# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Chiropractic Association Political Action Committee

ADDRESS (number and street) ▼ 1701 Clarendon Blvd

☐ Check if different than previously reported. (ACC)

Arlington | VA | 22209 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00102764

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

**4. TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

| | | | |
|---|---|---|---|
| ☐ Feb 20 (M2) | ☐ May 20 (M5) | ☐ Aug 20 (M8) | ☐ Nov 20 (M11) (Non-Election Year Only) |
| ☐ Mar 20 (M3) | ☐ Jun 20 (M6) | ☐ Sep 20 (M9) | ☐ Dec 20 (M12) (Non-Election Year Only) |
| ☐ Apr 20 (M4) | ☒ Jul 20 (M7) | ☐ Oct 20 (M10) | ☐ Jan 31 (YE) |

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 06 / 01 / 2015 through 06 / 30 / 2015

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

Type or Print Name of Treasurer Michael Simone

Signature of Treasurer *Michael Simone* ***[Electronically Filed]*** Date 07 / 21 / 2015

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

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

# 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: 06 / 01 / 2015 To: 06 / 30 / 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2015 | | 15594.57 |
| (b) Cash on Hand at Beginning of Reporting Period | 36900.07 | |
| (c) Total Receipts (from Line 19) | 4667.50 | 64543.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 41567.57 | 80137.57 |
| 7. Total Disbursements (from Line 31) | 13000.00 | 47500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 28567.57 | 32637.57 |
| 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: M M 06 / D D 01 / Y Y Y Y 2015 To: M M 06 / D D 30 / Y Y Y Y 2015

| 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) | 2610.00 | 31805.50 |
| (ii) Unitemized | 2057.50 | 30407.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 4667.50 | 62213.00 |
| (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) ▶ | 4667.50 | 62213.00 |
| 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 | 2330.00 |
| 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)) ▶ | 4667.50 | 64543.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ | 4667.50 | 64543.00 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)



| 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 | 13000.00 | 47500.00 |
| 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)) | 13000.00 | 47500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶ | 13000.00 | 47500.00 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)



| 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) | 4667.50 | 62213.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4667.50 | 62213.00 |
| 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 |

# FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

**Form/Schedule:** **F3XN**
**Transaction ID :**

Per FEC-1017066, this report was delayed a day due to technical issues with our PAC vendor

**Form/Schedule:**
**Transaction ID:**

# 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name (Last, First, Middle Initial)
James H Adams Dc Adams

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 ▼ 300.00

Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055684**

Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)
Robert E Bachelder Dc Bachelder

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 ▼ 375.00

Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055688**

Amount of Each Receipt this Period: 62.50

**C.** Full Name (Last, First, Middle Initial)
Casey R Boggs DC

Mailing Address 3939 Massillon Rd Ste 201
#201

City: Uniontown
State: OH
Zip Code: 44685-8727

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 ▼ 270.00

Date of Receipt: 06 / 29 / 2015
**Transaction ID : C3055691**

Amount of Each Receipt this Period: 45.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 157.50

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

**A.** Full Name (Last, First, Middle Initial)
John S Caraway Dc Caraway

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 ▼ 375.00

Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055696**

Amount of Each Receipt this Period: 62.50

**B.** Full Name (Last, First, Middle Initial)
Paul Ciatto

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 ▼ 375.00

Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055697**

Amount of Each Receipt this Period: 62.50

**C.** Full Name (Last, First, Middle Initial)
Carl S Cleveland III DC

Mailing Address Office of the President
10850 Lowell Ave

City: Overland Park
State: KS
Zip Code: 66210

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: 06 / 16 / 2015
**Transaction ID : C3055698**

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

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

**A.** Full Name (Last, First, Middle Initial): Brett Counselman DC
Mailing Address: 1408 SW Topeka Blvd
City: Topeka State: KS Zip Code: 66612-1819
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: 06 / 13 / 2015
**Transaction ID : C3055699**
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial): Miguel Cruz
Mailing Address: 390 E Main St
City: Burnsville State: NC Zip Code: 28714-9781
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: 270.00
Date of Receipt: 06 / 29 / 2015
**Transaction ID : C3055700**
Amount of Each Receipt this Period: 45.00

**C.** Full Name (Last, First, Middle Initial): Michael S DeRose DC
Mailing Address: 1360 Beverly Rd Ste 102
City: Mc Lean State: VA Zip Code: 22101-3621
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: 06 / 13 / 2015
**Transaction ID : C3055704**
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 145.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)
Kenneth W Felch DC

Mailing Address 102 Third St

City: Los Altos
State: CA
Zip Code: 94022

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
M M 06 / D D 13 / Y Y Y Y 2015

**Transaction ID : C3055708**

Amount of Each Receipt this Period
100.00

**B.** Full Name (Last, First, Middle Initial)
Kenneth W Felch DC

Mailing Address 102 Third St

City: Los Altos
State: CA
Zip Code: 94022

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
M M 06 / D D 29 / Y Y Y Y 2015

