT 06460-3104 Receipt For: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
David A Clukey 265 N Main St Wallingford, CT 06492-3713 Receipt For: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 700.00	12/03/93	200.00
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Michael Cocilovo 475 Rt 304 New City, NY 10956-3030 Receipt For: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 700.00	12/03/93	500.00

SUBTOTAL of Receipts This Page (optional) ..... > 1450.00

TOTAL This Period (last page this line number only) ..... > 18650.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Chris Coffman 8115 Cincinnati-Dayton Rd West Chester, OH 45069-2144	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Cohen 678 Wyoming Avenue Kingston, PA 18704-3857	self Occupation chiropractor Aggregate Year To Date> $ 750.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Philip Connolly Manchester Lakes Chiropractic 7025 Manchester Blvd Ste C Alexandria, VA 22310-3253	self Occupation chiropractor Aggregate Year To Date> $ 850.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bernard J Coonen 313 West Main Woodbury, TN 37190-1124	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	300.00
Receipt for: | | Primary | | General |X| Other (specify)			

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

TOTAL This Period (last page this line number only) ..... > 19850.00

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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
Larry E Cornelius Cornelius Chiropractic Center 216 2nd Street Southwest Mt Vernon, IA 52314-1630	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt For: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul W Cornelius 6842 Clayton Rd St Louis, MO 63117-1806	self Occupation chiropractor Aggregate Year To Date> $ 320.00	12/03/93	200.00
Receipt For: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry L Coelic PO Box 159 Shanksville, PA 15560-0159	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	100.00
Receipt For: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter B Cotton 307 S Lewis LaGrange, GA 30240-3143	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Receipt For: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 650.00

TOTAL This Period (last page this line number only) ..... > 20500.00

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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
Mark R Craft 38 S Main St Ellenville, NY 12428-1017	self Occupation chiropractor Aggregate Year To Date> $ 275.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Troy W Crane 702 G Street Rupert, ID 83350-1612	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	50.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry B Crowder 1[illegible] North Central Expy Ste 102 McKinney, TX 75070	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dean H Cummings 2215 Torrance Blvd #A Torrance, CA 90501-2517	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

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

TOTAL This Period (last page this line number only) ..... > 21250.00

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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
Glenn Crulada 927 Main St Dickson City, PA 18519-1337	self chiropractor Aggregate Year To Date> $ 850.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Donald J Daniels 5917 Burnet Road Austin, TX 78757	self chiropractor Aggregate Year To Date> $ 237.50	12/03/93	237.50
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Donald T Daniels 2[illegible] Douglas Ave Racine, WI 53402-4113	self chiropractor Aggregate Year To Date> $ 712.50	12/03/93	237.50
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Donald T Daniels 2711 Douglas Ave Racine, WI 53402-4113	self chiropractor Aggregate Year To Date> $ 712.50	12/03/93	237.50
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) $12.50

TOTAL This Period (last page this line number only) 22062.50

SCHEDULE A ITEMIZED RECEIPTS

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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
Donald T Daniels 2711 Douglas Ave Racine, WI 53402-4113	self chiropractor	12/03/93	237.50
Receipt for: | | Primary | | General | X | Other (specify)	Aggregate Year To Date> $ 712.50		

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
David J Darr 618 W Washington Street Sandusky, OH 44870-2419	self chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General | X | Other (specify)	Aggregate Year To Date> $ 750.00		

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
David J Darr 618 W Washington Street Sandusky, OH 44870-2419	self chiropractor	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)	Aggregate Year To Date> $ 750.00		

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Joseph W Davis 7658 A Market St Wilmington, NC 28405-9457	self chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General | X | Other (specify)	Aggregate Year To Date> $ 700.00		

SUBTOTAL of Receipts This Page (optional) ..... > 1487.50

TOTAL This Period (last page this line number only) ..... > 23550.00

SCHEDULE A ITEMIZED RECEIPTS

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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
James P Davis 1584 37th Avenue Moline, IL 61265-7213	self Occupation chiropractor Aggregate Year To Date> $ 450.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James P Davis 1584 37th Avenue Moline, IL 61265-7213	self Occupation chiropractor Aggregate Year To Date> $ 450.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael J DeBartolo 110 Boone Square St Ste 27 Hillsborough, NC 27278-2564	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald S DeMars 3720 Lawndale Dr Greensboro, NC 27455-3000	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	150.00
Receipt for: | | Primary | | General |X| Other (specify)			

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

TOTAL This Period (last page this line number only) ..... > 24300.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Ronald S DeMars 3720 Lawndale Dr Greensboro, NC 27455-3000	self 12/03/93	150.00
Receipt for: | | Primary | | General |X| Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 300.00	
Full Name, Mailing Address and Zip Code	**Name of Employer / Date (month, day, year)**	**Amount of Each Receipt This Period**
Tom E DeVries 108 S 5th St Sac City, IA 50583-2334	self 12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 300.00	
Full Name, Mailing Address and Zip Code	**Name of Employer / Date (month, day, year)**	**Amount of Each Receipt This Period**
Chris R Daisler PO Box 215 Kokomo, IN 46571-0215	self 12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 250.00	
Full Name, Mailing Address and Zip Code	**Name of Employer / Date (month, day, year)**	**Amount of Each Receipt This Period**
John H DeKorr 195 S Washington Ave Kankakee, IL 60901-3726	self 12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 300.00	

SUBTOTAL of Receipts This Page (optional) ..... > 600.00

TOTAL This Period (last page this line number only) ..... > 24900.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Timothy J Denault Jr 616 Broad Street Durham, NC 27705-4138	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis P Derocher 903 Tiogue Ave Coventry, RI 02816-6300	self Occupation chiropractor Aggregate Year To Date> $ 450.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frederick Deutsch Deutsch Chiropractic Clinic 810 10th St SW Watertown, SD 57201-4128	self Occupation chiropractor Aggregate Year To Date> $ 1100.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark O Devish PO Box 224 Canton, SD 57013-0224	self Occupation chiropractor Aggregate Year To Date> $ 550.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 650.00

