

**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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		44116.91
(b) Cash on Hand at Beginning of Reporting Period.....	44116.91	
(c) Total Receipts (from Line 19)	9731.42	15160.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53848.33	59277.25
7. Total Disbursements (from Line 31).....	7500.00	10500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46348.33	48777.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Chiropractic Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4610.00	5710.00
(ii) Unitemized	5121.42	9450.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9731.42	15160.34
(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)	9731.42	15160.34
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))..... ▶	9731.42	15160.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9731.42	15160.34

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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.....	7500.00	10500.00
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)) ..	7500.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	10500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9731.42	15160.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9731.42	15160.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	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 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Rebecca Brown DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 Main Street
 City Yarmouth State ME Zip Code 04096-6800
 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 **1000.00**

Date of Receipt **02 / 19 / 2016**
Transaction ID : C3278510
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Dale A Elmenhurst Dc Elmenhurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 714 Pearson
 City Walla Walla State WA Zip Code 99362
 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 **02 / 23 / 2016**
Transaction ID : C3278551
 Amount of Each Receipt this Period **600.00**
 Memo Item

C. Brian M Grieves DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 150c County Road B
 City Shawano State WI Zip Code 54166-0592
 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 **250.00**

Date of Receipt **02 / 20 / 2016**
Transaction ID : C3278526
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 10
	<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. Steve Laski
Full Name (Last, First, Middle Initial)

Mailing Address 8 Seneca Lane
2360 State Rt 89 Apt J4

City Seneca Falls State NY Zip Code 13148

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

Name of Employer Information Requested Occupation Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
02 / 01 / 2016
Transaction ID : C3278555

Amount of Each Receipt this Period
510.00

Memo Item

B. James Joseph Lehman D Lehman
Full Name (Last, First, Middle Initial)

Mailing Address 185 Park Ave

City Bridgeport State CT Zip Code 06604-5734

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 ▼ 1300.00

Date of Receipt
02 / 20 / 2016
Transaction ID : C3278511

Amount of Each Receipt this Period
1200.00

Memo Item

C. James Joseph Lehman D Lehman
Full Name (Last, First, Middle Initial)

Mailing Address 185 Park Ave

City Bridgeport State CT Zip Code 06604-5734

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 ▼ 1300.00

Date of Receipt
02 / 26 / 2016
Transaction ID : C3278512

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1760.00
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 8 OF 10
	<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. James D Martin Dc Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 North Main Street
 City Wasilla State AK Zip Code 99654-7018
 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 **1200.00**

Date of Receipt **02 / 10 / 2016**
Transaction ID : C3278515
 Amount of Each Receipt this Period **600.00**
 Memo Item

B. Steven G Yeomans Dc Da Yeomans
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Eureka Street
 City Ripon State WI Zip Code 54971-1192
 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 **02 / 16 / 2016**
Transaction ID : C3278524
 Amount of Each Receipt this Period **50.00**
 Memo Item

C. Steven G Yeomans Dc Da Yeomans
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Eureka Street
 City Ripon State WI Zip Code 54971-1192
 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 **02 / 19 / 2016**
Transaction ID : C3278523
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	4610.00

**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. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I

City SCOTTSBLUFF State NE Zip Code 69361

Purpose of Disbursement
2016 Primary

Candidate Name
Rep. Adrian Smith

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NE District: 03

Date of Disbursement

/ /

Transaction ID : D171742

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
2016 Primary

Candidate Name
Rep. John Shimkus

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 15

Date of Disbursement

/ /

Transaction ID : D171740

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TED DEUTCH FOR CONGRESS COMMITTEE

Mailing Address 1050 17TH ST, NW, STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
2016 Primary

Candidate Name
Rep. Ted Deutch

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 21

Date of Disbursement

/ /

Transaction ID : D171744

Amount of Each Disbursement this Period

Memo Item

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

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

**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. TOM REED FOR CONGRESS

Mailing Address PO BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement
2016 Primary

Candidate Name
Rep. Tom Reed

Office Sought: House Senate President
State: NY District: 23
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	3		2	0	1	6		

Transaction ID : D171745

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

B. WALTER JONES COMMITTEE

Mailing Address PO BOX 3962

City GREENVILLE State NC Zip Code 27836

Purpose of Disbursement
2016 Primary

Candidate Name
Rep. Walter B. Jones

Office Sought: House Senate President
State: NC District: 03
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	0		2	0	1	6		

Transaction ID : D171741

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
2016 Primary

Candidate Name
Sen. Tammy Baldwin

Office Sought: House Senate President
State: WI District:
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	5		2	0	1	6		

Transaction ID : D171743

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Memo Item

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

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

4	5	0	0	.	0	0
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7	5	0	0	.	0	0
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