



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Chiropractic Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2011"/>                                              |                         | 33967.21                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | 34616.97                |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | 6832.17                 | 100581.93                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 41449.14                | 134549.14                         |
| 7. Total Disbursements (from Line 31).....                                                                       | 8000.00                 | 101100.00                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 33449.14                | 33449.14                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Chiropractic Association Political Action Committee

Report Covering the Period: From: 08 / 01 / 2011 To: 08 / 31 / 2011

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 3568.84                       | 38866.42                          |
| (ii) Unitemized .....                                                                                 | 3263.33                       | 61715.51                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶                                                      | 6832.17                       | 100581.93                         |
| (b) Political Party Committees .....                                                                  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                                    | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 6832.17                       | 100581.93                         |
| 12. Transfers From Affiliated/Other Party Committees.....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                          | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....                                           | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds                                                        |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....                                                       | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                              | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..                                                           | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 6832.17                       | 100581.93                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 6832.17                       | 100581.93                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 8000.00                       | 101100.00                         |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....                                                                  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))                                              |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 8000.00                       | 101100.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8000.00                       | 101100.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                        | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 6832.17                       | 100581.93                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 6832.17                       | 100581.93                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 30                 |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/> 17             |                              |

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

NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Jason P Abshire Dc Abshire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 913 South College Road, Ste 105  
 City Lafayette State LA Zip Code 70503-3061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928181**  
 Amount of Each Receipt this Period **50.00**

**B. James H Adams Dc Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Andrieux St  
 City Sonoma State CA Zip Code 95476-6906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928182**  
 Amount of Each Receipt this Period **50.00**

**C. Ara Anthony Avedisian DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 346 Maple Avenue West  
 City Vienna State VA Zip Code 22180-5612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928186**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 OF 30                 |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Robert E Bachelder Dc Bachelder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1182 Township Rd 1175  
 City Ashland State OH Zip Code 44805-1977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928179**  
 Amount of Each Receipt this Period **62.50**

**B. William Bauman DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Guthrie Square Neurology Dept  
 City Sayre State PA Zip Code 18840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928188**  
 Amount of Each Receipt this Period **50.00**

**c. Christopher L Bissett DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 979 Del Mar Dr  
 City Lady Lake State FL Zip Code 32159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1927904**  
 Amount of Each Receipt this Period **50.00**

|                                                                 |               |
|-----------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>162.50</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 30                 |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         |                                         | <input type="checkbox"/> 15  |
|                                                                         |                                         | <input type="checkbox"/> 16  |
|                                                                         |                                         | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Ian J Boehm Jr Dc Boehm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 271 Western Avenue, Suite 102  
 City Lynn State MA Zip Code 01904-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928189**  
 Amount of Each Receipt this Period **50.00**

**B. Terry L Bradley DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1324 East Garrison Blvd  
 City Gastonia State NC Zip Code 28054-5134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928190**  
 Amount of Each Receipt this Period **50.00**

**C. Barbro Brost DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1421 Wayzata Blvd Ste 61  
 City Wayzata State MN Zip Code 55391-4113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928162**  
 Amount of Each Receipt this Period **62.50**

**SUBTOTAL** of Receipts This Page (optional)..... **162.50**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 OF 30                 |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. John S Caraway Dc Caraway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Enterprise Blvd  
 City Lake Charles State LA Zip Code 70601-6322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 08 / 13 / 2011  
**Transaction ID : C1927954**  
 Amount of Each Receipt this Period  
**62.50**

**B. Paul Ciatto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1620 Towne Center Route 22  
 City Brewster State NY Zip Code 10509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 08 / 13 / 2011  
**Transaction ID : C1927963**  
 Amount of Each Receipt this Period  
**62.50**

**C. Edwin Faine Davis DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 391 South 1st Street  
 City Jesup State GA Zip Code 31545-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **612.50**

Date of Receipt  
 08 / 13 / 2011  
**Transaction ID : C1927776**  
 Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **225.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. John Victor DeMaio DC**  
Full Name (Last, First, Middle Initial)

Mailing Address 2654 Brandermill Blvd

City State Zip Code  
Gambrills MD 21054-1651

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

Name of Employer Occupation  
self-employed Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  
08 / 13 / 2011  
**Transaction ID : C1927785**

Amount of Each Receipt this Period  
20.00

**B. Tina Driscoll DC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1171 N Bragg Blvd

City State Zip Code  
Spring Lake NC 28390-3116

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

Name of Employer Occupation  
self-employed Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
244.00