**Transaction ID : C3055709**

Amount of Each Receipt this Period
100.00

**C.** Full Name (Last, First, Middle Initial)
Joshua C Flinn DC

Mailing Address PO Box 541925

City: Merritt Island
State: FL
Zip Code: 32954

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 06 / D D 29 / Y Y Y Y 2015

**Transaction ID : C3055712**

Amount of Each Receipt this Period
50.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 250.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)
Kent C Fox DC

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 ▼ 300.00

Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055714**

Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)
Wendy Gallego DC

Mailing Address 4500 Biscayne Blvd Ste 202

City: Miami
State: FL
Zip Code: 33137

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 ▼ 575.00

Date of Receipt: 06 / 29 / 2015
**Transaction ID : C3055717**

Amount of Each Receipt this Period: 50.00

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

Mailing Address 2304 North 7th Avenue, Suite E

City: Bozeman
State: MT
Zip Code: 59715-2571

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: 06 / 13 / 2015
**Transaction ID : C3055722**

Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 140.00

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

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

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

**A.** Full Name (Last, First, Middle Initial): Laron L Hardy DC
Mailing Address: 2699 Sandlin Rd Sw Ste A-3
City: Decatur | State: AL | Zip Code: 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 ▼: 300.00
Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055723**
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial): Dennis A Harris DC
Mailing Address: Po Box 8038
City: Fort Worth | State: TX | Zip Code: 76124-0038
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: 06 / 13 / 2015
**Transaction ID : C3055724**
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial): Randy R Hinze DC
Mailing Address: 2421 23rd St
City: Columbus | State: NE | Zip Code: 68601-3305
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 ▼: 375.00
Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055726**
Amount of Each Receipt this Period: 62.50

**SUBTOTAL** of Receipts This Page (optional) ▶ 137.50

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

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

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

**A.** Full Name (Last, First, Middle Initial)
Debra L Hoffman Dc Cc Hoffman

Mailing Address 11802 N 56th St

City: Tampa
State: FL
Zip Code: 33617-1652

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 ▼ 325.00

Date of Receipt: 06 / 16 / 2015
**Transaction ID : C3055728**

Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)
Darren S Hollander DC

Mailing Address 500 N Mills Ave

City: Orlando
State: FL
Zip Code: 32803

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: 06 / 29 / 2015
**Transaction ID : C3055729**

Amount of Each Receipt this Period: 35.00

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

Mailing Address PO Box 2371

City: Grand Island
State: NE
Zip Code: 68802-2371

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: 06 / 13 / 2015
**Transaction ID : C3055730**

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 160.00

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

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Chiropractic Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial): Tobi Jeurink Dc Jeurink
Mailing Address: 325 East Main Street, Suite C
City: Gardner State: KS Zip Code: 66030-1313
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: 06 / 13 / 2015
Transaction ID : C3055781
Amount of Each Receipt this Period: 35.00

**B.** Full Name (Last, First, Middle Initial): luis khit
Mailing Address: 5410 N 10th St
City: Mcallen State: TX Zip Code: 78504
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Chiropractor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 29 / 2015
Transaction ID : C3055786
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial): Audie George Klingler DC
Mailing Address: 203 Greene St
City: Cumberland State: MD Zip Code: 21502-2877
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: 06 / 13 / 2015
Transaction ID : C3055779
Amount of Each Receipt this Period: 50.00

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name (Last, First, Middle Initial): Todd Lovell
Mailing Address: 570 Riverstone Way Ste 2
City: Fairbanks State: AK Zip Code: 99709-2940
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 ▼: 225.00
Date of Receipt: 06 / 16 / 2015
**Transaction ID : C3055762**
Amount of Each Receipt this Period: 75.00

**B.** Full Name (Last, First, Middle Initial): Lawrence Marrich DC
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 ▼: 300.00
Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055782**
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial): Billie Martin
Mailing Address: 6575 West Loop S Ste 645
City: Bellaire State: TX Zip Code: 77401-3509
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Chiropractor
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 06 / 05 / 2015
**Transaction ID : C3055808**
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 425.00

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

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

Mailing Address 1010 South King Street, Suite 213

City: Honolulu | State: HI | Zip Code: 96814-1703

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: 06 / 29 / 2015
**Transaction ID : C3055768**

Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)
Craig A Newman Dc Newman

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 ▼ 400.00

Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055771**

Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)
Kelli K Pearson Dc Pearson

Mailing Address 1410 N Mullan Rd Ste 200

City: Spokane Valley | State: WA | Zip Code: 99206-4046

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: 06 / 13 / 2015
**Transaction ID : C3055774**

Amount of Each Receipt this Period: 100.00

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Chiropractic Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)
Laverne A Saboe Jr Dc D Saboe

Mailing Address 915 19th Ave Se

City: Albany | State: OR | Zip Code: 97322-4228

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: 06 / 13 / 2015
**Transaction ID : C3055770**

Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)
Joanne Kay Schmit Dc Schmit

Mailing Address Po Box 1040
712 Main St

City: West Point | State: VA | Zip Code: 23181-1040

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: 06 / 16 / 2015
**Transaction ID : C3055761**

Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)
Brandt L Spies DC

Mailing Address 212 Gulf Fwy. S.
Suite G1

City: League City | State: TX | Zip Code: 77573

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: 06 / 29 / 2015
**Transaction ID : C3055764**

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 250.00

**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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name (Last, First, Middle Initial)
Bruce Thompson DC

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 ▼ 900.00

Date of Receipt: 06 / 13 / 2015
**Transaction ID : C3055736**

Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)
Bruce Thompson DC

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 ▼ 900.00

Date of Receipt: 06 / 29 / 2015
**Transaction ID : C3055737**

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)
Dianna S. Welty DC

Mailing Address PO Box 43

City: Clay City
State: IL
Zip Code: 62824-0043

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: 06 / 13 / 2015
**Transaction ID : C3055760**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.** Full Name (Last, First, Middle Initial)
John M Wertin DC

Mailing Address 830 Poyntz Avenue

City: Manhattan
State: KS
Zip Code: 66502-6055

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: 06 / 13 / 2015
**Transaction ID : C3055763**

Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)
Troy Wilson DC

Mailing Address 321 N Burlington Ave

City: Hastings
State: NE
Zip Code: 68901-5034

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: 06 / 13 / 2015
**Transaction ID : C3055776**

Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)
Steven G Yeomans Dc Da Yeomans

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 ▼ 250.00

Date of Receipt: 06 / 16 / 2015
**Transaction ID : C3055757**

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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

**A.**
Full Name (Last, First, Middle Initial): Zachary C Young DC
Mailing Address: Po Box 895
City: Kalaheo State: HI Zip Code: 96741
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: 06 / 29 / 2015
**Transaction ID : C3055742**
Amount of Each Receipt this Period: 35.00

**B.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

**SUBTOTAL** of Receipts This Page (optional) ▶ 35.00

**TOTAL** This Period (last page this line number only) ▶ 2610.00

# 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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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

**A.** Full Name (Last, First, Middle Initial): HASTINGS FOR CONGRESS
Mailing Address: P.O. BOX 100277
City: FT. LAUDERDALE State: FL Zip Code: 33310
Purpose of Disbursement: 2016 Primary
Candidate Name: Rep. Alcee L. Hastings
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 20
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2015
**Transaction ID : D167343**
Amount of Each Disbursement this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial): LOEBSACK FOR CONGRESS
Mailing Address: PO BOX 3013
City: IOWA CITY State: IA Zip Code: 52244
Purpose of Disbursement: 2016 Primary
Candidate Name: Rep. Dave Loebsack
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IA District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 20 / 2015
**Transaction ID : D167335**
Amount of Each Disbursement this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial): GEORGE HOLDING FOR CONGRESS INC.
Mailing Address: PO BOX 97187
City: RALEIGH State: NC Zip Code: 27624
Purpose of Disbursement: 2016 Primary
Candidate Name: Rep. George Holding
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 13
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 09 / 2015
**Transaction ID : D167334**
Amount of Each Disbursement this Period: 2000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ 4000.00

**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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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

**A.** Full Name (Last, First, Middle Initial): MICA FOR CONGRESS
Mailing Address: P. O. BOX 181546
City: CASSELBERRY State: FL Zip Code: 32718
Purpose of Disbursement: 2016 Primary
Candidate Name: Rep. John L. Mica
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 07
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 06 / 26 / 2015
**Transaction ID : D167344**
Amount of Each Disbursement this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial): LOUISE SLAUGHTER RE-ELECTION COMMITTEE
Mailing Address: 1150 University Ave Ste 5
City: Rochester State: NY Zip Code: 14607-1647
Purpose of Disbursement: 2016 Primary
Candidate Name: Rep. Louise M. Slaughter
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 25
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 06 / 25 / 2015
**Transaction ID : D167345**
Amount of Each Disbursement this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial): ROSKAM FOR CONGRESS COMMITTEE
Mailing Address: P. O. BOX 713
City: WHEATON State: IL Zip Code: 60187
Purpose of Disbursement: 2016 Primary
Candidate Name: Rep. Peter Roskam
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 06 / 03 / 2015
**Transaction ID : D167340**
Amount of Each Disbursement this Period: 1500.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ 3500.00

**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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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

**A.** Full Name (Last, First, Middle Initial): PRICE FOR CONGRESS
Mailing Address: P.O. BOX 425
City: ROSWELL State: GA Zip Code: 30077
Purpose of Disbursement: 2016 Primary
Candidate Name: Rep. Tom Price
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 25 / 2015
Transaction ID : D167342
Amount of Each Disbursement this Period: 1500.00

**B.** Full Name (Last, First, Middle Initial): 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
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 23
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 02 / 2015
Transaction ID : D167338
Amount of Each Disbursement this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial): MORAN FOR KANSAS
Mailing Address: PO Box 1151
City: Hays State: KS Zip Code: 67601-1151
Purpose of Disbursement: 2016 Primary
Candidate Name: Sen. Jerry Moran
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: KS District: 00
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 25 / 2015
Transaction ID : D167341
Amount of Each Disbursement this Period: 1500.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ 5500.00

**TOTAL** This Period (last page this line number only) ▶ 13000.00