

# **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)

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☒ 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: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 11 / 2018

**Transaction ID : C3761476**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Stotz, Thomas, D Stotz Dc, , DC**

Mailing Address 2507 Fox Run Pkwy

City

Yankton

State

SD

Zip Code

57078-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dakota Chiropractic Clinic

Occupation (for Individual)  
Chiropractor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY  
07 / 11 / 2018

**Transaction ID : C3761522**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. 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: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

MM / DD / YYYY  
07 / 03 / 2018

**Transaction ID : C3761582**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

120.00