TOTAL This Period (last page this line number only) ..... > 25550.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Richard J Dobias 175 Delaware Ave Palmerton, PA 18071-1715	self Occupation chiropractor	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 350.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John C Donofrio 2611 Hampden Blvd Reading, PA 19604-1010	self Occupation chiropractor	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark A Doppe 560 N McLean Blvd Wichita, KS 67203-5815	self Occupation chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Dorobish 665 Cherry Tree Lane Uniontown, PA 15401-8947	self Occupation chiropractor	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 400.00		

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only) 26450.00

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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 Dorobish 665 Cherry Tree Lane Uniontown, PA 15401-8947	self chiropractor Aggregate Year To Date> $ 400.00	12/03/93	200.00
Receipt for: | | Primary | | General | X | Other (specify)			
Steve M Douglas 409 E Milwaukee Street Janesville, WI 53545-3184	self chiropractor Aggregate Year To Date> $ 750.00	12/03/93	500.00
Receipt for: | | Primary | | General | X | Other (specify)			
Leslie I Dreifus 1801 Avenue "J" Brooklyn, NY 11230-5903	self chiropractor Aggregate Year To Date> $ 600.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			
Thomas H Dudley 343 Fairview Dr Suite 301 Carson City, NV 89701-5303	self chiropractor Aggregate Year To Date> $ 500.00	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1050.00

TOTAL This Period (last page this line number only) ..... = 27500.00

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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
Lori A Dunn 1360 Bedford St Stamford, CT 06905-5202	self Occupation chiropractor Aggregate Year To Date> $ 750.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			
Richard W Dye 4203 Memorial Drive Decatur, GA 30032-1206	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Robert E Ebert 1445 Ansborough Ave Waterloo, IA 50701-3430	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	150.00
Receipt for: | | Primary | | General |X| Other (specify)			
Ronald W Eccles Jr 4201 Swift Road Suite F Sarasota, FL 34231-5245	self Occupation chiropractor Aggregate Year To Date> $ 550.00	12/03/93	300.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 950.00

TOTAL This Period (last page this line number only) ..... > 28450.00

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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
Wayne E Riban 5301 Providence Road Virginia Beach, VA 23464-4228	self chiropractor Aggregate Year To Date> $ 350.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Randall Eldridge 2755 S Locust Ste 109 Denver, CO 80222-7131	self chiropractor Aggregate Year To Date> $ 625.00	12/03/93	125.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Michael Ellis 3909 North Main Street Greenville, TN 38555-4027	self chiropractor Aggregate Year To Date> $ 800.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
J Christopher Englert 133 Main St Manchester, CT 06040-3143	self chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) $25.00

TOTAL This Period (last page this line number only) 29275.00

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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
Rick N Erickson 3000 Bethesda Pl Ste 401-02 Winston Salem, NC 27103-3331	self Occupation: chiropractor Aggregate Year To Date> $ 500.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert J Esposito 7400 Southland Blvd #113 Orlando, FL 32809-6971	self Occupation: chiropractor Aggregate Year To Date> $ 275.00	12/03/93	125.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael C Ewald Kettering Chiropractic Center 2624 Wilmington Park Kettering, OH 45419-2455	self Occupation: chiropractor Aggregate Year To Date> $ 300.00	12/03/93	200.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark H Falk Boro Chiropractic 79 Union Blvd Totowa, NJ 07512-2751	self Occupation: chiropractor Aggregate Year To Date> $ 225.00	12/03/93	25.00
Receipt for: | | Primary | | General | X | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 450.00

TOTAL This Period (last page this line number only) ..... > 29725.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Jeanine A Fedorko 4774 Munson St NW Suite 302 Canton, OH 44718-3001	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian Fee 7008 Rock Hill Rd Prospect, KY 40059-9368	self Occupation chiropractor Aggregate Year To Date> $ 400.00	12/03/93	400.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Fellows 3440-B Bayshore Road North Cape May, NJ 08204	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W V Ferguson 523 W 207th St New York, NY 10034-2608	self Occupation chiropractor Aggregate Year To Date> $ 700.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1500.00

TOTAL This Period (last page this line number only) ..... > 31225.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Steven L Petzer 1204 7th St NW Rochester, MN 55901-1733	self chiropractor Aggregate Year To Date> $ 700.00	12/03/93	200.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Steven L Petzer 1204 7th St NW Rochester, MN 55901-1733	self chiropractor Aggregate Year To Date> $ 700.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Steven L Petzer 1204 7th St NW Rochester, MN 55901-1733	self chiropractor Aggregate Year To Date> $ 700.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Kenney L Field 615 West University Stillwater, OK 74074-3034	self chiropractor Aggregate Year To Date> $ 450.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 500.00

TOTAL This Period (last page this line number only) ..... > 31725.00

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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
Erik Plamm 47 Forest Ave Staten Island, NY 10301-3011	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M Fogel 2740 Henry Hudson Parkway E Bronx, NY 10463-4733	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ernani V Forchetti 821 West Chester Pike West Chester, PA 19382-4863	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary W France 2039 East A Torrington, WY 82240-2835	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > $50.00

TOTAL This Period (last page this line number only) ..... > 32575.00

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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
Al C Fulford 544 Perdon Blvd Crestview, FL 32536	self Occupation chiropractor Aggregate Year To Date> $ 325.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kim X Fuller 109 Wimbledon Square Suite G Chesapeake, VA 23320-4945	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark V Garrison 377 N 4th St Albion, IL 62806-1260	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark V Garrison 377 N 4th St Albion, IL 62806-1260	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 550.00

TOTAL This Period (last page this line number only) ..... > 33125.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Joseph R Gabis 3180 N Milwaukee Ave Chicago, IL 60618-6633	self Occupation chiropractor Aggregate Year To Date> $ 400.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
David M Geiss 913 W Logan St Suite E Celina, OH 45822-2000	self Occupation chiropractor Aggregate Year To Date> $ 325.00	12/03/93	125.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Alfred Gigante 83 Franklin Turnpike Waldwick, NJ 07463-1820	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Jay D Gillis 1905 Latham Lima, OH 45805-1637	self Occupation chiropractor Aggregate Year To Date> $ 750.00	12/03/93	750.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1575.00

