

**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 5 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

A. Full Name (Last, First, Middle Initial) **Morris, James**

Mailing Address **PO Box 921028**

City **Dutch Harbor** State **AK** Zip Code **99692**

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

MM	DD	YYYY
11	24	2009

Amount of Each Receipt this Period

Amount
250.00

B. Full Name (Last, First, Middle Initial) **Michael Nickolai**

Mailing Address **207 1st Avenue South**

City **New Rockford** State **ND** Zip Code **58356**

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

MM	DD	YYYY
11	24	2009

Amount of Each Receipt this Period

Amount
250.00

C. Full Name (Last, First, Middle Initial) **Bents Lori L.**

Mailing Address **700 E. 3rd Street**

City **Marshfield** State **WI** Zip Code **54449**

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 ▼ **500.00**

Date of Receipt

MM	DD	YYYY
11	24	2009

Amount of Each Receipt this Period

Amount
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶	[]
TOTAL This Period (last page this line number only)..... ▶	5,250.00

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