

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Chiropractic Association PAC

ADDRESS (number and street) 1701 Clarendon Blvd
 Check if different than previously reported. (ACC)
Arlington VA 22209

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2011 through 07 31 2011

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 Dr Michael Simone

Signature of Treasurer Electronically Filed by Dr Michael Simone Date 08 17 2011

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 **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		33967.21
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	38937.71									
(c) Total Receipts (from Line 19)	7679.26	93749.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46616.97	127716.97								
7. Total Disbursements (from Line 31)	12000.00	93100.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34616.97	34616.97								
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**

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	4672.59	35297.58
(ii) Unitemized	3006.67	58452.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7679.26	93749.76
(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)	7679.26	93749.76
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 Transfer (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))	7679.26	93749.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7679.26	93749.76

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	12000.00	93100.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	12000.00	93100.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	93100.00

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)	7679.26	93749.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7679.26	93749.76
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: PAGE 6 / 35
(check only one)

<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

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

NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr Glenn Czulada, DC

Mailing Address 1201 Wheeler Ave

City State Zip Code
Dunmore PA 18510-1236

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 M M / D D / Y Y Y Y
07 / 08 / 2011

Transaction ID: 33564034

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dr Richard W Haas, DC

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 Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567735

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr Joseph J Sweere, DC

Mailing Address 2501 W. 84th St

City State Zip Code
Bloomington MN 55431-1602

FEC ID number of contributing federal political committee. C

Name of Employer Northwestern Health Sciences Universit Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567736

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: PAGE 7 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr 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 Self Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567740

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr Sigmund Miller, DC

Mailing Address 56 Weber Ave

City State Zip Code
Hillsborough NJ 08844-7039

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 ▼ 675.00

Date of Receipt M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567741

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Dr Randy R Hinze, DC

Mailing Address 2421 23rd St

City State Zip Code
Columbus NE 68601-3305

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 ▼ 437.50

Date of Receipt M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567743

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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Brent McNabb, DC

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 Occupation Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2011

Transaction ID: 33567746

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dr Daniel C Gleason, DC

Mailing Address 19084 N Fruitport Rd

City Spring Lake State MI Zip Code 49456-1163

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 ▼ 245.00

Date of Receipt 07 / 13 / 2011

Transaction ID: 33567748

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Dr 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 Occupation Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2011

Transaction ID: 33567749

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: PAGE 9 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Randall Stange, DC

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 Stange Chiropractic Clinic Occupation Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2011
Transaction ID: 33567751
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Dr Gregory P Palkowski, DC

Mailing Address 1654 Mardon Dr

City Dayton State OH Zip Code 45432-1949

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 07 / 13 / 2011
Transaction ID: 33567752
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr Craig Newman, DC

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 Occupation Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 13 / 2011
Transaction ID: 33567755
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: PAGE 10 / 35

(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Thomas D Worden, DC

Mailing Address 78 Deer Hill Ave

City State Zip Code
Danbury CT 06810-7938

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567757

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dr Keith Pool Turley, DC

Mailing Address 4961 De Zavala Rd

City State Zip Code
San Antonio TX 78249-2022

FEC ID number of contributing federal political committee. C

Name of Employer self employed Occupation
self employed Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567760

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr Ronald C Kaufmann, DC

Mailing Address 333 Route 25A, Suite 40

City State Zip Code
Rocky Point NY 11778-8569

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567766

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: PAGE 11 / 35
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Shawn Isdale, DC

Mailing Address 1201 Winkler Ave

City State Zip Code
Killeen TX 76542-6108

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

Name of Employer
Isdale Chiropractic Clinic

Occupation
Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567767

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr Kelli K Pearson, DC

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
NWCC

Occupation
Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567768

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. 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
self

Occupation
Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567769

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

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

FOR LINE NUMBER: PAGE 12 / 35
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)
Lawrence J Reis, DC

Mailing Address 1621 East Vine Street

City State Zip Code
Kissimmee FL 34744

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

Name of Employer self employed Occupation
self employed chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567770

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr Laron L Hardy, DC

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
self employed Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567771

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Terry L Bradley, DC

Mailing Address 1324 East Garrison Blvd

City State Zip Code
Gastonia NC 28054-5134

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

Name of Employer self Occupation
self Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567780

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: PAGE 13 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Lawrence Marrich, DC

Mailing Address 3401 Carlisle Blvd NE

City State Zip Code
Albuquerque NM 87110-1648

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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567790

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Gary M Guest, DC

Mailing Address 2304 N 7th Ave Ste E

City State Zip Code
Bozeman MT 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
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567792

Amount of Each Receipt this Period
40.00

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

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 self Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.94

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567793

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional) ► **120.42**

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: PAGE 14 / 35
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Dana Weary, DC

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 self Occupation chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567795

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr Mathias Pastore, DC

Mailing Address 12300 Bermuda Crossroad Ln

City State Zip Code
Chester VA 23831-2352

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 ▼ 437.50

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567796

Amount of Each Receipt this Period
62.50

C.