TOTAL This Period(last page this line number only) ..... > 34700.00

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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
Norman J Glockler 4239 Lake Ave Ashtabula, OH 44004-6844	self chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	500.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Gail Goldberg Myers Advanced Chiropractic Center 108-F Commonwealth Ct Cary, NC 27511	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
C W Goustead [illegible] Clinic Rd Belbit, MI 53511-1952	self chiropractor Aggregate Year To Date> $ 900.00	12/03/93	500.00
Receipt for: | | Primary | | General | X | Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Todd C Goodale 1833 El Dorado Houston, TX 77062-3601	self chiropractor Aggregate Year To Date> $ 450.00	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)			

SUBTOTAL of Receipts This Page (optional) 1350.00

TOTAL This Period (last page this line number only) 36050.00

SCHEDULE A ITEMIZED RECEIPTS

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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
William Gray III 446 Grace St Greenwood, SC 29649-3125	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John P Gruenisb 40 Briarcliff Professional Ctr Bloomington, IL 60914-1767	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James P Quariglia [illegible] Tysens Ln Staten Island, NY 10306-2843	self Occupation chiropractor Aggregate Year To Date> $ 450.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James D Austin 359 N Alosta Ave Glendora, CA 91740-4307	self Occupation Chiropractor Aggregate Year To Date> $ 250.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

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

TOTAL This Period (last page this line number only) ..... > 36850.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Ruben B Guzman Guzman Chiropractic Clinic 5417 Broadway Merrillville, IN 46410-1647	self 12/03/93 Occupation: chiropractor Aggregate Year To Date: $ 250.00	250.00
Receipt for: | | Primary | | General |X| Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Richard W Haas 1603 S Federal Mason City, IA 50401-5727	self 12/03/93 Occupation: chiropractor Aggregate Year To Date: $ 250.00	100.00
Receipt for: | | Primary | | General |X| Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Henry N Hall 100 Alcott Place, Bldg 10 Co-op City, NY 10475-4102	self 12/03/93 Occupation: chiropractor Aggregate Year To Date: $ 600.00	500.00
Receipt for: | | Primary | | General |X| Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Eric Halsell 501 G North Main Cleburne, TX 76031-3850	self 12/03/93 Occupation: chiropractor Aggregate Year To Date: $ 225.00	50.00
Receipt for: | | Primary | | General |X| Other (specify)		

SUBTOTAL of Receipts This Page (optional) ..... > 900.00

TOTAL This Period (last page this line number only) ..... > 37750.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Eric Balsell 501 B North Main Cleburne, TX 76031-3850	self chiropractor Aggregate Year To Date> $ 225.00	12/03/93	75.00
Receipt for: | | Primary | | General | X | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Calvin Bargis 40 Maple Ave Warwick, NY 10990-1025	self chiropractor Aggregate Year To Date> $ 650.00	12/03/93	500.00
Receipt for: | | Primary | | General | X | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Karen Hartman PO Box 5943 Asheville, NC 28813-5943	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Roger C Hasbrouck 915 Madison St Beaver Dam, WI 53916-2623	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	200.00
Receipt for: | | Primary | | General | X | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 975.00

TOTAL This Period (last page this line number only) ..... > 38725.00

SCHEDULE A ITEMIZED RECEIPTS

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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 P Hailman 3703 Columbus Avenue Sandusky, OH 44870-5719	self chiropractor Aggregate Year To Date> $ 1300.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Michael A Hemann 13027 Arbor St Omaha, NE 68144-2535	self chiropractor Aggregate Year To Date> $ 400.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Douglas A Henderson 3163 Kipp Ave Lower Burrell, PA 15068-3546	self chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Patricia G Henry 100 Three Notch Rd Lexington Park, MD 20653-1532	self chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	1000.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1950.00

TOTAL This Period (last page this line number only) ..... > 40675.00

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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
Peter G Hill 304 Columbus Avenue Boston, MA 02116-5116 Receipt for: | | Primary | | General | X | Other (specify)	self Occupation: chiropractor Aggregate Year To Date> $ 350.00	12/03/93	250.00
Richard L Hilton New Palestine Chiropractic 48 N Main St Suite B-C New Palestine, IN 46163-9500 Receipt for: | | Primary | | General | X | Other (specify)	self Occupation: chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Eugene L Hirsch 291 Main St Kisco, NY 10549-3002 Receipt for: | | Primary | | General | X | Other (specify)	self Occupation: chiropractor Aggregate Year To Date> $ 375.00	12/03/93	75.00
Mark C Holtschlag 3114 Broadway Quincy, IL 62301-3710 Receipt for: | | Primary | | General | X | Other (specify)	self Occupation: chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00

SUBTOTAL of Receipts this Page (optional) ..... > 525.00

TOTAL This Period (last page this line number only) ..... > 41200.00

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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
Mark C Holzschlag 3114 Broadway Quincy, IL 62301-3710	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mitchell O Bubaher 48 Strawberry Hill Ave Stamford, CT 06902-2679	self Occupation chiropractor Aggregate Year To Date> $ 700.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian A Busske 963 Sugarland Drive Sheridan, WY 82801-5361	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	1000.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Ivazzolino 1390 Stuyvesant Avenue Union, NJ 07083-5360	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1600.00

TOTAL This Period (last page this line number only) ..... > 42900.00

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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
Cindy Johnson 510 Justis Dr Greenville, TN 37743-4212	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 400.00	100.00
Receipt for: | | Primary | | General |X| Other (specify)		
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Gregory A Johnson Johnson Chiropractic Center 618 Market St Williamsport, PA 17701-3403	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 400.00	100.00
Receipt for: | | Primary | | General |X| Other (specify)		
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Darrell W Johnson 3809 Johnston St Lafayette, LA 70503-3408	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 600.00	300.00
Receipt for: | | Primary | | General |X| Other (specify)		
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Fred D Jones 143 River Ave Patchogue, NY 11772-3403	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 400.00	200.00
Receipt for: | | Primary | | General |X| Other (specify)		

