

**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 3 OF 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Settimi, Jamie

Mailing Address
17280 W. North Ave.

City Brookfield State WI Zip Code 53045

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

Name of Employer self employed Occupation Doctor of Chiropractic

Receipt For:
 Primary General
 Other (specify) fund contribution

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 07 / 2009

Amount of Each Receipt this Period
250.00

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

Mailing Address
507 W. Maryland Avenue

City Wilmington State DE Zip Code 19803

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

Name of Employer self employed Occupation Doctor of Chiropractic

Receipt For:
 Primary General
 Other (specify) fund contribution

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 13 / 2009

Amount of Each Receipt this Period
250.00

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

Mailing Address
4305 W. Market Street

City York State PA Zip Code 17408

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

Name of Employer self employed Occupation Doctor of Chiropractic

Receipt For:
 Primary General
 Other (specify) fund contribution

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 21 / 2009

Amount of Each Receipt this Period
250.00

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

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

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