Date of Receipt  
08 / 13 / 2011  
**Transaction ID : C1927822**

Amount of Each Receipt this Period  
30.50

**c. Frank C Etlinger DC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 S Water Ave

City State Zip Code  
Gallatin TN 37066-3960

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

Name of Employer Occupation  
self-employed Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.36

Date of Receipt  
08 / 13 / 2011  
**Transaction ID : C1928175**

Amount of Each Receipt this Period  
30.42

|                                                                  |       |
|------------------------------------------------------------------|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 80.92 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Kent C Fox DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 W Main St  
 City Lebanon State OH Zip Code 45036-9173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928170**  
 Amount of Each Receipt this Period **50.00**

**B. Steven A Gansen Dc Gansen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 N Meridian St Ste 1  
 City Belle Plaine State MN Zip Code 56011-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1928007**  
 Amount of Each Receipt this Period **50.00**

**c. Marc Girod DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7007 Wyoming Blvd NE Ste E1  
 City Albuquerque State NM Zip Code 87109-3983  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1927818**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                              |                                   |                                                         |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|---------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 OF 30                                           |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13                                             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Daniel C Gleason DC**  
Full Name (Last, First, Middle Initial)

Mailing Address 19084 N Fruitport Rd

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Spring Lake | State<br>MI | Zip Code<br>49456-1163 |
|---------------------|-------------|------------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>self-employed | Occupation<br>Chiropractor |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2011        |

**Transaction ID : C1927961**

Amount of Each Receipt this Period  

|       |
|-------|
| 25.00 |
|-------|

**B. Kirsten S Grove Dc Grove**  
Full Name (Last, First, Middle Initial)

Mailing Address 8130 Boone Blvd Ste 110

|                       |             |                        |
|-----------------------|-------------|------------------------|
| City<br>Tysons Corner | State<br>VA | Zip Code<br>22182-2611 |
|-----------------------|-------------|------------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>self-employed | Occupation<br>Chiropractor |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2011        |

**Transaction ID : C1927840**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

**C. Gary M Guest Dc Guest**  
Full Name (Last, First, Middle Initial)

Mailing Address 2304 North 7th Avenue, Suite E

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Bozeman | State<br>MT | Zip Code<br>59715-2571 |
|-----------------|-------------|------------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>self-employed | Occupation<br>Chiropractor |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2011        |

**Transaction ID : C1927843**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>115.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Richard W Haas Dc Dabco Haas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1403 South Federal Avenue  
 City State Zip Code  
 Mason City IA 50401-5727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 08 / 13 / 2011  
**Transaction ID : C1927853**  
 Amount of Each Receipt this Period  
**50.00**

**B. Laron L Hardy DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2699 Sandlin Rd Sw Ste A-3  
 City State Zip Code  
 Decatur AL 35601-7343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 08 / 13 / 2011  
**Transaction ID : C1927845**  
 Amount of Each Receipt this Period  
**50.00**

**C. Elise G Hewitt Dc Cst Hewitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2031 East Burnside St  
 City State Zip Code  
 Portland OR 97214-1649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 08 / 13 / 2011  
**Transaction ID : C1927848**  
 Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         |                                         | <input type="checkbox"/> 15  |
|                                                                         |                                         | <input type="checkbox"/> 16  |
|                                                                         |                                         | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

|                                                                                                                                 |                                    |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Randy R Hinze DC</b>                                                           |                                    | Date of Receipt<br>08 / 13 / 2011<br><b>Transaction ID : C1927850</b> |
| Mailing Address 2421 23rd St                                                                                                    |                                    | Amount of Each Receipt this Period<br>62.50                           |
| City<br>Columbus                                                                                                                | State<br>NE                        | Zip Code<br>68601-3305                                                |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                    |                                                                       |
| Name of Employer<br>self-employed                                                                                               | Occupation<br>Chiropractor         |                                                                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |                                                                       |

|                                                                                                                                 |                                    |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Seth E Hosmer DC</b>                                                           |                                    | Date of Receipt<br>08 / 13 / 2011<br><b>Transaction ID : C1927792</b> |
| Mailing Address 1102 Nw 10th Ave                                                                                                |                                    | Amount of Each Receipt this Period<br>91.25                           |
| City<br>Portland                                                                                                                | State<br>OR                        | Zip Code<br>97209                                                     |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                    |                                                                       |
| Name of Employer<br>self-employed                                                                                               | Occupation<br>Chiropractor         |                                                                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>323.75 |                                                                       |