Full Name (Last, First, Middle Initial)
Dr John Victor DeMaio, DC

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 self employed Occupation Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567797

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **132.50**

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: PAGE 15 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. William O Bauman, DC

Mailing Address 1 Guthrie Square
Neurology Dept

City State Zip Code
Sayre PA 18840-1625

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 / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567799

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr. Ian J Boehm, Jr, DC

Mailing Address 271 Western Ave

City State Zip Code
Lynn MA 01904-3000

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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567802

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Barbro Brost, DC

Mailing Address 1421 Wayzata Blvd Ste 61

City State Zip Code
Wayzata MN 55391-4113

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

Name of Employer The Brost Clinic Occupation Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.50

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567803

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: PAGE 16 / 35
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Russell Smith, DC

Mailing Address 2175 Chambliss Ave NW, Suite D

City Cleveland State TN Zip Code 37311-3842

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 ▼ 700.00

Date of Receipt 07 / 13 / 2011

Transaction ID: 33567810

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Dr Steven A Gansen, DC

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 Occupation Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2011

Transaction ID: 33567812

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr William F Updyke, DC

Mailing Address 3571 N. First St., Ste 200

City San Jose State CA Zip Code 95134-1617

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 07 / 13 / 2011

Transaction ID: 33567813

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: PAGE 17 / 35
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr 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 self Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567814

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dr James H Adams, DC, DACBN

Mailing Address 101 Andrieux St

City State Zip Code
Sonoma CA 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
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567815

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr James C Neumayer, DC

Mailing Address 184 Main St

City State Zip Code
Presque Isle ME 04769-2817

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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567816

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: PAGE 18 / 35
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Robert Reeves, DC

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 self employed Occupation chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567817

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr Edwin Davis, DC

Mailing Address 391 South 1st Street

City State Zip Code
Jesup GA 31545-1132

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 ▼ 512.50

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567822

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr Kirsten S Grove, DC

Mailing Address 8130 Boone Blvd Ste 110

City State Zip Code
Vienna VA 22182-2611

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567824

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: PAGE 19 / 35
(check only one)

<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 PAC

A. Full Name (Last, First, Middle Initial)
Dr E Michael Kyrs, DC MS

Mailing Address 199 S Addison Rd

City State Zip Code
Wood Dale IL 60191-1979

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

Name of Employer self Occupation
self chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567826

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Samuel L Schrock, DC

Mailing Address 218 West 39th Street

City State Zip Code
Kearney NE 68845-2802

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

Name of Employer self Occupation
self Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567832

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr Joseph Riggio, DC

Mailing Address 921 West Irving Park Road

City State Zip Code
Itasca IL 60143-2023

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

Name of Employer self employed Occupation
self employed Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567836

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: PAGE 20 / 35

(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Ryan Wohlfer, DC

Mailing Address 252 S Waverly Rd

City State Zip Code
Lansing MI 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 ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567844

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
Dr N Ray Tuck, Jr, DC

Mailing Address PO Box 1463

City State Zip Code
Christiansburg VA 24068-1463

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 ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567850

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Dr Robert E Bachelder, DC

Mailing Address 1182 Township Rd 1175

City State Zip Code
Ashland OH 44805-1977

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 ▼ 537.50

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567851

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

192.50

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: PAGE 21 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

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

Mailing Address 134 East 15th Street

City State Zip Code
Edmond OK 73013-4303

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 ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567852

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr Jason G Abshire, DC

Mailing Address 913 South College Road, Ste 105

City State Zip Code
Lafayette LA 70503-3061

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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567853

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Matthew A Nardone, DC

Mailing Address 117-B Three Springs Dr

City State Zip Code
Weirton WV 26062-3827

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 ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567856

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)	PAGE 22 / 35
	<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 PAC

A.	Full Name (Last, First, Middle Initial) Dr Lloyd Denton Spiers, DC	Date of Receipt MM / DD / YYYY 07 / 13 / 2011
	Mailing Address 5128 Old Highway 11 Ste 1	Transaction ID: 33567858
	City State Zip Code Hattiesburg MS 39402-6022	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dr Irene L Parent, DC	Date of Receipt MM / DD / YYYY 07 / 13 / 2011
	Mailing Address 1117 Arthur Ave	Transaction ID: 33567860
	City State Zip Code Racine WI 53405-2902	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

C.	Full Name (Last, First, Middle Initial) Dr Jeffrey Zaika, DC	Date of Receipt MM / DD / YYYY 07 / 13 / 2011
	Mailing Address 990 Lexington Ave	Transaction ID: 33567861
	City State Zip Code Mansfield OH 44907	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	141.67
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: PAGE 23 / 35
(check only one)

