

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

NOV DEC -7 A H: 21

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Chiropractic Association PAC	2. FEC IDENTIFICATION NUMBER C00165764
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1701 Clarendon Blvd	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) <input checked="" type="checkbox"/>
CITY, STATE and ZIP CODE Arlington, VA 22209	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input checked="" type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>09/01/08</u> through <u>09/30/08</u>		\$
6. (a) Cash on Hand January 1, 19 <u>08</u>		\$ 55,250.91
(b) Cash on Hand at Beginning of Reporting Period	\$ 54,285.38	
(c) Total Receipts (from Line 10)	\$ 15,835.00	\$ 128,272.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 70,121.38	\$ 183,523.41
7. Total Disbursements (from Line 30)	\$ 28,500.00	\$ 141,902.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 41,621.38	\$ 41,621.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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 Kirt Josefek, D.C.	Date 12/4/08
Signature of Treasurer 	

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE American Chiropractic Association PAC	REPORT COVERING PERIOD		
	FROM 06/01/96 COLUMN A Total This Period	TO 05/31/98 COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	0,525.00	34,810.00	11(a)(i)
ii. Unitemized	7,910.00	70,462.50	11(a)(ii)
iii. Total (add i and ii) >	16,035.00	128,272.50	11(b)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	15,835.00	128,272.50	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	15,835.00	128,272.50	19
20. Total Federal Receipts (subtract line 18 from line 19) >	15,835.00	128,272.50	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	28,500.00	141,902.03	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	28,500.00	141,902.03	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	28,500.00	141,902.03	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	15,835.00	128,272.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,835.00	128,272.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **8**
FOR LINE NUMBER **11-1**

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wm Cirno 606 Lafayette Ave Hawthorne, NJ 07605-2422	self	09/10/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
John McLaughlin 2330 Merchants Dr Knoxville, TN 37912-5136	DABCOCCSP	09/10/98	375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 375.00	
Donald Handley 6006 Rittiman Plz San Antonio, TX 78218-5215	self	09/10/98	900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 1,000.00	
Richard Fletcher 1245 Yale Houston, TX 77008-5959	self	09/10/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 300.00	
K Wayne Latimer 1286 Dow Street Murfreesboro, TN 37130-2413	Latimer Chiropractic Office	09/10/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
Thomas Scherer 884 W Airport Rd Menasha, WI 54852-1453	self	09/10/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
Karen Konarski-Hart 422 N Cedar St Little Rock, AR 72205-5538	self	09/10/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,125.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11 g

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Oberstedt 99 White Bridge Road #201 Nashville, TN 37205-1450	Belle Meade Chiropractic Center PC Occupation Chiropractor	09/10/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J Galvin Wenger 1516 Litz Pk. Lancaster, PA 17601-6506	self Occupation Chiropractor	09/10/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 375.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tracy Bagwell 2227 Drake Ave Ste 13 Huntsville, AL 35805-6146	self Occupation Chiropractor	09/10/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charle House 3301 El Camino Real # 102 Atherton, CA 94027-3803	self Occupation Chiropractor	09/10/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Zurawski 14 N Mountain Blvd Mountaintop, PA 18707-1152	self Occupation Chiropractor	09/16/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Cyphers 1144 Lexington Ave Mansfield, OH 44907-2264	self Occupation Chiropractor	09/16/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Duane Redlinsk 5300 Broadway Lancaster, NY 14086-2028	self Occupation Chiropractor	09/16/98	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

1,475.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11-1

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Perry 206 Princeton Rd Ste 14 Johnson City, TN 37601-2026	self	09/16/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Leverone 275 98th Ave N Ste 2 St Petersburg, FL 33702-2526	self	09/16/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 650.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Phelps 1296 Wadsworth Blvd Lakewood, CO 80215-5108	Lakewood Chiropractic Offices	09/16/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Duane Abbe 832 Cleveland St Elyria, OH 44035-4104	self	09/16/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terri Gaston-Pierce 18287 Collina Rd, Ste F Rowland Heights, CA 91748-3007	self	09/18/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Edwards 1542 Columbia Tpk Castleton on Hudson, NY 12033-9545	E Greenbush-Schodeck Wellness Cntr	09/18/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Blase 177-A NC Hwy 42-N Asheboro, NC 27203	self	09/18/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 375.00	

SUBTOTAL of Receipts This Page (optional) 1,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Evans 3041 1/2 Breckenridge Lane Louisville, KY 40220-2101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation Chiropractor Aggregate Year-to-Date > \$ 160.00	09/16/98	250.00
Sidney Zelin 1250 Ave U Brooklyn, NY 11229-4102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation Chiropractor Aggregate Year-to-Date > \$ 250.00	09/21/98	250.00
Gregory Pitman 7908 Cincinnati Dayton Rd Ste West Chester Professional Off. West Chester, OH 45069-8802 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Chiropractor Aggregate Year-to-Date > \$ 250.00	09/21/98	250.00
Lester Holze 2000 Larkin #200 Elgin, IL 60123-5879 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation Chiropractor Aggregate Year-to-Date > \$ 350.00	08/21/98	150.00
John Turner 320 E Army Trail Rd Glendale Heights, IL 60139-1704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation Chiropractor Aggregate Year-to-Date > \$ 400.00	09/21/98	150.00
Richard Cole 2845 Summer Oaks Drive Bartlett, TN 38134 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Cole Chiropractic Group Occupation Chiropractor Aggregate Year-to-Date > \$ 350.00	08/21/98	100.00
Andra Gaulard 1304 W High St Bryan, OH 43508-1644 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation Chiropractor Aggregate Year-to-Date > \$ 450.00	08/21/98	250.00

SUBTOTAL of Receipts This Page (optional) **1,400.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 8
FOR LINE NUMBER 11-1

