

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 37 OF 45

(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. Stotz, Thomas, D Stotz Dc, , DC

Mailing Address 2507 Fox Run Pkwy

City
YanktonState
SDZip Code
57078-5318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dakota Chiropractic ClinicOccupation (for Individual)
Chiropractor

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2018

Transaction ID : C3749594

Amount of Each Receipt this Period

35.00

☐ 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
BostonState
MAZip Code
02122-2950FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
Chiropractor

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2018

Transaction ID : C3749691

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
BostonState
MAZip Code
02122-2950FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
self-employedOccupation (for Individual)
Chiropractor

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2018

Transaction ID : C3749592

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

120.00

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