REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Arlington, VA 22209

FEB 21 1 52 PM '95

2. FEC IDENTIFICATION NUMBER
C00102764

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

4. TYPE OF REPORT

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

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/95 through 01/31/95		
6. (a) Cash on Hand January 1, 19__		$ 89,557.72
(b) Cash on Hand at Beginning of Reporting Period	$ 89,557.72	
(c) Total Receipts (from Line 19)	$ 4,562.50	$ 4,562.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 94,120.22	$ 94,120.22
7. Total Disbursements (from Line 30)	$ 3,500.00	$ 3,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 90,620.22	$ 90,620.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 2,046.50	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

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

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

Type or Print Name of Treasurer: R. E. Thompson

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

Date: 2/17/95

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM 01/01/95 TO: 01/31/95	
American Chiropractic Assn - PAC	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,350.00	1,350.00
ii. Unitemized	3,212.50	3,212.50
iii. Total (add i and ii) ➤	4,562.50	4,562.50
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	4,562.50	4,562.50
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,562.50	4,562.50
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,562.50	4,562.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	-0-
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	3,500.00
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	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,500.00	3,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,500.00	3,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4,562.50	4,562.50
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,562.50	4,562.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a(i)

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garbriel Arango 1302 N. Shephard Houston, TX 77008-3752	self	01/20/95	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor		
	Aggregate Year-to-Date $ $250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kerry Bertschinger 2002 Tuscarona Pike Martinsburg, WV 25401	self	01/26/95	$375.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor		
	Aggregate Year-to-Date $ $375.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Chisman 1019 Garfield Avenue Bay City, MI 48708-7175	self	01/20/95	$225.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor		
	Aggregate Year-to-Date $ $225.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lance E. Ford 121 W. Forth Carthage, MO 64836	self	01/20/95	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor		
	Aggregate Year-to-Date $ $500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	self		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor		
	Aggregate Year-to-Date $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	self		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor		
	Aggregate Year-to-Date $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	self		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chiropractor		
	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$1,350.00
TOTAL This Period (last page this line number only)	$1,350.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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

NAME OF COMMITTEE (in Full)

American Chiropractic Assn - PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Cremeans for Congress PO Box 632 Gallipolis, OH 45631	Debt Retirement - 1994 Contribution to Candidate Disbursement for: [ ] Primary [X] General [ ] Other (specify) Debt Retirement	01/06/95	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator Rockefeller 245 Second St, NE Suite 300 Washingptn, DC 20002	1996 Jay Rockefeller (D-WV-Sen) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/26/95	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Pallone for Congress PO Box 3176 Long Branch, NJ 07740	1994 - debt Retitrement Frank Pallone (D-NJ-06) Disbursement for: [ ] Primary [X] General [ ] Other (specify) Debt Retirement	01/18/95	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Karen McCarthy 1111 Valentine Road Kansas City, MO 64111	1996 - Candidate Contribution Karen McCarthy (D-MO-05) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	01/20/95	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$3,500.00
TOTAL This Period (last page this line number only)	$3,500.00

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SCHEDULE D
(Revised 3/90)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
American Chiropractic Assn - PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Friends of Jim Moody 135 West Wells Suite #400 Milaukee, WI 53203	$2,046.50	-0-	-0-	$2,046.50
Nature of Debt (Purpose): (1992) Unused General Election Contribution				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

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

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 2-17-95
☐	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

JMH
PREPARER

2-21-95
DATE PREPARED

FEC FORM 70-2 (12/92)