SUBTOTAL of Receipts This Page (optional) ..... > 700.00

TOTAL This Period (last page this line number only) ..... > 43500.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Craig L Jordan 10817 W Lincoln Avenue Milwaukee, WI 53227-1127	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Rowe Julian 1715 Bowman Green Dr #3113 Reston, VA 22090-3113	self chiropractor Aggregate Year To Date> $ 600.00	12/03/93	300.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Stephen J Keenan 700 Reservoir Ave Cranston, RI 02910-3237	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Daniel E Kahr 2008 3Rd St Ste C La Grande, OR 97850-2200	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 850.00

TOTAL This Period (last page this line number only) ..... > 44350.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 43 Of 85
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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
Michael S Kelsey 5000 East Bonanza Las Vegas, NV 89120-3557	self chiropractor	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Larry D Kinnison PO Box 879 Marble Falls, TX 78654-0879	self chiropractor	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 650.00		

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Robert B Kleinberg 2950 Bath Avenue Brooklyn, NY 11214-4904	self chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 1000.00		

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Barry E Koopp 185 Main Street PO Box 716 Norway, ME 04268-1359	self chiropractor	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 275.00		

SUBTOTAL of Receipts This Page (optional) ..... > 1150.00

TOTAL This Period (last page this line number only) ..... > 65500.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Mark A Korchok 9128 Union Cemetary Rd Cincinnati, OH 45249-2006	self 12/03/93	125.00
Receipt for: | | Primary | | General | X | Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 475.00	
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Joseph Kornfeld 18 Pleasant Street Revere, MA 02151-5051	self 12/03/93	500.00
Receipt for: | | Primary | | General | X | Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 1300.00	
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Margaret A Kepes 6301 Laurel Canyon Blvd #244 North Hollywood, CA 91607-2736	self 12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 250.00	
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Melvin J Kukich 120 Mosside Blvd North Versailles, PA 15137-2614	self 12/03/93	200.00
Receipt for: | | Primary | | General | X | Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 350.00	

SUBTOTAL of Receipts This Page (optional) ..... > 1075.00

TOTAL This Period (last page this line number only) ..... > 96575.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Robert A L'Europa 1536 Cranston St Cranston, RI 02920-5264 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Thomas P Lally 907 N Yakima Avenue Tacoma, WA 98902-3044 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Richard F Larkin 143 Main Street RT 28/62 North Reading, MA 01864-2201 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	1000.00
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
John V Lauria 800 Hooper Ave Toms River, NJ 08753-7719 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00

SUBTOTAL of Receipts This Page (optional)	1850.00
TOTAL This Period (last page this line number only)	48425.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Ramon E Lee 409 4th St Box 106 International Falls, MN 56649-2413	self 12/03/93 Occupation: chiropractor Aggregate Year to Date> $ 750.00	250.00
Receipt for: | | Primary | | General |X| Other (specify)		
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Lawrence J Lefcort 23-67 Bell Blvd, Ste 105 Bayside, NY 11360-2053	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 280.00	250.00
Receipt for: | | Primary | | General |X| Other (specify)		
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
William M Leff 9969 Montana Ave El Paso, TX 79903-2503	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 242.00	32.00
Receipt for: | | Primary | | General |X| Other (specify)		
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
James J Lehman 10401 Montgomery Pkwy NE Albuquerque, NM 87111-3865	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 350.00	250.00
Receipt for: | | Primary | | General |X| Other (specify)		

SUBTOTAL of Receipts This Page (optional) ..... > 782.00

TOTAL This Period (last page this line number only) ..... > 49207.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Alan C Leonzraf 11320 Kingston Pike Knoxville, TN 37922-2801	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Richard A Levarone 28100 US Rt 19N Suite 507 Clearwater, FL 34621	self Occupation chiropractor Aggregate Year To Date> $ 750.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Joseph I Lazarin 82-29 153 Avenue Howard Beach, NY 11414-0001	self Occupation chiropractor Aggregate Year To Date> $ 800.00	12/03/93	300.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
I Linkoff 183-11 Hillside Avenue Jamaica Estates, NY 11432-4813	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 950.00

TOTAL This Period(last page this line number only) ..... > 50157.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Paul M Lombardi 111 N Fiske Blvd Cocoa, FL 32922-7211	self Occupation chiropractor Aggregate Year To Date> $ 375.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David J Lombardi La Salle Chiropractic Clinic 1079 Smith St Providence, RI 02908-2741	self Occupation chiropractor Aggregate Year To Date> $ 400.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David J Lombardi La Salle Chiropractic Clinic 1079 Smith St Providence, RI 02908-2741	Self Occupation chiropractor Aggregate Year To Date> $ 600.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald J Lombardo RD #2 Scotland Ln New Castle, PA 16101-9801	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only) $0957.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Liat B London 150 A Kinoole St Hilo, HI 96720-2816	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brock W Lovett 3101 South Western #4 Amarillo, TX 79109-3291	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David R Lowe 315 B N Main Street Grand Prairie, TX 75050-5622	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laurel J MacKenzie 1139 S Braddock Ave Pittsburgh, PA 15218-1250	self Occupation chiropractor Aggregate Year To Date> $ 600.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1050.00

TOTAL This Period (last page this line number only) ..... > 52007.00

SCHEDULE A ITEMIZED RECEIPTS

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

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Mike D Maddox 9515 N Lamar Ste 164 Austin, TX 78753-4192	self 12/03/93 chiropractor Aggregate Year To Date> $ 500.00	500.00
Receipt for: | | Primary | | General | X | Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Andrew C Madeira 308 E Meadow Dr Mechanicsburg, PA 17055-5183	self 12/03/93 chiropractor Aggregate Year To Date> $ 500.00	500.00
Receipt for: | | Primary | | General | X | Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Douglas Main 342 Parsippany Rd Parsippany, NJ 07054-5510	self 12/03/93 chiropractor Aggregate Year To Date> $ 325.00	100.00
Receipt for: | | Primary | | General | X | Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Ronald L Marvin Marvin Chiropractic Center 705 Broadway C Oak Grove, MO 64075	self 12/03/93 chiropractor Aggregate Year To Date> $ 300.00	100.00
Receipt for: | | Primary | | General | X | Other (specify)		

