

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Chiropractic Association PAC

ADDRESS (number and street) 1701 Clarendon Blvd Arlington VA 22209

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00102764 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 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 09/01/2012 through 09/30/2012

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 Dr Michael Simone [Electronically Filed] Date 10/18/2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Chiropractic Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		33622.89
(b) Cash on Hand at Beginning of Reporting Period.....	14592.71	
(c) Total Receipts (from Line 19)	13169.29	132139.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	27762.00	165762.00
7. Total Disbursements (from Line 31).....	11000.00	149000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16762.00	16762.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Chiropractic Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

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).....	7797.96	45512.43
(ii) Unitemized	5371.33	86126.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13169.29	131639.11
(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)	13169.29	131639.11
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13169.29	132139.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13169.29	132139.11

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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	149000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11000.00	149000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	149000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13169.29	131639.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13169.29	131639.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Nicholas P Constantine DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 312 7th St W
 City Palmetto State FL Zip Code 34221-5207
 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 **600.00**

Date of Receipt **09 / 06 / 2012**
Transaction ID : 35206239
 Amount of Each Receipt this Period **600.00**

B. Dr Rondal Harkleroad DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 Hopkinsville Rd
 City Russellville State KY Zip Code 42276-9726
 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 **09 / 17 / 2012**
Transaction ID : 35244118
 Amount of Each Receipt this Period **240.00**

C. Dr Peter Georgiou DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 916 West Belmont Avenue
 City Chicago State IL Zip Code 60657-4408
 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 **730.00**

Date of Receipt **09 / 17 / 2012**
Transaction ID : 35244120
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **1205.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Stephanie A Rasmussen DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 W 75th St Ste 210
 City State Zip Code
 Prairie Village KS 66208-3501
 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 M / D D D / Y Y Y Y Y Y
 09 / 17 / 2012
Transaction ID : 35244121
 Amount of Each Receipt this Period
300.00

B. Dr Robert Jones
 Full Name (Last, First, Middle Initial)
 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 **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012
Transaction ID : 35364892
 Amount of Each Receipt this Period
100.00

C. Dr Malcolm E Macdonald DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6460 Coki Point
 City State Zip Code
 St. Thomas VI 00802-1805
 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 M / D D D / Y Y Y Y Y Y
 09 / 20 / 2012
Transaction ID : 35364893
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Tracy Price DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 S. White St
 City Athens State TN Zip Code 37303-4611
 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 ▼ 450.00

Date of Receipt
 09 / 20 / 2012
Transaction ID : 35364894
 Amount of Each Receipt this Period
 200.00

B. Dr Steven J Brodar DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 South Main Street
 City Lexington State NC Zip Code 27292-2840
 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
 09 / 20 / 2012
Transaction ID : 35364895
 Amount of Each Receipt this Period
 100.00

C. Dr Drew G Wallace DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 West Avenue North
 City San Angelo State TX Zip Code 76904-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 09 / 20 / 2012
Transaction ID : 35364899
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 9 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Lance Brooks DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 10901 Downey Ave
 City Downey State CA Zip Code 90241-3708
 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
 09 / 20 / 2012
Transaction ID : 35364900
 Amount of Each Receipt this Period
 100.00

B. Dr Dave L Langholff DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 73 East 1st St
 City Fond Du Lac State WI Zip Code 54935-4338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer langholff Chiropractic office Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 20 / 2012
Transaction ID : 35364917
 Amount of Each Receipt this Period
 75.00

C. Dr Richard A Leverone DC, DACBR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5136 Central Ave
 City St Petersburg State FL Zip Code 33707
 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
 09 / 20 / 2012
Transaction ID : 35364919
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr John Turner DC
Full Name (Last, First, Middle Initial)
Mailing Address 320 E Army Trail Rd
City Glendale Hts State IL Zip Code 60139-1757
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 **09 / 20 / 2012**
Transaction ID : 35364920
Amount of Each Receipt this Period **300.00**

B. Dr William Meeker DC
Full Name (Last, First, Middle Initial)
Mailing Address Office of the President 90 E Tasman Dr
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 **250.00**

Date of Receipt **09 / 20 / 2012**
Transaction ID : 35364922
Amount of Each Receipt this Period **150.00**

C. Dr Katherine S Pulse DC
Full Name (Last, First, Middle Initial)
Mailing Address 12325 Scarsdale Blvd
City Houston State TX Zip Code 77089-6027
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 **09 / 20 / 2012**
Transaction ID : 35364923
Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 OF 39
(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. Dr Robert S Hochstein DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 21309 NW 2nd Ave
 City Miami State FL Zip Code 33169-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer County Line Chiropractic Center Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **09 / 20 / 2012**
Transaction ID : 35364926
 Amount of Each Receipt this Period **250.00**