|                                                                                                                                 |                                    |                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Sharon Hulbert DC</b>                                                          |                                    | Date of Receipt<br>08 / 13 / 2011<br><b>Transaction ID : C1927816</b> |
| Mailing Address 592 N Green Rd                                                                                                  |                                    | Amount of Each Receipt this Period<br>50.00                           |
| City<br>Sprakers                                                                                                                | State<br>NY                        | Zip Code<br>12166-3202                                                |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                    |                                                                       |
| Name of Employer<br>self-employed                                                                                               | Occupation<br>Chiropractor         |                                                                       |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |                                                                       |

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 203.75 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Casey J Iverson DC**

Mailing Address PO Box 2371

City State Zip Code  
Grand Island NE 68802-2371

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

Name of Employer Occupation  
self-employed Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**800.00**

Date of Receipt  
08 / 13 / 2011  
**Transaction ID : C1927844**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Kevin M Kelly DC**

Mailing Address 20 Summer Street

City State Zip Code  
Rockland ME 04841-2918

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

Name of Employer Occupation  
self-employed Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
08 / 13 / 2011  
**Transaction ID : C1927835**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**c. Audie George Klingler DC**

Mailing Address 203 Greene St

City State Zip Code  
Cumberland MD 21502-2877

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

Name of Employer Occupation  
self-employed Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
08 / 13 / 2011  
**Transaction ID : C1927865**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **200.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         |                                         | <input type="checkbox"/> 15  |
|                                                                         |                                         | <input type="checkbox"/> 16  |
|                                                                         |                                         | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Michael Kyrs DC**  
Full Name (Last, First, Middle Initial)

Mailing Address 199 S Addison Rd

City Wood Dale State IL Zip Code 60191-1979

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

Name of Employer Self-Employed Occupation chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927797**

Amount of Each Receipt this Period  
 50.00

**B. Karen A Mahlmeister DC**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 East 15th Street

City Edmond State OK Zip Code 73013-4303

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

Name of Employer self-employed Occupation Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927779**

Amount of Each Receipt this Period  
 100.00

**C. Kirk E Manson DC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1804 Carlisle Blvd NE

City Albuquerque State NM Zip Code 87110

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

Name of Employer self-employed Occupation Chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927975**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         |                                         | <input type="checkbox"/> 15  |
|                                                                         |                                         | <input type="checkbox"/> 16  |
|                                                                         |                                         | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Lawrence Marrich DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3401 Carlisle Blvd NE  
 City Albuquerque State NM Zip Code 87110-1648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1927762**  
 Amount of Each Receipt this Period **50.00**

**B. Brent R McNabb DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2205 N Sherman Ave  
 City Madison State WI Zip Code 53704-3310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1927855**  
 Amount of Each Receipt this Period **50.00**

**C. Sigmund Miller DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 Weber Ave  
 City Hillsborough State NJ Zip Code 08844-7039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1927856**  
 Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                              |                                   |                                                         |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|---------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 18 OF 30                                           |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13                                             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Matthew A Nardone DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117-B Three Springs Dr  
 City Weirton State WV Zip Code 26062-3827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1927767**  
 Amount of Each Receipt this Period **100.00**

**B. James C Neumayer DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 184 Main St  
 City Presque Isle State ME Zip Code 04769-2817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1927859**  
 Amount of Each Receipt this Period **50.00**

**C. Craig A Newman Dc Newman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3305 W Kennedy Blvd  
 City Tampa State FL Zip Code 33609-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 13 / 2011**  
**Transaction ID : C1927858**  
 Amount of Each Receipt this Period **50.00**

|                                                                 |               |
|-----------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>200.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         |                                         | <input type="checkbox"/> 15  |
|                                                                         |                                         | <input type="checkbox"/> 16  |
|                                                                         |                                         | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Gregory P Palkowski DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1654 Mardon Drive  
 City State Zip Code  
 Beavercreek OH 45432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Chiropractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927866**  
 Amount of Each Receipt this Period  
 50.00

**B. Irene L Parent DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1117 Arthur Ave  
 City State Zip Code  
 Racine WI 53405-2902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Chiropractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927867**  
 Amount of Each Receipt this Period  
 41.67