<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

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

NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Ara Avedisian

Mailing Address 346 Maple Avenue West

City State Zip Code
Vienna VA 22180-5612

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

Name of Employer self employed Occupation
self employed chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567862

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr Dianna Welty, DC

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 self employed Occupation
self employed chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567872

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Troy Wilson, DC

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 self Occupation
self chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2011

Transaction ID: 33567888

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: PAGE 24 / 35

(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Sharon Hulbert, DC

Mailing Address 592 N Green Rd

City State Zip Code
Sprakers NY 12166-3202

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

M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567895

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Dr Tina Driscoll, DC

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 self Occupation
chiropractor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 213.50

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567897

Amount of Each Receipt this Period

30.50

C.

Full Name (Last, First, Middle Initial)
Dr Marc Girod, DC

Mailing Address 7007 Wyoming Blvd NE Ste E1

City State Zip Code
Albuquerque NM 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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567900

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.50

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: PAGE 25 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Jeffrey A Sergent, DC
 Mailing Address 29100 Gateway Blvd Ste 100
 City State Zip Code
 Flat Rock MI 48134-2764
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 13 / 2011
Transaction ID: 33567902
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation
 self employed chiropractor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Dr Bruce Thompson, DC
 Mailing Address PO Box 2864
 City State Zip Code
 Muscle Shoals AL 35662-2864
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 13 / 2011
Transaction ID: 33567903
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation
 self employed chiropractor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

C. Full Name (Last, First, Middle Initial)
Dr Paul C Ciatto, DC
 Mailing Address 1620 Towne Center Route 22
 City State Zip Code
 Brewster NY 10509
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 13 / 2011
Transaction ID: 33567906
 Amount of Each Receipt this Period
 62.50
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self chiropractor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 437.50

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 26 / 35
	<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 PAC

A.	Full Name (Last, First, Middle Initial) Dr Kirk E Manson, DC	Date of Receipt MM / DD / YYYY 07 / 13 / 2011
	Mailing Address 1804 Carlisle Blvd NE	Transaction ID: 33567910
	City State Zip Code Albuquerque NM 87110-4906	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self employed Occupation chiropractor	Aggregate Year-to-Date 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dr Sean P Rondeau, DC	Date of Receipt MM / DD / YYYY 07 / 13 / 2011
	Mailing Address 1111 W Morton Ave Ste 2	Transaction ID: 33567912
	City State Zip Code Jacksonville IL 62650-3165	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self employed Occupation chiropractor	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr John Caraway, DC	Date of Receipt MM / DD / YYYY 07 / 13 / 2011
	Mailing Address 1200 Enterprise Blvd	Transaction ID: 33567916
	City State Zip Code Lake Charles LA 70601-6322	Amount of Each Receipt this Period 62.50
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Occupation chiropractor	Aggregate Year-to-Date 437.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	212.50
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: PAGE 27 / 35

(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Christopher L. Bissett

Mailing Address 979 Del Mar Dr

City	State	Zip Code
Lady Lake	FL	32159

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

Name of Employer self employed	Occupation
	chiropractor

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567924

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Ronald Vogtsberg

Mailing Address 260 E Ontario 104

City	State	Zip Code
Corona	CA	92879-3508

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

Name of Employer self employed	Occupation
	chiropractor

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: 33567925

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr Kenneth B Peluso, DC

Mailing Address 36949 US Hwy 19 N

City	State	Zip Code
Palm Harbor	FL	34684-1238

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

Name of Employer self employed	Occupation
	chiropractor

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2011

Transaction ID: 33599540

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: PAGE 28 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Timothy Paul Dawson, DC
 Mailing Address 5019 Tamiami Trl E
 City State Zip Code
 Naples FL 34113-4126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation
 self employed chiropractor
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 400.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2011
Transaction ID: 33656376
 Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
Dr Christopher Deveau, DC
 Mailing Address 3 Mill St
 City State Zip Code
 Mystic CT 06355-3647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation
 self employed Chiropractor
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2011
Transaction ID: 33656377
 Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
Dr Erin E Ducat, DC
 Mailing Address 107 S Third St, Ste 2
 City State Zip Code
 Bloomington IL 60108-2913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self chiropractor
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 800.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2011
Transaction ID: 33656378
 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: PAGE 29 / 35
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Raymond Foxworth, DC

Mailing Address 2470 Flowood Drive, Suite 125

City Flowood State MS Zip Code 39232-9717

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 07 / 30 / 2011

Transaction ID: 33656379

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Dr Lincoln German, DC

Mailing Address 10633 Crestwood Dr

City Manassas State VA Zip Code 20109-3433

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 07 / 30 / 2011

Transaction ID: 33656380

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr Alvin C Graun, DC

Mailing Address 6428 South Cass Avenue

City Westmont State IL Zip Code 60559-3209

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 07 / 30 / 2011

Transaction ID: 33656381

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: PAGE 30 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Kirsten S Grove, DC