B. Dr Zachary Young DC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 895
 City Kalaheo State HI Zip Code 96741-0895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 20 / 2012**
Transaction ID : 35364947
 Amount of Each Receipt this Period **150.00**

C. Dr Joseph Conklin DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 15104 S James St
 City Plainfield State IL Zip Code 60544-1523
 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 ▼ **260.00**

Date of Receipt **09 / 13 / 2012**
Transaction ID : 35365781
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **420.00**
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 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Dr Audie George Klingler DC		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012 Transaction ID : 35365782
Mailing Address 203 Greene St		Amount of Each Receipt this Period 50.00
City Cumberland	State MD	Zip Code 21502-2877
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr Randy R Hinze DC		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012 Transaction ID : 35365785
Mailing Address 2421 23rd St		Amount of Each Receipt this Period 62.50
City Columbus	State NE	Zip Code 68601-3305
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Chiropractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr Brent McNabb DC		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2012 Transaction ID : 35365787
Mailing Address 2205 N Sherman Ave		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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 13 OF 39
(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. Dr Kent C Fox DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 W Main St
 City Lebanon State OH Zip Code 45036-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : 35365790
 Amount of Each Receipt this Period
 50.00

B. Dr Randall Stange DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 721 8th Street SE
 Holland Theatre Plaza
 City Orange City State IA Zip Code 51041-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stange Chiropractic Clinic Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 09 / 13 / 2012
Transaction ID : 35365792
 Amount of Each Receipt this Period
 50.00

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

Date of Receipt
 09 / 13 / 2012
Transaction ID : 35365795
 Amount of Each Receipt this Period
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr John H Gelhot DC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8039

City Albuquerque State NM Zip Code 87198-8039

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 M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : 35365796

Amount of Each Receipt this Period
50.00

B. Dr Lissa A Grannis DC
Full Name (Last, First, Middle Initial)

Mailing Address 6210 75th St W Ste A100

City Lakewood State WA Zip Code 98499-8108

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : 35365799

Amount of Each Receipt this Period
25.00

C. Dr David Klein DC
Full Name (Last, First, Middle Initial)

Mailing Address 635 Madison Ave.

City New York State NY Zip Code 10022-1008

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 ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : 35365802

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **225.00**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 39
(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. Dr Kelli K Pearson DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 N Mullan Rd Ste 200
 City State Zip Code
 Spokane Valley WA 99206-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NWCC Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365810
 Amount of Each Receipt this Period
 100.00

B. Dr Mitchell A Price DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4641A Pottsville Pike
 City State Zip Code
 Reading PA 19605-9707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 426.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365811
 Amount of Each Receipt this Period
 53.29

c. Dr. Kevin M Kelly , DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Summer Street
 City State Zip Code
 Rockland ME 04841-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365812
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 203.29
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 OF 39
(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

Full Name (Last, First, Middle Initial)
A. 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 Occupation
self employed chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365813

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Dr Anthony C Wolf DC

Mailing Address 410 S Mitthoeffer Rd

City State Zip Code
Indianapolis IN 46229-3058

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

Name of Employer Occupation
self Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365814

Amount of Each Receipt this Period
29.17

Full Name (Last, First, Middle Initial)
C. 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 Occupation
self employed Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365815

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 179.17

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Thomas S Perrault Sr, DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 Woodland Street
 City Methuen State MA Zip Code 01844-4239
 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 **260.00**

Date of Receipt
 09 / 13 / 2012
Transaction ID : 35365818
 Amount of Each Receipt this Period
200.00

B. Dr Scott M Stratton DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 20500 South La Grange Road
 City Frankfort State IL Zip Code 60423-1356
 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 **340.00**

Date of Receipt
 09 / 13 / 2012
Transaction ID : 35365822
 Amount of Each Receipt this Period
40.00

C. Dr Elise G Hewitt DC, CST, D
 Full Name (Last, First, Middle Initial)
 Mailing Address 2031 East Burnside St
 City Portland State OR Zip Code 97214-1649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation Pediatric Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt
 09 / 13 / 2012
Transaction ID : 35365827
 Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... **95.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Dennis A Harris DC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8038
 City Fort Worth State TX Zip Code 76124-0038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Chiropractor
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 13 / 2012
Transaction ID : 35365836
 Amount of Each Receipt this Period
 25.00
 Aggregate Year-to-Date
 350.00

