

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 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stange, Randall, P, , 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 (for Individual)
self-employed

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2017

Transaction ID : C3622197

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sullivan, Thomas, S, , DC

Mailing Address 1377 Dorchester Ave, 2FL

City

Boston

State

MA

Zip Code

02122-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2017

Transaction ID : C3622237

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Thompson, Bruce, , , DC

Mailing Address PO Box 2864

City

Muscle Shoals

State

AL

Zip Code

35662-2864

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employed

Occupation (for Individual)
Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2017

Transaction ID : C3622188

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

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