PAGE 1 / 13

Image# 14960689821

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than An Autr	iorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
North Central Academy	of Chiropractic C-PA	AC	
ADDRESS (number and street)	115 EAST OHIO AVENUE		
Check if different			
than previously reported. (ACC)	SEBRING		OH 44672
2. FEC IDENTIFICATION NU	MBER ▼ CIT	Y <b>A</b>	STATE ▲ ZIP CODE ▲
C C00451450		EPORT NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15		20 (M4) Jul 20 (M	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Quarterly Report (Quarterly Report 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q: January 31	Fleetier	M = M / D = D	/ Y Y Y Y in the
Year-End Report (YI  July 31 Mid-Year		1 on	State of
Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on	in the State of
5. Covering Period 01	01 2014	through 03	M / D D / Y Y Y Y Y Y 31 2014
I certify that I have examined thi	s Report and to the best of	my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasurer	DWAINE EVERETT		
Signature of Treasurer DWAI	NE EVERETT	[Electronically Filed]	Date 04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	ous, or incomplete information	may subject the person signir	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
North Central Academy of Chiropract	ic C-PAC	
Report Covering the Period: From: 01	/ 01 / 2014 To:	03 31 2014
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2014		7215.00
(b) Cash on Hand at Beginning of Reporting Period	7215.00	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7215.00	7215.00
7. Total Disbursements (from Line 31)	5300.23	5300.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1914.77	1914.77
9. Debts and Obligations Owed <b>TO</b> 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 multicandi	idate committee. (see FEC FORM 1M)	
For	r 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

# North Central Academy of Chiropractic C-PAC

Report Covering the Period: From: 01	01 2014	To:	03 31	2014
I. Receipts	COLUMN A Total This Perio	od	COLUMN Calendar Year	
. Contributions (other than loans) From:		'		
(a) Individuals/Persons Other				
Than Political Committees		0.00		0.00
(i) Itemized (use Schedule A)		0.00		0.00
(ii) Unitemized		0.00		0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶		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 Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶		0.00		0.00
. Transfers From Affiliated/Other				
Party Committees		0.00		0.00
	<del> </del>	2.22		
. All Loans Received		0.00		0.00
Loan Repayments Received		0.00		0.00
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)		0.00		0.00
. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees		0.00		0.00
. Other Federal Receipts				
(Dividends, Interest, etc.)		0.00		0.00
. Transfers from Non-Federal and Levin Funds	3 3			
(a) Non-Federal Account				
(from Schedule H3)		0.00		0.00
=				
(b) Levin Funds (from Schedule H5)		0.00		0.00
(3) 201111 20102 (110111 2011 2011 2011 201	7 7			
(c) Total Transfers (add 18(a) and 18(b))		0.00		0.00
. Total Receipts (add Lines 11(d),				2.00
12, 13, 14, 15, 16, 17, and 18(c))▶		0.00		0.00
. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶		0.00		0.00
(5555 657 1507 1507 1507 1507 1507 1507 1507 15	7 7	2.120		3.30

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tillo I Ollow	Calcinal Tear-to-Date
	(i) Federal Share	0.00	0.00
	(i) Tederal Ollare		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures	0.00	0.00
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	(add defication)		0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(00011 00 17100)		7
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	5300.23	5300.23
	Other Dispursements	3300.23	0000.20
	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5300.23	5300.23
	,,,,,, and	0000,20	3300.23
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	5300.23	5300.23

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)       ★	0.00	0.00

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

	FOR LINE NUMBER: PAGE 6 OF						
Use separate schedule(s)	(check only one)						
for each category of the Detailed Summary Page	X 11a 11b 11c 12						
,	13 14 15 16	_					

13

NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
North Central Academy of C	Chiropractic C-PAC	
Full Name (Last, First, Middle Initial) Rudy Modock		Date of Receipt
Mailing Address 6009 Paris Avenue	04 03 2008 1	
City	State Zip Code	Transaction ID : SA11AI.4406
Louisville	OH 55641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	Contribution
Buckeye Biomedical	Chiropractor	
Receipt For:	Aggregate Year-to-Date ▼	[MEMO ITEM]
Primary General	Aggregate real-to-Date ¥	
Other (specify) ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		
Name of Employer	Occupation	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 10 111 111 111 111	
Other (specify) ▼		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing	C	, another of Each Hoodpt this Fellou
federal political committee.		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 0	
Other (specify) ▼		
SUBTOTAL of Receipts This Page (option	nal)	0.00
COLUMN TITLE OF THE PROPERTY O		
TOTAL This Period (last page this line nu	imher only)	0.00