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

Date of Receipt
 09 / 13 / 2012
Transaction ID : 35365837
 Amount of Each Receipt this Period
 50.00
 Aggregate Year-to-Date
 400.00

C. Dr Gary M Guest DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2304 N 7th Ave Ste E
 City Bozeman State MT Zip Code 59715-2571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 13 / 2012
Transaction ID : 35365839
 Amount of Each Receipt this Period
 40.00
 Aggregate Year-to-Date
 320.00

SUBTOTAL of Receipts This Page (optional)..... **115.00**
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 OF 39
(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. Dr Mathias Pastore DC
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Self Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365843
 Amount of Each Receipt this Period
 62.50

B. Dr. Thomas P Toullos DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 11001 S Kedzie Ave
 City State Zip Code
 Chicago IL 60655-2221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365847
 Amount of Each Receipt this Period
 40.00

c. Dr William C Groskopp DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 N Main St, Suite 3
 City State Zip Code
 Brillion WI 54110-1197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self employed chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365848
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.50
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 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Barbro Brost DC
Full Name (Last, First, Middle Initial)
Mailing Address 1421 Wayzata Blvd Ste 61

City Wayzata	State MN	Zip Code 55391-4113
-----------------	-------------	------------------------

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

Name of Employer The Brost Clinic	Occupation Chiropractor
--------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		13		2012

Transaction ID : 35365849

Amount of Each Receipt this Period

62.50

B. Dr Joseph D Wahl DC
Full Name (Last, First, Middle Initial)
Mailing Address 361 North Bennett Street

City Southern Pines	State NC	Zip Code 28387-4812
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		13		2012

Transaction ID : 35365850

Amount of Each Receipt this Period

50.00

C. Dr Byron R Folwell DC
Full Name (Last, First, Middle Initial)
Mailing Address 3211 Emerson Ave

City Parkersburg	State WV	Zip Code 26104-1715
---------------------	-------------	------------------------

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

Name of Employer Folwell Chiropractic Clinic, Inc.	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
09		13		2012

Transaction ID : 35365853

Amount of Each Receipt this Period

25.00

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 21 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

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

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 ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : 35365854

Amount of Each Receipt this Period
100.00

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

Mailing Address 210 N Meridian St Ste 1

City Belle Plaine State MN Zip Code 56011-1828

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

Name of Employer Self Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : 35365855

Amount of Each Receipt this Period
50.00

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

Mailing Address PO Box 2371

City Grand Island State NE Zip Code 68802-2371

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

Name of Employer self Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : 35365857

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 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr James H Adams DC, DACBN
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Andrieux St
 City Sonoma State CA Zip Code 95476-6906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365858
 Amount of Each Receipt this Period
 50.00

B. Dr. Frank J. Nicchi D.C., M.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address Office of the President
 2360 State Route 89
 City Seneca Falls State NY Zip Code 13148-0800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Chiropractic College Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365859
 Amount of Each Receipt this Period
 50.00

C. Dr Michael W Buffington DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 554 W Ralph Hall Parkway
 City Rockwall State TX Zip Code 75032-6644
 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 M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365861
 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 23 OF 39
(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. Dr Edwin Davis DC
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Self Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365863
 Amount of Each Receipt this Period
 100.00

B. Dr Michael E Kyrs DC MS
 Full Name (Last, First, Middle Initial)
 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 Occupation
 self chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365866
 Amount of Each Receipt this Period
 50.00

C. Dr Samuel L Schrock DC
 Full Name (Last, First, Middle Initial)
 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 Occupation
 self Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365872
 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: PAGE 24 OF 39
(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. Dr G Thomas McKinney , DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Gardner Dr
 City Shalimar State FL Zip Code 32579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eglin AFB, FL Occupation Doctor of Chiropractic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365873
 Amount of Each Receipt this Period
 10.00

B. Dr Robert E Bachelder DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1182 Township Rd 1175
 City Ashland State OH Zip Code 44805-1977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365892
 Amount of Each Receipt this Period
 62.50

c. Dr Karen A Mahlmeister DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 East 15th Street
 City Edmond State OK Zip Code 73013-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365893
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.50
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 25 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr. Tobj Jeurink DC
Full Name (Last, First, Middle Initial)

Mailing Address 325 East Main Street, Suite C

City Gardner	State KS	Zip Code 66030-1313
-----------------	-------------	------------------------