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kristopher Keller 6655 N High St Ste 206 Worthington, OH 43085-3848 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	09/21/98	250.00
	Occupation		
	Chiropractor		
Aggregate Year-to-Date > \$ 350.00			
Nathaniel Tuck PO Box 1662 Pulaski, VA 24301-5016 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	09/21/98	125.00
	Occupation		
	Chiropractor		
Aggregate Year-to-Date > \$ 250.00			
Eruce Turton 1171 East Putnam Ave Riverside, CT 06878-1428 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	09/21/98	250.00
	Occupation		
	Chiropractor		
Aggregate Year-to-Date > \$ 250.00			
Jerilyn Keibel 1998-1998 N D St San Bernardino, CA 92405-3812 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	09/21/98	250.00
	Occupation		
	Chiropractor		
Aggregate Year-to-Date > \$ 250.00			
Jack Dolbin 2040 W End Ave Pottsville, PA 17901-1922 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	09/21/98	150.00
	Occupation		
	Chiropractor		
Aggregate Year-to-Date > \$ 250.00			
David Darr 618 W Washington St Sandusky, OH 44870-2419 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	09/21/98	100.00
	Occupation		
	Chiropractor		
Aggregate Year-to-Date > \$ 300.00			
Karen Konarski-Hart 422 N Cedar St Little Rock, AR 72205-5538 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self	09/21/98	50.00
	Occupation		
	Chiropractor		
Aggregate Year-to-Date > \$ 300.00			

SUBTOTAL of Receipts This Page (optional) 1,175.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 8
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Abans 827 Main St Osage, IA 50461-1448	self	08/21/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tracy Watson 1143 Kildare Farm Rd Gary, NC 27511-4563	self	08/21/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell Greenberg 820 Palm Bay Rd Ste 110 Palm Bay, FL 32905-6351	self	08/21/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unidentified Source Arlington, VA	unidentified	09/21/98	-50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation chiropractor	Aggregate Year-to-Date > \$ 1,150.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only) 8,525.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 22 OF 32 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF ROY BLUNT P.O. Box 5412 Arlington, VA 22206	Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	500.00
Friends of Senator Rockefeller P.O. Box 764 Arlington, VA 22216	John D. Rockefeller, U.S. SENATE WV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/21/98	1,000.00
Friends of Arlen Specter Curtis Center-Suite 126 Sixth & Walnut Streets Philadelphia, PA 19106	Arlen Specter, U.S. SENATE PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	1,000.00
A Lot of People Supporting Tom Daschle P.O. Box 77166 Washington, DC 20013	Tom Daschle, U.S. SENATE SD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/22/98	5,000.00
RANGEL FOR CONGRESS COMMITTEE 2030 Allen Place, NW Washington, DC 20009	Charles B. Rangel, U.S. HOUSE 15th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	1,000.00
FRIENDS OF LANE EVANS COMMITTEE PO Box 5263 Rock Island, IL 61204	Lane Evans, U.S. HOUSE 17th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	1,000.00
FRIENDS OF JERRY KLECZKA 3288 South 8th Street Milwaukee, WI 53215	Jerry Kleczka, U.S. HOUSE 4th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/22/98	1,000.00
Udall for Us All 38 Ivy Street, SE Washington, DC 20003	Tom Udall, U.S. HOUSE 3rd NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/22/98	500.00
Wyden for Senate PO Box 3498 Portland, OR 97208	Ron Wyden, U.S. SENATE OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/22/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

12,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Christopher Dodd 348 Congdon Street Middletown, CT 06457	Christopher J. Dodd, U.S. SENATE CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	1,000.00
Jerry Weller for Congress P.O. Box 37 Joliet, IL 60434	Jerry Weller, U.S. HOUSE 11th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/22/98	1,000.00
BECERRA FOR CONGRESS 555 New Jersey Ave NW Suite 201 Washington, DC 20001	Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	500.00
DAVE CAMP FOR CONGRESS '96 5815 Eastman Avenue - Suite 10 Midland, MI 48640	Dave Camp, U.S. HOUSE 4th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	500.00
Friends of Earl Pomeroy Post Office Box 746 Bismarck, ND 58502	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	500.00
BRADY FOR CONGRESS PO Box 8277 The Woodlands, TX 77387	Kavin Brady, U.S. HOUSE 8th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/22/98	1,000.00
CONGRESSMAN BART GORDON COMMITTEE 940 EAST NORTHFIELD BOULEVARD MURFREESBORO, TN 37130	Bart Gordon, U.S. HOUSE 8th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	500.00
Friends of Byron Dorgan P.O. Box 871 Bismarck, ND 58502	Byron L. Dorgan, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	2,000.00
Ensign for Senate 405 S. Decatur Las Vegas, NV 89107	John Ensign, U.S. SENATE NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

3,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 25

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NAME OF COMMITTEE (in Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF PATRICK J KENNEDY PO Box 135B Providence, RI 02903	Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Charles Grassley P.O. Box 6183 Alexandria, VA 22306-0183	Charles E. Grassley, U.S. SENATE IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	2,500.00
C. Full Name, Mailing Address and ZIP Code LAZIO FOR CONGRESS PO Box 5063 Bay Shore, NY 11706	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/22/98	1,000.00
D. Full Name, Mailing Address and ZIP Code Gorman for Congress 661 South Hurstbourne Pkwy 2nd Floor Louisville, KY 40222	Chris Gorman, U.S. HOUSE 3rd KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/28/98	3,000.00
E. Full Name, Mailing Address and ZIP Code Shelley Berkley for Congress P.O. Box 2864 Washington, DC 20013	Shelley Berkley, U.S. HOUSE 1st NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/28/98	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

8,500.00

TOTAL This Period (last page this line number only)

28,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12-7-00</i>
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