**C. Mathias M Pastore Dc Pastore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Breckenridge Chiropractic  
 12300 Bermuda Crossroad Ln  
 City State Zip Code  
 Chester VA 23831-2352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Chiropractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927875**  
 Amount of Each Receipt this Period  
 62.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 154.17  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         |                                         | <input type="checkbox"/> 15  |
|                                                                         |                                         | <input type="checkbox"/> 16  |
|                                                                         |                                         | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Kelli K Pearson Dc Pearson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1410 N Mullan Rd Ste 200  
 City State Zip Code  
 Spokane Valley WA 99206-4046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Chiropractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927877**  
 Amount of Each Receipt this Period  
 100.00

**B. Robert M Reeves DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 15005  
 City State Zip Code  
 Covington KY 41015-0005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Chiropractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927768**  
 Amount of Each Receipt this Period  
 50.00

**C. Lawrence J Reis DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14650 Gatorland Drive, Suite 3  
 City State Zip Code  
 Orlando FL 32837-6940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Chiropractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1928000**  
 Amount of Each Receipt this Period  
 100.00

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 250.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Joseph Riggio DC**

Mailing Address 1131 N Prospect Ave

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Itasca | State<br>IL | Zip Code<br>60143 |
|----------------|-------------|-------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>self-employed | Occupation<br>Chiropractor |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 13  |   | 2011    |

**Transaction ID : C1927880**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

Full Name (Last, First, Middle Initial)  
**B. Sean Rondeau**

Mailing Address 1111 W Morton Ave Ste 2

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Jacksonville | State<br>IL | Zip Code<br>62650-3165 |
|----------------------|-------------|------------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>Self-Employed | Occupation<br>chiropractor |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 13  |   | 2011    |

**Transaction ID : C1927958**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

Full Name (Last, First, Middle Initial)  
**C. Samuel L Schrock DC**

Mailing Address 218 West 39th Street

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Kearney | State<br>NE | Zip Code<br>68845-2802 |
|-----------------|-------------|------------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>self-employed | Occupation<br>Chiropractor |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08  |   | 13  |   | 2011    |

**Transaction ID : C1927874**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                         | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Jeffrey Sergent**  
Full Name (Last, First, Middle Initial)

Mailing Address 29100 Gateway Blvd Ste 100

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Flat Rock | MI    | 48134    |

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

|                  |              |
|------------------|--------------|
| Name of Employer | Occupation   |
| Self-Employed    | chiropractor |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2011        |

**Transaction ID : C1927799**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

**B. Russell S Smith DC**  
Full Name (Last, First, Middle Initial)

Mailing Address 2175 Chambliss Ave NW, Suite D

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Cleveland | TN    | 37311-3842 |

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

|                  |              |
|------------------|--------------|
| Name of Employer | Occupation   |
| self-employed    | Chiropractor |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2011        |

**Transaction ID : C1927871**

Amount of Each Receipt this Period  

|        |
|--------|
| 100.00 |
|--------|

**c. Lloyd Denton Spiers DC**  
Full Name (Last, First, Middle Initial)

Mailing Address 5128 Old Highway 11 Ste 1

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Hattiesburg | MS    | 39402-6022 |

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

|                  |              |
|------------------|--------------|
| Name of Employer | Occupation   |
| self-employed    | Chiropractor |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2011        |

**Transaction ID : C1927789**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>200.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         |                                         | <input type="checkbox"/> 15  |
|                                                                         |                                         | <input type="checkbox"/> 16  |
|                                                                         |                                         | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Randall P Stange DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 721 8th Street Se  
 Holland Theatre Plaza  
 City Orange City State IA Zip Code 51041-7451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927832**  
 Amount of Each Receipt this Period  
**50.00**

**B. Joseph J Sweere Dc Sweere**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 W. 84th St  
 City Bloomington State MN Zip Code 55431-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927851**  
 Amount of Each Receipt this Period  
**25.00**

**C. Bruce Thompson DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2864  
 City Muscle Shoals State AL Zip Code 35662-2864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927798**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                                         |                              |
|-------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 30                |
|                                                                         | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                         | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                         | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                         |                                         | <input type="checkbox"/> 15  |
|                                                                         |                                         | <input type="checkbox"/> 16  |
|                                                                         |                                         | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. N Ray Tuck Jr DC**  
Full Name (Last, First, Middle Initial)  
Mailing Address Po Box 1463