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

Name of Employer self	Occupation chiropractor
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : 35365895

Amount of Each Receipt this Period

35.00

B. Dr Irene L Parent DC
Full Name (Last, First, Middle Initial)

Mailing Address 1117 Arthur Ave

City Racine	State WI	Zip Code 53405-2902
----------------	-------------	------------------------

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 ▼ **333.36**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : 35365898

Amount of Each Receipt this Period

41.67

c. Dr Phillip Keith LeBlanc DC
Full Name (Last, First, Middle Initial)

Mailing Address 1595 Cornerstone Ct Ste A

City Beaumont	State TX	Zip Code 77706-3899
------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : 35365899

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	126.67
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: (check only one)	PAGE 26 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365900
 Amount of Each Receipt this Period
 50.00

B. Dr. Troy A Sturgill , DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Hillcrest St
 City Woodward State OK Zip Code 73801-3004
 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 ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365902
 Amount of Each Receipt this Period
 100.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365906
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Erin E Ducat DC
Full Name (Last, First, Middle Initial)
Mailing Address 125 S Bloomingdale Rd Ste 11

City Bloomingdale	State IL	Zip Code 60108
----------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : 35365915

Amount of Each Receipt this Period
250.00

B. Dr Troy Wilson DC
Full Name (Last, First, Middle Initial)
Mailing Address 321 N Burlington Ave

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

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

Name of Employer self	Occupation chiropractor
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : 35365918

Amount of Each Receipt this Period
50.00

C. Dr Brett Counselman DC
Full Name (Last, First, Middle Initial)
Mailing Address 1408 SW Topeka Blvd

City Topeka	State KS	Zip Code 66612-1819
----------------	-------------	------------------------

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

Name of Employer Self	Occupation Chiropractor
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : 35365920

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Jeremiah Johnson DC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 573
 City Independence State KS Zip Code 67301
 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 **233.31**

Date of Receipt **09 / 13 / 2012**
Transaction ID : 35365926
 Amount of Each Receipt this Period **33.33**

B. Dr Tina Driscoll DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1171 N Bragg Blvd
 City Spring Lake State NC Zip Code 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 **244.00**

Date of Receipt **09 / 13 / 2012**
Transaction ID : 35365932
 Amount of Each Receipt this Period **30.50**

C. Dr Marc Girod DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 7007 Wyoming Blvd NE Ste E1
 City Albuquerque State NM Zip Code 87109-3983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self employed Occupation chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **09 / 13 / 2012**
Transaction ID : 35365937
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	113.83
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 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Mr Scott F DeImedico DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2709 Genesee Street, Suite 213
 City State Zip Code
 Utica NY 13501-6222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365940
 Amount of Each Receipt this Period
 50.00

B. Dr Bruce Thompson DC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2864
 City State Zip Code
 Muscle Shoals AL 35662-2864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self employed chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365941
 Amount of Each Receipt this Period
 50.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365943
 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 30 OF 39
(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

Full Name (Last, First, Middle Initial)
A. Dr Kirk E Manson DC

Mailing Address 1804 Carlisle Blvd NE

City State Zip Code
Albuquerque NM 87110

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

Name of Employer Occupation
self employed chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365949

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Dr John Caraway DC

Mailing Address 1200 Enterprise Blvd

City State Zip Code
Lake Charles LA 70601-6322

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

Name of Employer Occupation
Self chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012
Transaction ID : 35365953

Amount of Each Receipt this Period
62.50

Full Name (Last, First, Middle Initial)
c. Dr Steve Alberti DC

Mailing Address 1937 Haddonfield Berlin Rd

City State Zip Code
Cherry Hill NJ 08003-3737

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

Name of Employer Occupation
self employed chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : 35405770

Amount of Each Receipt this Period
25.00

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 31 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Edward J Barrington DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 10000 Prospect Dr.
 City Anchorage State AK Zip Code 99507-5932
 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 **09 / 30 / 2012**
Transaction ID : 35405773
 Amount of Each Receipt this Period **100.00**

B. Dr Bernard T Brannigan DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 252 Main Street
 City Norwell State MA Zip Code 02061-2403
 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 **09 / 30 / 2012**
Transaction ID : 35405774
 Amount of Each Receipt this Period **50.00**

c. Dr Gregory E Call DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 565 Sycamore Valley Rd NW
 City Danville State CA Zip Code 94526
 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 **09 / 30 / 2012**
Transaction ID : 35405775
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr. Michael T Coyle , DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1131 Highway 98 South
 City Lakeland State FL Zip Code 33801-5949
 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
 09 / 30 / 2012
Transaction ID : 35405777
 Amount of Each Receipt this Period
 35.00