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

TOTAL This Period (last page this line number only) ..... > $3207.00

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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
Ronald L Marvin Marvin Chiropractic Center 705 Broadway C Oak Grove, MO 64075	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald L Marvin Marvin Chiropractic Center 705 Broadway C Oak Grove, MO 64075	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martin H Matthews 715 Kenhorst Blvd Reading, PA 19607-1535	self Occupation chiropractor Aggregate Year To Date> $ 600.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David J May 364 Boston Turnpike Shrewsbury, MA 01545-3850	self Occupation chiropractor Aggregate Year To Date> $ 400.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 550.00

TOTAL This Period (last page this line number only) ..... > 53757.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Ralph W McCaslin PO Box 874 Corbin, KY 40702-0874	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas C McGillick Wharf Side Chiropractic Ctr 92 Hollywood Blvd Ste A Forked River, NJ 08731-4839	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas C McGillick Wharf Side Chiropractic Ctr 92 Hollywood Blvd Ste A Forked River, NJ 08731-4839	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott F McKay 786 Center Street Lewiston, NY 14092-1706	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	1000.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1450.00

TOTAL This Period (last page this line number only) ..... > 55207.00

SCHEDULE A ITEMIZED RECEIPTS

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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
John K McKay McKay Clinic PO Box 1123 Vidalia, GA 30474-2832	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael P McMurray 1900 S Winchester Blvd Ste 202 Campbell, CA 95008-0519	self Occupation chiropractor Aggregate Year To Date> $ 550.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph P Merlo Merlo Chiropractic Office 256-10 Union Turnpike Glen Oaks, NY 11004-1253	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald E Mestan 212 Vance Road PO Box 948 Lebanon, MO 65536-0868	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	300.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1550.00

TOTAL This Period (last page this line number only) ..... > 56757.00

SCHEDULE A ITEMIZED RECEIPTS

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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
John H Micera 500 Piedmont Rd Closter, NJ 07624-2648	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	150.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Johnny Miller Chiroplus 477 SW Military Drive San Antonio, TX 78221-1519	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul B Miller 224 W Main St Waynesboro, PA 17268-1593	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alice T Mitskog 319 North 11th Street Hampstead, MD 58075-4111	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

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

TOTAL This Period (last page this line number only) ..... > 57507.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Joseph R Mitzan 431 Brownell Ave New Bedford, MA 02740-1613	self Occupation chiropractor Aggregate Year To Date> $ 450.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas P Montgomery 188 N Main St Cortland, OH 44410-1432	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Immanuel Morenings 1441 Euclid Ave Bristol, VA 24201-3729	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry M Mardecchia 1013 Member Blvd Johnstown, PA 15905-2544	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1050.00

TOTAL This Period (last page this line number only) ..... > 50557.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Karl J Matriello 1351 Kuser Road Trenton, NJ 08619-3872	self Occupation chiropractor Aggregate Year To Date> $ 700.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald C Neuenburg 1376 Washington Eldora Chiropractic Center Eldora, IA 50627	self Occupation chiropractor Aggregate Year To Date> $ 450.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
W Bruce Monte 2[illegible] West 10th Street Ferdinand, IN 47532	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William T Norlin 4927 34th Ave S Minneapolis, MN 55417-1552	self Occupation chiropractor Aggregate Year To Date> $ 310.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 950.00

TOTAL This Period (last page this line number only) ..... > 59507.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 57 of 86
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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
Douglas L Harris PO Box 40337 Fayetteville, NC 28309-0337	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel M Nosza 351 Rahway Avenue Elizabeth, NJ 07202-1806	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bernard F Demcke 60 Lakeside Blvd W Waterbury, CT 06708-2826	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
J M Olah 1818 E Carson St Pittsburgh, PA 15203-1707	self Occupation chiropractor Aggregate Year To Date> $ 700.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only) 60207.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Gregory P Pelkowski 3100 Kemp Rd Beavercreek, OH 45431-2515	self chiropractor Aggregate Year To Date> $ 800.00	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)			
John A Panicali 2705 Ave O Brooklyn, NY 11229-5051	self chiropractor Aggregate Year To Date> $ 450.00	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)			
Michael S Pankow 5400 C General Booth Blvd Virginia Beach, VA 23454	self chiropractor Aggregate Year To Date> $ 600.00	12/03/93	200.00
Receipt for: | | Primary | | General | X | Other (specify)			
James D Park Perkins-Park Clinic 1115 S Main Street Jonesboro, AR 72401-4023	self chiropractor Aggregate Year To Date> $ 500.00	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 900.00

TOTAL This Period (last page this line number only) ..... > 61007.00

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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
Thomas P Perfilio Family Affair Plaza 902 S Main St Taylor, PA 18517-1828	self 12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 400.00	
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Dean A Perlman Scarsdale Chiropractic Assoc 360 Ardsley Rd Scarsdale, NY 10583-2435	self 12/03/93	300.00
Receipt for: | | Primary | | General | X | Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 300.00	
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Gale A Perry [illegible] East Main St Charles, IL 60174-1948	self 12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 250.00	
Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Clifford F Peters Community Chiro Center 4909 State Rd 54 New Port Richey, FL 34653-6023	self 12/03/93	200.00
Receipt for: | | Primary | | General | X | Other (specify)	Occupation: chiropractor Aggregate Year To Date> $ 400.00	

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

TOTAL This Period (last page this line number only) ..... > 61757.00

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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
Mark A Piccirillo 267 Kearny Avenue Kearny, NJ 07032-2507	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank R Pignatelli 2818 Chili Avenue Rochester, NY 14624-4832	self Occupation chiropractor Aggregate Year To Date> $ 600.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John H Pikulin 2[illegible] Bridge St New Cumberland, PA 17070-2127	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John J Pizzo 108 Washington St Barre, VT 05641-4247	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 600.00

