REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

07/19/2001 18 : 06

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

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

2. FEC IDENTIFICATION NUMBER
C00102784

CITY, STATE, and ZIP CODE
Arlington VA 22209

3. ☒ This committee has qualified as a multi-candidate 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 _____ (election type)
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 5. Covering Period 11/28/2000 through 12/31/2000	**COLUMN A** **This Period**	**COLUMN B** **Calendar Year-to-Date**
6. (a) Cash on Hand, January 1, 2000		57307.79
(b) Cash on Hand at Beginning of Reporting Period	-3809.65	
(c) Total Receipts (from line 19)	6950.00	224088.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3140.35	281376.29
7. Total Disbursements (from line 30)	-1000.00	277235.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4140.35	4140.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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
Electronically Filed by Kirt Josefek, D.C.

Signature of Treasurer

Date
07/19/2001

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 9/98)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X) (revised 1/1/91)

NAME OF COMMITTEE
American Chiropractic Association PAC

REPORT COVERING PERIOD
FROM 11/28/2000 TO: 12/31/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1800.00	79440.00	11.a.i.
ii. Unitemized	5150.00	144628.50	11.a.ii.
iii. Total (add i and ii)»	6950.00	224068.50	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	6950.00	224068.50	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	6950.00	224068.50	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	6950.00	224068.50	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	-1000.00	251025.94	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	0.00	0.00	28.d.
29. Other Disbursements	0.00	26210.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	-1000.00	277235.94	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	-1000.00	277235.94	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	6950.00	224068.50	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	6950.00	224068.50	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 5 FOR LINE NUMBER 11ai

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

NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Michele Imossi 25 South High Street New Britain CT 06051-2224 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Central Connecticut Chiropractic PC Occupation: Chiropractor Aggregate Year-to-Date > $ 400.00	11/28/2000	200.00
Dr. David Bruno 1622 Mineral Spring Ave N Providence RI 02904-6938 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	self Occupation: Chiropractor Aggregate Year-to-Date > $ 350.00	11/28/2000	100.00
Dr. David Lombardi 8 Blackstone Valley Pl Lincoln RI 02865 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Lincoln Chiropractic Inc Occupation: Chiropractor Aggregate Year-to-Date > $ 850.00	11/28/2000	50.00
Dr. David Choate PO Box 873 Lakeland FL 33802-0873 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	12/08/2000	62.50
Dr. Stephen Sligh PO Box 873 Lakeland FL 33802-0873 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	12/08/2000	62.50
Dr. Tod Conley 4661-B Cleveland Ave Columbus OH 43231-5848 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	self Occupation: Chiropractor Aggregate Year-to-Date > $ 300.00	12/08/2000	100.00
Dr. Robert Shane 2231 Downer St Baldwinsville NY 13027-8711 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	self Occupation: Chiropractor Aggregate Year-to-Date > $ 325.00	12/08/2000	125.00

SUBTOTALS of Receipts This Page (Optional) .....

TOTALS This Period (last page this line number only) .....

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 5 FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debbie Ryn P.O. Box 111507 Anchorage AK 99511 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	self Occupation: chiropractor Aggregate Year-to-Date > $ 250.00	12/08/2000	250.00
Dr. Christopher Frey 9528-B Lee Highway Fairfax VA 22031-2303 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Circle Chiropractic Center Occupation: Chiropractor Aggregate Year-to-Date > $ 350.00	12/08/2000	50.00
Dr. David Heffer 564 East Ridge Rd Ste 216 Rochester NY 14621-1228 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	BackCare Occupation: Chiropractor Aggregate Year-to-Date > $ 275.00	12/08/2000	100.00
Dr. Mark Umberg 1022 Weiss St, Box 248 Frankenmuth MI 48734-1924 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	self Occupation: Chiropractor Aggregate Year-to-Date > $ 300.00	12/08/2000	100.00
Dr. William Griffin 7310 Santa Monica Blvd West Hollywood CA 90046-6816 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Self Occupation: Chiropractor Aggregate Year-to-Date > $ 250.00	12/22/2000	100.00
Dr. Bradley Walker 168 Salem Ave Fredericktown OH 43019-1024 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	self Occupation: Chiropractor Aggregate Year-to-Date > $ 750.00	12/30/2000	250.00
Dr. Tracy Watson 1143 Kildare Farm Rd Cary NC 27511-4563 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	self Occupation: Chiropractor Aggregate Year-to-Date > $ 500.00	12/30/2000	250.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**1800.00**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BARRETT FOR CONGRESS 2711 N AVONDALE BLVD MILWAUKEE WI 53210	Voided Check for Barrett - 5th WI never (House - WI - 5) Disbursement for: [ ] Primary [X] General [ ] Other (specify) : 2000	12/30/2000	-1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**-1000.00**