Mailing Address 8130 Boone Blvd Ste 110

City State Zip Code
Vienna VA 22182-2611

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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2011

Transaction ID: 33656382

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr Robert Jones

Mailing Address 5310 Homestead Rd NE Ste 400

City State Zip Code
Albuquerque NM 87110

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2011

Transaction ID: 33656384

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr Reiner G Kremer, DC

Mailing Address 7601 Burning Tree Dr
P.O. Box 201

City State Zip Code
Franktown CO 80116-9540

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
MM / DD / YYYY
07 / 30 / 2011

Transaction ID: 33656386

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: PAGE 31 / 35
(check only one)

<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 PAC

A.

Full Name (Last, First, Middle Initial)
Dr Frank Lizzio, DC

Mailing Address 1610 Castle Hill Ave

City State Zip Code
Bronx NY 10462-4202

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2011

Transaction ID: 33656388

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Dr Timothy R Noble, DC, DACBSP

Mailing Address 5769 E Santa Ana Canyon Rd Ste P

City State Zip Code
Anaheim CA 92807-3233

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
MM / DD / YYYY
07 / 30 / 2011

Transaction ID: 33656391

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr. Christophe S Oliveira

Mailing Address 1 S. Main St. Ste 1 2nd Floor

City State Zip Code
Lodi NJ 07644

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

Name of Employer Rehabilitation Institute of North Jers Occupation Chiropractic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2011

Transaction ID: 33656392

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: PAGE 32 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr James C Pamplin, DC
 Mailing Address 178 Main Street, Suite 100
 City Plymouth State NH Zip Code 03264-1527
 Date of Receipt 07 / 30 / 2011
Transaction ID: 33656393
 Amount of Each Receipt this Period 50.00
 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

B. Full Name (Last, First, Middle Initial)
Dr Jeffry Tyrus Parker, DC
 Mailing Address 6825 E Hampden Ave Ste 100
 City Denver State CO Zip Code 80224-3000
 Date of Receipt 07 / 30 / 2011
Transaction ID: 33656394
 Amount of Each Receipt this Period 30.00
 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 290.00

C. Full Name (Last, First, Middle Initial)
Dr Steven Shaw, DC
 Mailing Address 136 West Main Street
 City New Britain State CT Zip Code 06052-1315
 Date of Receipt 07 / 30 / 2011
Transaction ID: 33656398
 Amount of Each Receipt this Period 100.00
 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

SUBTOTAL of Receipts This Page (optional) ► 180.00
TOTAL This Period (last page this line number only) ► 4672.59

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 PAC

A. Full Name (Last, First, Middle Initial) Amodei For Nevada <hr/> Mailing Address 503 N Division St <hr/> City Carson City State NV Zip Code 89703 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Mark Amodei <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2011	Transaction ID: 33568736 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Walter Jones for Congress Committee <hr/> Mailing Address PO Box 99667 <hr/> City Raleigh State NC Zip Code 27624 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Walter Jones, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33569442 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Hatch Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Orrin G. Hatch <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33569669 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

PAGE 34 / 35

<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 PAC

A. Full Name (Last, First, Middle Initial)
Mike Ross For Congress Committee

Mailing Address PO Box 360

City State Zip Code
Prescott AR 71857

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Michael Ross

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 04

Transaction ID: 33569670
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Eric PAC

Mailing Address 209 Pennsylvania Avenue SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Category/
Type

Candidate Name
Eric PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 33654316
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Lee Terry For Congress

Mailing Address P.O. Box 540098

City State Zip Code
Omaha NE 68154

Purpose of Disbursement

Category/
Type

Candidate Name
Lee Terry

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: 02

Transaction ID: 33654330
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

PAGE 35 / 35

<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 PAC

A.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address 504 Sumner Boulevard City Collinsville State IL Zip Code 62234 Purpose of Disbursement 011 Candidate Name Rep. John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 20	Transaction ID: 33654522 Date of Disbursement 07 / 25 / 2011 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Cravaack For Congress Campaign Committee Mailing Address PO Box 951 City North Branch State MN Zip Code 55056 Purpose of Disbursement 011 Candidate Name Mr. Chip Cravaack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 08	Transaction ID: 33654524 Date of Disbursement 07 / 25 / 2011 Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Friends of Erik Paulsen Mailing Address P.O. Box 44369 City Eden Prairie State MN Zip Code 55344 Purpose of Disbursement 011 Candidate Name Erik Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 03	Transaction ID: 33654525 Date of Disbursement 07 / 25 / 2011 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

12000.00