TOTAL This Period (last page this line number only) ..... > 52357.00

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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
Wayne K Poller 161 N Washington Ave Bergenfield, NJ 07621-1739	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen P Pordari 1101 N Bluff Woodville, TX 75979-4737	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert D Poraeta [illegible] Pleasant Ave Fairfield, OH 45014-1664	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Valorie J Prahl 2590 Melrose Dr Cedar Falls, IA 50613-5248	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 950.00

TOTAL This Period (last page this line number only) ..... > 63307.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Donald C Profenno 116 College Ave Waterville, ME 04901-5715	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard B Quinn 40 South 6th Ave Brighton, CO 80601-2214	self Occupation chiropractor Aggregate Year To Date> $ 900.00	12/03/93	150.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James A Ramaglino [illegible]580 Venice Boulevard Culver City, CA 90232-3308	self Occupation chiropractor Aggregate Year To Date> $ 600.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Roger S Redleaf 95 Sockanosset Crossroads #303 Cranston, RI 02920-8559	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 600.00

TOTAL This Period (last page this line number only) ..... > 63907.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Roger S Redleaf 95 Bockanosset Crossroads #303 Cranston, RI 02920-5559	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Scott G Reiner 31N West Rolling Rd Round Lake Beach, IL 60073-1218	self chiropractor Aggregate Year To Date> $ 450.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth T Reiser 4[illegible] West Elm McHenry, IL 60050-4020	self chiropractor Aggregate Year To Date> $ 350.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Michael A Rennick 201 6th Ave Devils Lake, ND 58301-3025	self chiropractor Aggregate Year To Date> $ 600.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 550.00

TOTAL This Period (last page this line number only) ..... > 64457.00

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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
Gregory A Richards 2588 Billiard - Rowe Rd Billiard, OH 43026-9467	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Julie A Robotham 128 Auburn Court Ste 100 Westlake Village, CA 91362-3619	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Julie A Robotham 128 Auburn Court Ste 100 Westlake Village, CA 91362-3619	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Gene C Robloff 6040 N Lisbon #104 Milwaukee, WI 53210-2116	self Occupation chiropractor Aggregate Year To Date> $ 400.00	12/03/93	400.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 950.00

TOTAL This Period(last page this line number only) ..... > 65907.00

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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
Overman Z Rollins 103 W Meeting St Morganton, NC 28655-3554	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 300.00	100.00
Receipt for: | | Primary | | General | X | Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Eleanor L Bolnick 411 Alfred Street Biddeford, ME 04005-3749	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 400.00	100.00
Receipt for: | | Primary | | General | X | Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Rafael R Roman 1439 SW 7th Street #306 Miami, FL 33126-5552	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 600.00	100.00
Receipt for: | | Primary | | General | X | Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year)	Amount of Each Receipt This Period
Seth Rosenblum PO Box 271 Middleburgh, NY 12122-0271	self 12/03/93 Occupation: chiropractor Aggregate Year To Date> $ 350.00	250.00
Receipt for: | | Primary | | General | X | Other (specify)		

SUBTOTAL of Receipts This Page (optional) ..... > 550.00

TOTAL This Period (last page this line number only) ..... > 65957.00

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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
Allyne R Rosenthal 122 S Michigan Ave #1560 Chicago, IL 60603-6107	self Occupation: chiropractor Aggregate Year To Date> $ 350.00	12/03/93	250.00
Receipt for: [ ] Primary [ ] General [X] Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jefferson A Roth PO Box 699 Vail, CO 81658-0699	self Occupation: chiropractor Aggregate Year To Date> $ 600.00	12/03/93	500.00
Receipt for: [ ] Primary [ ] General [X] Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Linda S Ruckl 1909 Hwy 70 South Ste C-1 Nashville, TN 37221-2901	self Occupation: chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: [ ] Primary [ ] General [X] Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Russo 2 Summit Place Branford, CT 06405-4100	self Occupation: chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: [ ] Primary [ ] General [X] Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1500.00

TOTAL This Period (last page this line number only) ..... > 67457.00

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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
Steven T Ryan Fairwood Chiro Clinic 14410 Petrovitsky Rd #109 Renton, WA 98058-8900	self chiropractor Aggregate Year To Date> $ 550.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Douglas C Sackstreder Kettering Chiropractic 3626 Wilmington Pike Dayton, OH 45419-2455	self chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Stephen M Saleeby Saleeby Chiropractic Centre 3614 Browning Place Raleigh, NC 27609-7168	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Ronald A Salzman 10628 Riverside Dr #5 North Hollywood, CA 91602-2373	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 950.00

TOTAL This Period (last page this line number only) ..... > 68407.00

SCHEDULE A ITEMIZED RECEIPTS

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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
F Santavicca Jr Santavicca Management 148 W Chestnut Washington, PA 15301-4423	self	12/03/93	50.00
Receipt for: | | Primary | | General |X| Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
F Santavicca Jr Santavicca Management 148 W Chestnut Washington, PA 15301-4423	self	12/03/93	50.00
Receipt for: | | Primary | | General |X| Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
F Santavicca Jr Santavicca Management 148 W Chestnut Washington, PA 15301-4423	self	12/03/93	50.00
Receipt for: | | Primary | | General |X| Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Susanne M Santfer 1021 Eden Way N Ste 110 Chesapeake, VA 23320-2776	self	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)	Occupation chiropractor Aggregate Year To Date> $ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... > 650.00

TOTAL This Period (last page this line number only) ..... > 69057.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Jeffrey M Savitt 1541 Route #66 West Suite X Brick Town, NJ 08724	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt For: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bruce A Sayre 1750 E 87th St Suite 103 Chicago, IL 60617-2755	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	150.00
Receipt For: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian K Scharf 88 Franklin Street Springville, NY 14141-1303	self Occupation chiropractor Aggregate Year To Date> $ 500.00	12/03/93	250.00
Receipt For: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vincent P Schirra 5375 Route 8 Richland Mall Gibsonia, PA 15044	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	250.00
Receipt For: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 900.00