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>Christiansburg | State<br>VA | Zip Code<br>24068-1463 |
|------------------------|-------------|------------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>self-employed | Occupation<br>Chiropractor |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2011        |

**Transaction ID : C1927852**

Amount of Each Receipt this Period  
100.00

**B. William F Updyke DC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3571 North First Street, Ste 200

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>San Jose | State<br>CA | Zip Code<br>95134-1617 |
|------------------|-------------|------------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>self-employed | Occupation<br>Chiropractor |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2011        |

**Transaction ID : C1927837**

Amount of Each Receipt this Period  
50.00

**C. Ronald Vogtsberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 260 E Ontario 104

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Corona | State<br>CA | Zip Code<br>92879-3508 |
|----------------|-------------|------------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>Self-Employed | Occupation<br>chiropractor |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2011        |

**Transaction ID : C1927984**

Amount of Each Receipt this Period  
50.00

|                                                                  |        |
|------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                              |                              |
|-------------------------------------------------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 25 OF 30                |
|                                                                         | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13                                             | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|                                                                         |                              | <input type="checkbox"/> 15  |
|                                                                         |                              | <input type="checkbox"/> 16  |
|                                                                         |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Dana Weary Dc Weary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1410 N Mullan Rd Ste 200  
 City State Zip Code  
 Spokane Valley WA 99206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Chiropractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927976**  
 Amount of Each Receipt this Period  
 50.00

**B. Dianna S. Welty DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 43  
 City State Zip Code  
 Clay City IL 62824-0043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Chiropractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927965**  
 Amount of Each Receipt this Period  
 50.00

**C. Troy Wilson DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 N Burlington Ave  
 City State Zip Code  
 Hastings NE 68901-5034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed Chiropractor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927811**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                         |                              |                                   |                                                         |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|---------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 26 OF 30                                           |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13                                             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Ryan L Wohlfert DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 252 S Waverly Rd  
 City Lansing State MI Zip Code 48917-3625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927827**  
 Amount of Each Receipt this Period  
**300.00**

**B. Thomas Worden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Music Hill Rd  
 City Brookfield State CT Zip Code 06804-3123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927829**  
 Amount of Each Receipt this Period  
**50.00**

**C. Jeffrey P Zaika DC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 990 Lexington Ave  
 City Mansfield State OH Zip Code 44907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2011  
**Transaction ID : C1927766**  
 Amount of Each Receipt this Period  
**50.00**

|                                                                 |                |
|-----------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>130.00</b>  |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>3568.84</b> |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Boswell For Congress**

Mailing Address PO Box 6220

City Des Moines State IA Zip Code 50309

Purpose of Disbursement

Candidate Name

**Leonard L. Boswell**

Office Sought:  House  
 Senate  
 President

State: IA District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2011

**Transaction ID : D142530**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740-3176

Purpose of Disbursement

Candidate Name

**Rep. Frank Pallone Jr.**

Office Sought:  House  
 Senate  
 President

State: NJ District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2011

**Transaction ID : D142539**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. GENE GREEN CONGRESSIONAL CAMPAIGN**

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

**Rep. Gene Green**

Office Sought:  House  
 Senate  
 President

State: TX District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2011

**Transaction ID : D142538**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. JIM JORDAN FOR CONGRESS**

Mailing Address 1709 STATE ROUTE 560 SOUTH

City URBANA State OH Zip Code 43078

Purpose of Disbursement

Candidate Name  
**Rep. Jim Jordan**

Office Sought:  House  Senate  President  
State: OH District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 16 / 2011

Transaction ID : D142537

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JON RUNYAN FOR CONGRESS, INC**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067-0225

Purpose of Disbursement

Candidate Name  
**Rep. Jon Runyan**

Office Sought:  House  Senate  President  
State: NJ District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2011

Transaction ID : D142512

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 730

City HONEOYE State NY Zip Code 14471

Purpose of Disbursement

Candidate Name  
**Rep. Louise M. Slaughter**

Office Sought:  House  Senate  President  
State: NY District: 25

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 02 / 2011

Transaction ID : D142510

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4000.00



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : D145400

Redesignating \$500 from check dated 8/6/2011 for 2014 General to 2014 Primary

Form/Schedule: SB23

Transaction ID: D145401

Redesignating \$500 from check dated 8/16/2011 for 2014 General to 2014 Primary