B. Dr Raymond Foxworth DC
 Full Name (Last, First, Middle Initial)
 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
 09 / 30 / 2012
Transaction ID : 35405788
 Amount of Each Receipt this Period
 100.00

c. Dr Lissa A Grannis DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 6210 75th St W Ste A100
 City Lakewood State WA Zip Code 98499-8108
 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 ▼ 275.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : 35405790
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	185.00
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 33 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Dawn Keith Keith-Madeiras DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 SE Bayshore Dr Ste 101
 City State Zip Code
 Oak Harbor WA 98277-4062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : 35405791
 Amount of Each Receipt this Period
 50.00

B. Dr Bradford Levine DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 499 E Central Pkwy Ste 215
 City State Zip Code
 Altamonte Springs FL 32701-3450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : 35405792
 Amount of Each Receipt this Period
 35.00

C. Dr Louis Lupinacci DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 352 Rosevale Ave
 City State Zip Code
 Ronkonkoma NY 11779-3036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : 35405793
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 34 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Dr Michael R Perusich DC, FICPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Thompson Blvd
 City Sedalia State MO Zip Code 65301-2241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Chiropractic Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : 35405795
 Amount of Each Receipt this Period
 100.00

B. Dr Timothy Edward Radcliffe DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 East 9th Street
 City Lockport State IL Zip Code 60441-3245
 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
 09 / 30 / 2012
Transaction ID : 35405811
 Amount of Each Receipt this Period
 50.00

C. Dr Michael L Taylor DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3808 E 51st St
 City Tulsa State OK Zip Code 74135-3615
 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
 09 / 30 / 2012
Transaction ID : 35405816
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Dr Timothy Terlep		Date of Receipt 09 / 30 / 2012 Transaction ID : 35405817
Mailing Address 8468 Northcliffe Blvd		Amount of Each Receipt this Period 500.00
City Spring Hill	State FL	
Zip Code 34606-1140		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Chiropractic Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dr David B Waggoner DC		Date of Receipt 09 / 30 / 2012 Transaction ID : 35405818
Mailing Address 7000 Nw Expressway Ste H		Amount of Each Receipt this Period 100.00
City Oklahoma City	State OK	
Zip Code 73132-3509		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Chiropractor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dr Joshua C Flinn DC		Date of Receipt 09 / 30 / 2012 Transaction ID : 35405819
Mailing Address 950 N Courtenay Pkwy Ste 1		Amount of Each Receipt this Period 250.00
City Merritt Island	State FL	
Zip Code 32953-4501		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation chiropractor	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 36 OF 39
(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 Theodosia A Woods DC

Mailing Address 1289 Pacific Way

City State Zip Code
Gearhart OR 97138-4360

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

Name of Employer Occupation
Self Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
580.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : 35405823

Amount of Each Receipt this Period
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	7797.96

**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

Full Name (Last, First, Middle Initial)

A. Tommy Thompson For Senate Inc

Mailing Address PO Box 2539

City Madison State WI Zip Code 53701

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Tommy Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2012

Transaction ID : 35294072

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011

Category/
Type

Candidate Name

ORRINPAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2012

Transaction ID : 35368151

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36202

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael Dennis Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AL District: 03

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : 35368153

Amount of Each Disbursement this Period

1000.00

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

6000.00

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)

<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

Full Name (Last, First, Middle Initial)

A. Michaud For Congress

Mailing Address P.O. Box 1119
11 Bangor Mall Blvd. Suite D

City Lewiston State ME Zip Code 04243

Purpose of Disbursement

011

Candidate Name
Rep. Michael H. Michaud

Category/
Type

Office Sought: House
 Senate
 President
State: ME District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35368155

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

011

Candidate Name
Rep. Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35368157

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Dick Durbin Committee

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement

011

Candidate Name
Sen. Richard Durbin

Category/
Type

Office Sought: House
 Senate
 President
State: IL District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2012

Transaction ID : 35368161

Amount of Each Disbursement this Period

1000.00

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

3000.00

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)

<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

Full Name (Last, First, Middle Initial)

A. Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City State Zip Code
St. Petersburg FL 33743

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. C.W. Young

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : 35368163

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Grassley Committee

Mailing Address PO Box 1000

City State Zip Code
Des Moines IA 50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Charles E. Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : 35368167

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2000.00

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

11000.00