TOTAL This Period (last page this line number only) ..... > 69957.00

SCHEDULE A ITEMIZED RECEIPTS

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

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
R E Schlade 319 North Main St PO Box 58 Swanton, OH 43558-0058	self 12/03/93 chiropractor Aggregate Year To Date> $ 750.00	500.00
Receipt for: | | Primary | | General | X | Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Ralph F Schmidt PO Box 399 Silverton, OR 97381-0399	self 12/03/93 chiropractor Aggregate Year To Date> $ 350.00	250.00
Receipt for: | | Primary | | General | X | Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
John G Schoenenberger Family Chiropractic Clinic 4324 Milton Ave Janesville, WI 53546-9692	self 12/03/93 chiropractor Aggregate Year To Date> $ 750.00	500.00
Receipt for: | | Primary | | General | X | Other (specify)		

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Edward H Schott 2944 Bartley Road Jacksonville, FL 32257-8221	self 12/03/93 chiropractor Aggregate Year To Date> $ 600.00	100.00
Receipt for: | | Primary | | General | X | Other (specify)		

SUBTOTAL of Receipts This Page (optional) ..... > 1350.00

TOTAL This Period (last page this line number only) ..... > 71307.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Kenneth L Schrum 2221 Primrose McAllen, TX 78504-4128	self Occupation chiropractor	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)	Aggregate Year To Date> $ 450.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alan J Schwartz 897 East Semoran Boulevard Casselberry, FL 32707-5360	self Occupation chiropractor	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)	Aggregate Year To Date> $ 650.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harvey Schwartz Sportshide Chiropractic 1050 Larrabee Ave Bellingham, WA 98225-7367	self Occupation chiropractor	12/03/93	100.00
Receipt for: | | Primary | | General | X | Other (specify)	Aggregate Year To Date> $ 600.00		

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven E Shafer 1021 North Barron Street Eaton, OH 45320-1052	self Occupation chiropractor	12/03/93	250.00
Receipt for: | | Primary | | General | X | Other (specify)	Aggregate Year To Date> $ 350.00		

SUBTOTAL of Receipts This Page (optional) ..... > 700.00

TOTAL This Period (last page this line number only) ..... > 72907.00

SCHEDULE A ITEMIZED RECEIPTS

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

Full Name, Mailing Address and Zip Code	Name of Employer / Date (month, day, year) / Occupation	Amount of Each Receipt This Period
Timothy J Shaw 522 Hewett Street Neillsville, WI 54456-1926	self 12/03/93 chiropractor Aggregate Year To Date> $ 300.00	200.00
Receipt for: | | Primary | | General | X | Other (specify)		
Howard S Bichel 150 E 56th St New York, NY 10022-3631	self 12/03/93 chiropractor Aggregate Year To Date> $ 750.00	250.00
Receipt for: | | Primary | | General | X | Other (specify)		
Theodore N Siciliano 706 S Main St Margetta, NJ 08092-3121	self 12/03/93 chiropractor Aggregate Year To Date> $ 250.00	250.00
Receipt for: | | Primary | | General | X | Other (specify)		
Paul L Silcox 308 East State Street Fremont, OH 43420-0152	self 12/03/93 chiropractor Aggregate Year To Date> $ 250.00	250.00
Receipt for: | | Primary | | General | X | Other (specify)		

SUBTOTAL of Receipts This Page (optional) ..... > 950.00

TOTAL This Period (last page this line number only) ..... > 72957.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Janice A Slater 1139 South Braddock Avenue Pittsburgh, PA 15218-1250	self Occupation chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 500.00		
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lynd J Smith 122 E Olin Ave Suite 190 Madison, WI 53713-1400	self Occupation chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 500.00		
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Oliver R Smith Jr Parkway Medical Plaza 1717 Brown Street #13 El Paso, TX 79902-4700	self Occupation chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 500.00		
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen A Snider 346 Merrimon Ave Asheville, NC 28801-1222	self Occupation chiropractor	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 400.00		

SUBTOTAL of Receipts This Page (optional) ..... > 1600.00

TOTAL This Period (last page this line number only) ..... > 74557.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Walter H Sorensen PO Box 662 1330 Sullivan Ave South Windsor, CT 06074-2713	self Occupation chiropractor Aggregate Year To Date> $ 650.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
H Michael Spurlock 546 East Main Street Morehead, KY 40351-1318	self Occupation chiropractor Aggregate Year to Date> $ 500.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Germaine L St Germain 13 S Park Avenue Lombard, IL 60148-2854	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name ,Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Germaine L St Germain 13 S Park Avenue Lombard, IL 60148-2854	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 650.00

TOTAL This Period (last page this line number only) ..... > 75207.00

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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
Germaine L St Germain 13 S Park Avenue Lombard, IL 60148-2554	self chiropractor	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 300.00		

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
William A Stang Willard Chiropractic Office 314 Nelson St Willard, OH 44890	self chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
John E Stanton PO Box 948 Aiken, SC 29535-0948	self chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 500.00		

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Bill E Stefanou 111 Church Rd Marlton, NJ 08053-9410	self chiropractor	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)	Aggregate Year To Date> $ 600.00		

SUBTOTAL of Receipts This Page (optional) ..... > 1600.00

TOTAL This Period (last page this line number only) ..... > 76807.00

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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
Teddie R Stephenson 1313 Briarcrest Drive Bryan, TX 77802-5232	self Occupation chiropractor Aggregate Year To Date> $ 375.00	12/03/93	25.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harvey N Stern Rd #1 Box 296 Slate Hill, NY 10973-9749	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	350.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark P Stone [illegible] Main St Suite 16 Watertown, CT 06795-2930	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James L Strong RD 4, Box 40-13 Blairsville, PA 15717-8847	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 475.00