**1mage# 14960689827** PAGE 7 / 13

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.4406

See Form 99

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 8 OF 13 (check only one)		
	Any information copied from such Reports and Sta			erson for the purpose of soliciting contributions		
or	for commercial purposes, other than using the non- NAME OF COMMITTEE (In Full)  North Central Academy of Chirop			to solicit contributions from such committee.		
<b>A</b> .	Descript For:	State OH C C C C C C C C C C C C C C C C C C	Zip Code 44601 Year-to-Date ▼	Date of Receipt  10 30 2009  Transaction ID: SA15.4404  Amount of Each Receipt this Period  4.18  Interest  [MEMO ITEM]		
В.	Full Name (Last, First, Middle Initial)  Mailing Address  City	Date of Receipt				
	FEC ID number of contributing federal political committee.	State  C Occupation	Zip Code	Amount of Each Receipt this Period		
	Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼			
C.	Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code		Date of Receipt			
			Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С				
	, ,	Occupation				
	Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼					
s	UBTOTAL of Receipts This Page (optional)			0.00		

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

0.00

**1mage# 14960689829** PAGE 9 / 13

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SA15 Transaction ID: SA15.4404

See Form 99

Form/Schedule: Transaction ID:

# S 17

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 13			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	Check only	NOMBER.		
II LIVIIZED DISDONSEIVIENTS	for each category of the Detailed Summary Page	X 21b	22 23 24 25		
	Detailed Suffillary Page	27	28a 28b 28c 29	30b	
Any information copied from such Reports and Staten					
or for commercial purposes, other than using the name	e and address of any politic	al committee to	solicit contributions from such committee	-	
NAME OF COMMITTEE (In Full)	atia C DAC				
North Central Academy of Chiropra	ICTIC C-PAC				
Full Name (Last, First, Middle Initial)			5		
A. Chase Bank			Date of Disbursement		
Mailing Address 1100 East State St	06 24 2008				
City	State Zip Code		Transaction ID - CD04D 4400		
Alliance	OH 44601		Transaction ID : SB21B.4408		
Purpose of Disbursement Service charge			Amount of Each Disbursement this Per	riod	
Candidate Name		Catagony	Allount of Euch Biobardonion the 1 of		
		Category/ Type	18.95	5	
Office Sought: House Disburser			[MEMO ITEM]		
Senate   President	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
В.			Date of Disbursement		
Mailing Address			M = M / D = D / Y = Y = Y	1	
Mailing Address				4	
City	State Zip Code				
Purpose of Disbursement					
Talpose of Bisbardoment		· · · ·	Amount of Each Disbursement this Per		
Candidate Name		Category/			
		Type		ш	
Office Sought: House Disbursen					
	Primary General  Other (specify)				
State: District:	Curior (opcony)				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address			M M / D D / Y Y Y Y		
Only C	State Zip Code				
Purpose of Disbursement	Purpose of Disbursement				
Candidate Name	Condidate Name				
Odridicate Name		Category/ Type		П	
Office Sought: House Disburser	nent For:	76-		_	
	Primary General				
President District:	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)			0.00	)	
				#	
TOTAL This Period (last page this line number only)			0.00	)	

**1mage# 14960689831** PAGE 11 / 13

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SB21B Transaction ID: SB21B.4408

See Form 99

Form/Schedule: Transaction ID:

# ľ

Use separate schedule(s) for each category of the Detailed Summary Page   21b   22   23   24   25   26   27   28a   28b   28c   29   30b   28c   27   28a   28b   28c   28c   29   30b   28c	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 12 OF 13			
Detailed Summary Page 27 28a 28b 28c 29 30b 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 han using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) North Central Academy of Chiropractic C-PAC  Full Name (Last, First, Middle Initial) A. FRIENDS OF ARMOND BUDISH  Mailing Address 2240 CHACRIN BLVD BLIDG 450 City BEACHWOOD OH 44122 Purpose of Disbursement Contribution Candidate Name  Office Sought: House Disbursement For: Office Sought: House Disbursement For: State: Disfinct:  Full Name (Last, First, Middle Initial) B. Friends of Matthew J. Dolan  Mailing Address 491 Lamson Avenue  City State: Disbursement Contribution Candidate Name  Office Sought: House Disbursement For: Office Sought: House Disbursement	ITEMIZED DISBURSEMENTS		(check only	one)	00	
Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of soliciting contributions for for commending largoses, other than using the hame and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  NORTH Central Academy of Chiropractic C-PAC  Full Name (Last, First, Middle Initial)  A FRIENDS OF ARMOND BUDISH  Mailing Address 22240 CHAQRIN BLVD  BLDG 450  City  BEACHWOOD  OH 44122  Purpose of Disbursement Contribution  Candidate Name  Category/ Type  State:  Other (specify) ▼  Disbursement For:  Other (specify) ▼  Disbursement  Cortribution  Candidate Name  City  Bedford  Prince of Disbursement  Cortribution  Candidate Name  City  Bedford  Prince of Disbursement  Cortribution  Candidate Name  Category/ Type  Disbursement  Cortribution  Candidate Name  Category/ Type  Transaction ID : SB29.4412  Amount of Each Disbursement  Cortribution  Candidate Name  Category/ Type  Transaction ID : SB29.4412  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4412  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4412  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4412  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4412  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4376  Amount of Each Disbursement  Cortribution  Category/ Type  Transaction ID : SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Transaction ID : SB29.4376  Amou						
NAME OF COMMITTEE (in Pall) North Central Academy of Chiropractic C-PAC  Full Name (Last, First, Middle Initial) A. FRIENDS OF ARMOND BUDISH  Mailing Address 22240 CHAGRIN BLVD BLG 450 City BEACHWOOD OH 44122 Pripose of Disbursement Contribution Candidate Name  Category/ Type  Transaction ID : \$829.4410 Amount of Each Disbursement for:  City State: Disfirct:  Full Name (Last, First, Middle Initial) B. Friends of Matthew J. Dolan  Mailing Address 491 Lamson Avenue  City State: Disbursement Contribution Candidate Name  City State: Disbursement Contribution Category/ Type  Date of Disbursement  Category/ Type  Transaction ID : \$829.4412  Amount of Each Disbursement Category/ Type  Transaction ID : \$829.4412  Amount of Each Disbursement Contribution  Category/ Type  Date of Disbursement  Date of Disbursement  Transaction ID : \$829.4412  Amount of Each Disbursement  Category/ Type  Transaction ID : \$829.4412  Amount of Each Disbursement  Category/ Type  Transaction ID : \$829.4376  Amount of Each Disbursement  Contribution  Candidate Name  Category/ Type  Transaction ID : \$829.4376  Amount of Each Disbursement  Date of Disbursement  Contribution  Category/ Type  Transaction ID : \$829.4376  Amount of Each Disbursement  District:  Substored State Chircore  State Disbursement Toric (specify) ▼  Saulty State Disbursement This Page (optional)  Date of Disbursement  Transaction ID : \$829.4376  Amount of Each Disbursement  Date of Disbursement  Transaction ID : \$829.4376  Amount of Each Disbursement  Disbursement  Disbursement Toric (specify) ▼  Saulty State Disbursement  Disbursement Toric (specify	Any information copied from such Penerts and State	monts may not be sald or use				