TOTAL This Period (last page this line number only) ..... > 77282.00

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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
Hans P Suhrbier 51 E Main St Ephrata, PA 17522-2711 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 400.00	12/03/93	200.00
Daniel P Sullivan 911 South Glendora Avenue West Covina, CA 91790-4202 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
William C Swanson 5[illegible]7th St NE Hazen, ND 58545-4613 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 350.00	12/03/93	100.00
Vincent Taffuri Jr 154 S Main St Nanuet, NY 10954-2805 Receipt for: | | Primary | | General |X| Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00

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

TOTAL This Period(last page this line number only) ----------> 76082.00

SCHEDULE A ITEMIZED RECEIPTS

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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
Brett R Tallents 53 South Third St Fulton, NY 13069-1844	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank A Torrelli 12167 Broadway Alden, NY 14004-1203	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Francis J Trapani 1618 East Isaacs Walla Walla, WA 99362-2206	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Francis J Trapani 1618 East Isaacs Walla Walla, WA 99362-2206	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 550.00

TOTAL This Period (last page this line number only) ..... > 76632.00

SCHEDULE A ITEMIZED RECEIPTS

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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
G Brian Trollope 12424 N 32nd Street, Ste # 100 Phoenix, AZ 85032-7148	self Occupation chiropractor Aggregate Year To Date> $ 750.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eric A Truitt 1200 W Henderson Ste E Cleburne, TX 76031-3525	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Van De Walle [illegible] N Mille Dr A101 Austin, TX 78731-3061	self Occupation chiropractor Aggregate Year To Date> $ 350.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Doug Vander Ploeg 1645-F Murfreesboro Road Nashville, TN 37217	self Occupation chiropractor Aggregate Year To Date> $ 550.00	12/03/93	300.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) 1150.00

TOTAL This Period (last page this line number only) 79782.00

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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
Dean R Vandergon 3624 West 10th Street Greeley, CO 80634-1821	self Occupation: chiropractor Aggregate Year To Date> $ 900.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert N Vaughn PO Box 128 Elon, NC 27244-0128	self Occupation: chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leonard D Venezia [illegible] Commack Rd Commack, NY 11725-3400	self Occupation: chiropractor Aggregate Year To Date> $ 400.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bradley D Walker 168 Salem Avenue Fredericktown, OH 43019-1024	self Occupation: chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

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

TOTAL This Period (last page this line number only) ..... > $1082.00

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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
William R Wallace 139 Morristown Rd Bernardsville, NJ 07924-2606	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Leonard E Ward 145 Gamble Avenue Preston, ID 83263-1054	self chiropractor Aggregate Year To Date> $ 350.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Douglas J Waters 48 Fox Street Fitchburg, MA 01420-3934	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Dennis L Watts PO Box 16432 Charlotte, NC 28297-6432	self chiropractor Aggregate Year To Date> $ 500.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1050.00

TOTAL This Period (last page this line number only) ..... > $2132.00

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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
Dean D Mieben 2500 Dell Range Blvd Cheyenne, WY 82009-5273	self Occupation chiropractor Aggregate Year To Date> $ 1000.00	12/03/93	1000.00
Receipt For: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peg Wiermaga 219 East 12th St Sioux Falls, SD 57102-1013	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	100.00
Receipt For: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mard J Williams 2904 Jane Street Greensboro, NC 27407-4206	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt For: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward C Williams 217 N Kirkman Rd Ste 1 Orlando, FL 32811-1199	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	200.00
Receipt For: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 1550.00

TOTAL This Period (last page this line number only) ..... > $3682.00

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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
Jerry R Willis 570 East Main Wytheville, VA 24382-2033	self chiropractor Aggregate Year To Date> $ 700.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Ray D Wilson 2003 E Wabash Ave Frankfort, IN 46041-2747	self chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Thomas C Wilson Box 607 Milbank, SD 57252-9534	self chiropractor Aggregate Year To Date> $ 650.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			
Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt This Period
Toni L Wilson 7235 Grandview Merriam, KS 66204-1637	self chiropractor Aggregate Year To Date> $ 300.00	12/03/93	50.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 600.00

TOTAL This Period (last page this line number only) ..... > 84282.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 94 Of 86
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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
John R Winn 10 Woodcliff Lake Rd Saddle River, NJ 07458-3006	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	300.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James F Winterstein 20 West 581 Glen Court Lombard, IL 60148	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	200.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James A Wiscomo 1078 Old Minden Rd #1203 Bossier City, LA 71112-2458	self Occupation chiropractor Aggregate Year To Date> $ 600.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
S William Wolfson Wolfson Chiropractic Office 131 Parkway Drive North Commack, NY 11725-4908	self Occupation chiropractor Aggregate Year To Date> $ 600.00	12/03/93	150.00
Receipt for: | | Primary | | General |X| Other (specify)			

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

TOTAL This Period (last page this line number only) ..... > 85032.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 85 OF 86
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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
Seth H Wolin 20 Maple Ave Armonk, NY 10504-2836	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Maycofer P Young 3160 Telegraph Road, #103 Ventura, CA 93003-3224	self Occupation chiropractor Aggregate Year To Date> $ 300.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Zander 1200 E Green Bay St Shawano, WI 54166-2448	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	100.00
Receipt for: | | Primary | | General |X| Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kevin S Degel #2 Central St #202 Middleton, MA 01949-1715	self Occupation chiropractor Aggregate Year To Date> $ 750.00	12/03/93	500.00
Receipt for: | | Primary | | General |X| Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 950.00

TOTAL This Period (last page this line number only) ..... > 85982.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 86 of 86
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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
Stephen H Zelinger 235 N Easton Rd Glenside, PA 19038-4717	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt For: | | Primary | | General | X | Other (specify)			

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Diane Zully 16 Station Plaza Glen Head, NY 11545-1824	self Occupation chiropractor Aggregate Year To Date> $ 250.00	12/03/93	250.00
Receipt For: | | Primary | | General | X | Other (specify)			

SUBTOTAL of Receipts This Page (optional) ..... > 500.00

TOTAL This Period (last page this line number only) ..... > 86482.00

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
☑	First Class Mail	POSTMARKED 3-25-94
☐	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

S.G. — PREPARER

3-30-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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