North Central Academy of Chiropractic C-PAC  Full Name (Last, First, Middle Initial)  A. FRIENDS OF ARMOND BUDISH  Mailing Address 23240 CHAGRIN BLVD BLIDG 450  City BLIDG 450  Cadegory/ Office Sought:  First, Middle Initial)  B. Friends of Matthew J. Dolan  Mailing Address 491 Lamson Avenue  City Badford  Cardidate Name  City Budiord  City City City City City Colimbus President State:  District:  Full Name (Last, First, Middle Initial)  Cardidate Name  Category/ Type  Cardidate Name  Category/ Type  Transaction ID: SB29.4412  Amount of Each Disbursement this Period  Cardidate Name  Category/ Type  Transaction ID: SB29.4412  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.4376  Transaction ID: SB29.4376  Transaction ID: SB29.4376  Amount of Each Disbursement  Contribution  Candidate Name  Category/ Type  Transaction ID: SB29.4376  Transaction ID: SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  House  President  State:  District:  Full Name (Last, First, Middle Initial)  Contribution  Candidate Name  Category/ Type  Transaction ID: SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.4376  Transaction ID: SB29.4376  Amount of Each Disbursement this Period  Category/ Type  Transaction ID: SB29.4376  Transactio						
Full Name (Last, First, Middle Initial)  A. FRIENDS OF ARMOND BUDISH  Mailing Address 23240 CHAGRIN BLVD BLOG 450  City BEACHWOOD  OH 44122  Purpose of Disbursement  Contribution  Candidate Name  Office Sought:   House   Disbursement   Disbursement   For:	NAME OF COMMITTEE (In Full)					
A. FRIENDS OF ARMOND BUDISH  Mailing Address 23240 CHAGRIN BLVD BLDG 450  City State Zip Code OH 44122  Furnose of Disbursement Contribution Candidate Name  Office Sought: House Senate Primary General Disinct:  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Condidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State Zip Code OH 44146  Transaction ID : SB29,4410  Amount of Each Disbursement this Period  IMEMO ITEM]  Date of Disbursement  Transaction ID : SB29,4410  Date of Disbursement  In One Zoog  IMEMO ITEM]  Date of Disbursement  Transaction ID : SB29,4412  Amount of Each Disbursement  Office Sought: House Disbursement For: Senate Primary General Primary General Primary General Primary General Primary General District:  Transaction ID : SB29,4412  Amount of Each Disbursement this Period  Image: Primary General District:  Transaction ID : SB29,4376  Transaction	/	actic C-PAC				
Mailing Address 23240 CHAGRIN BLVD BLDG 450 City State Zip Code BEACHWOOD OH 44122 Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President Other (specify) ▼  State: Disbursement For: Senate President Other (specify) ▼  Transaction ID : SB29.4410  Amount of Each Disbursement this Period  MEMO ITEM]  Date of Disbursement  Category' 1000.00  MEMO ITEM]  Date of Disbursement  Contribution  Date of Disbursement  Contribution  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID : SB29.4412  Amount of Each Disbursement his Period  Transaction ID : SB29.4412  Amount of Each Disbursement his Period  Transaction ID : SB29.4412  Amount of Each Disbursement his Period  Category' Type  Office Sought: Other (specify) ▼  Transaction ID : SB29.4412  Amount of Each Disbursement  Category' Type  Transaction ID : SB29.4412  Amount of Each Disbursement  Category' Type  Transaction ID : SB29.4412  Amount of Each Disbursement  Category' Type  Office Sought: Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. Ohio State Chiropractic Association C-PAC  Mailing Address 172 E, State Street Sie. 502  City State Zip Code Columbus OH 43215  City State Sienet Sie. 502  City State Sienet Sie. 502  City State Sienet Sie. 502  City State Sienet Sienet Sie. 503  Category' Type  Transaction ID : SB29.4376  Amount of Each Disbursement this Period  Category' Type  Transaction ID : SB29.4376  Date of Disbursement  Category' Type  Office Sought: House Senate Primary General Siener Sienet Sie. 5030.23				Data of Diahumaana	1	
Mailing Address 22140 CHACRIN BLVD BLDG 450 City State: District: Full Name (Last, First, Middle Initial) B. Friends of Matthew J. Dolan Mailing Address 491 Lamson Avenue Candidate Name City State: District: Print Name (Last, First, Middle Initial) Contribution Candidate Name City State: District: Print Name (Last, First, Middle Initial) Conditions Sught: President Other (specify) ▼  State: District: Print Name (Last, First, Middle Initial) Conditions Sught: President Other (specify) ▼  State: District: Print Name (Last, First, Middle Initial) Conditions Sught: President Other (specify) ▼  State: District: Print Name (Last, First, Middle Initial) Cohio State Chiropractic Association C-PAC  Mailing Address 172 E. State Street State. District: State Street State. Other (specify) ▼  State Zip Code Other (specify) ▼  Date of Disbursement This Period  Transaction ID: SB29.4376  Date of Disbursement  Category/ 1000.00  IMEMO ITEM]  Transaction ID: SB29.4376  Date of Disbursement  Category/ 1000.00  IMEMO ITEM]  Transaction ID: SB29.4376	A. FRIENDS OF ARMOND BUDISH					
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See Form 99

Form/Schedule: SB29 Transaction ID: SB29.4412

See Form 99